



SPARK SF PUBLIC SCHOOLS

INSTRUCTIONS FOR FILING
FORM 8879-EO
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED JUNE 30, 2021

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

SEILER LLP
THREE LAGOON DR STE 400
REDWOOD CITY CA 94065

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 16, 2022.

Three Lagoon Drive, Suite 400 **Redwood City**, CA 94065 t. 650.365.4646 f. 650.368.4055 220 Montgomery Street, Suite 300 **San Francisco**, CA 94104 t. 415.392.2123 f. 415.392.1720 1735 Technology Drive, Suite 410 **San Jose**, CA 95110 t. 408.766.6000 f. 408.454.0148



Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

A F	or th	e 2020 calendar year, or tax year beginning	07/02	, 2020 ,	and endin	ıg		06	/30, 20	21
		C Name of organization					D Employer ider	ntificat	tion numbe	r
B 0	heck if a	SPARK SF PUBLIC SCHOOI	LS				47-4568	3396		
	Addre									
	7	Number and street (or P.O. box if mail is a	not delivered to street address)		Room/suite		E Telephone nur	nber		
	+	135 VAN NESS AVE			119		(415) 243	1 – 5!	578	
	Final	return/ City or town, state or province, country, a	nd ZIP or foreign postal code				(,			
	termi Amer	inated				I.	G Gross receipts	\$	27.1	199,561.
		F Name and address of principal officer:	GENTLE BLYTHE				H(a) Is this a grou			Yes X No
	pend	135 VAN NESS AVE119, S		9410	2		subordinates? H(b) Are all subordi		\vdash	Yes No
_	Tay-ey	cempt status: X 501(c)(3) 501(c) (47(a)(1)		27			ist. See instru	
		ite: ► SPARKSFPUBLICSCHOOLS.COI		147 (a)(1)	01 0		H(c) Group exemp			5.10110
			Association Other		I Voor		on: 2015 M s			icile: CA
	art I	Summary	ASSOCIATION Other		L Teal	OI IOIIIIau	III. 2013 W	state (or regar dom	icile. C11
L	1	Briefly describe the organization's mission or	r mant nimpifinant antivition.		יווחקעי	0 DZ	CF 2			
a	l '	Briefly describe the organization's mission of	most significant activities: _			0, 17	OE Z			
ü										
rna					-l -f 4	b = = 050/	- £ :			
Governance	2	Check this box if the organization di	•	•				1 1		11.
	3	Number of voting members of the governing						3		4.
Activities &	4	Number of independent voting members of the						4		0.
<u><</u>	5	Total number of individuals employed in cale						5		11.
\cti	6	Total number of volunteers (estimate if necess						6		
`		Total unrelated business revenue from Part VI						7a		0.
	b	Net unrelated business taxable income from F	Form 990-T, Part I, line 11			<u></u>		7b		
	_						Prior Year	4		ent Year
ne	8	Contributions and grants (Part VIII, line 1h)				•	7,905,72	_	27,1	70,432.
en.	9	Program service revenue (Part VIII, line 2g)						0.		0.
Revenue	10	Investment income (Part VIII, column (A), line					10,49			29,129.
	11	Other revenue (Part VIII, column (A), lines 5,					41		0.5.1	0.
	12	Total revenue - add lines 8 through 11 (must				•	7,916,62			99,561.
	13	Grants and similar amounts paid (Part IX, colu				• ——	6,768,19		17,1	16,837.
	14	Benefits paid to or for members (Part IX, colu						0.		0.
es	15	Salaries, other compensation, employee bene						0.		0.
Expenses	16 a	Professional fundraising fees (Part IX, column		_				0.		0.
Ϋ́	b	Total fundraising expenses (Part IX, column (I		•						
_	17	Other expenses (Part IX, column (A), lines 11:					158,31			184,834.
	18	Total expenses. Add lines 13-17 (must equal				• ——	6,926,50			501,671.
	19	Revenue less expenses. Subtract line 18 from	line 12				990,11	7.	9,5	97,890.
Net Assets or Fund Balances							ing of Current Y			of Year
sset	20	Total assets (Part X, line 16)				•	7,678,39			254,604.
A Page	21	Total liabilities (Part X, line 26)				. 📖	5,594,06			572,391.
ΣĒ	22	Net assets or fund balances. Subtract line 21	from line 20		<u> </u>	.	2,084,32	3.	11,6	82,213.
Pa	rt II	Signature Block								
Un	der per	nalties of perjury, I declare that I have examined thi ect, and complete. Declaration of preparer (other than	s return, including accompanyi	ng schedu	iles and stat	ements, an	d to the best of	my kı	nowledge a	nd belief, it is
	, 00110	soc, and complete. Beclaration of proparor (effort than	omoor) to bacoa on an informat	1011 01 11111	on proparor	nao any rin	Through the state of the state			
C:a										
Sig He		Signature of officer					Date			
пе	16	GENTLE BLYTHE	Pl	RESIDE	ENT					
		Type or print name and title								
Dair	,	Print/Type preparer's name	Preparer's signature		Date		Check	if P	TIN	
Paid	a parer	DEBRA K MCCALL	DEBRA K MCCALL		05/1	1/2022	1		P0099	8198
	parer Only	Firm's name ▶SEILER LLP					Firm's EIN ▶ 9	4-1	624276	
_	City	Firm's address THREE LAGOON DR STE 400 R	EDWOOD CITY, CA 94065				Phone no. 6	50-	365-46	46
Ma	y the	IRS discuss this return with the preparer	shown above? (see instr	uctions)	<u> </u>	<u> </u>	<u> </u>		X Yes	s No
For	Pane	rwork Reduction Act Notice, see the separate	e instructions						Form	990 (2020)

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If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule O. If Yes, describe these dates are required to report the amount of grants of \$\frac{1}{2}{2}{2}{2}{2}{2}{2}{2}{2}{2}{2}{2}{2}	Pa	art III	Statement of Program Servi		ic Part III	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 980-E27. If Yes, 'describe these new services on Schedule O. 3 Did the organization cases occuduting, or make significant changes in how it conducts, any program services services? If Yes, 'describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported. 4 (Code:) (Expenses \$	1		describe the organization's miss			
prior Form 990 or 990 or 990 ce??						
prior Form 990 or 990 or 990 ce??	2	Did the	organization undertake any si	gnificant program services during t	he year which were not listed on the)
services?. Yes X 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 measur expenses. Section 501(cg) and		prior Fo	orm 990 or 990-EZ?			
4 Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501 (c[3) and 501 (c[4) organizations are required to report the amount of grants and allocations to c the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$17,442,685. including grants of \$17,116,827.) (Revenue \$) ATTACHMENT 2	3	services	6?			
46 (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 \(\bigcirc \) 17,442,085.	4	Describ expense	e the organization's program es. Section 501(c)(3) and 501	service accomplishments for eac (c)(4) organizations are required t	to report the amount of grants and a	
4c (Code:) (Expenses \$	4a			including grants of \$	17,116,837.) (Revenue \$)
4c (Code:) (Expenses \$						
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4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 17,442,085. JSA JSA JSA JSA JSA JSA JSA JSA JSA JS	4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 17,442,085. JSA USA USA USA USA USA Form 990						
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 17,442,085. JSA JSA JSA JSA JSA JSA JSA JSA JSA JS						
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 17,442,085. SA OE 1020 1.000 Form 990	4d	Other p	rogram services (Describe on S	schedule O.)		
JSA 0E1020 1.000 Form 990		(Expens	ses \$ including	grants of \$) (Re	evenue \$)	
	JSA	020 1.000			18444	Form 990 (2020)

Form 990 (2020)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
•	·	<u> </u>		- 21
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
ч	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
20 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		21
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			ĺ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
33	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
• •	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 0E1030		Form	990	(2020
	1361NI M200 5/11/2022 10:17:44 AM V 20-7.21 18444			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C		7c		Х
	required to file Form 8282?	70		
	ros, maisais inc names of common section and adming the year in the common section and administration administration and administration and administration administration and administration administration and administration	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

SPARK SF PUBLIC SCHOOLS 47-4568396 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 Section A. Governing Body and Management No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c 13 13 Х 14 14 Did the organization have a written document retention and destruction policy?........... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed $\triangleright \frac{CA}{r}$
- 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 <u>public</u> inspection. Indicate <u>how</u> you made these a<u>vailable</u>. 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records ► COLM HEGARTY 555 FRANKLIN ST 3RD FLOOR SAN FRANCISCO, CA 94102

Form **990** (2020)

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Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than c is both tor/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) VINCENT MATTHEWS	.10									
DIRECTOR	39.90	Х						0.	378,621.	136,881.
(2) MYONG LEIGH	.10									
SECRETARY	39.90	Х		Х				0.	254,652.	64,538.
(3) GENTLE BLYTHE	2.00									
PRESIDENT	38.00	Х		Х				0.	254,652.	64,538.
(4) MEGHAN WALLACE	.10									
TREASURER	39.90	Х		Х				0.	186,856.	49,783.
(5) IRIS HU	.20									
CHAIR	0.	Х		Х				0.	0.	0.
(6) AMY GRAFF	.10									
VICE CHAIR	0.	X						0.	0.	0.
(7) CHERYL KING	.10									
DIRECTOR	0.	X						0.	0.	0.
(8) MARK REISBAUM	.10									
DIRECTOR	0.	Х						0.	0.	0.
(9) SYLVIA YEE	.10									
DIRECTOR	0.	X						0.	0.	0.
(10) JARED JOINER	.10									
DIRECTOR	0.	X						0.	0.	0.
(11) DIANA CAMPOAMOR	.10									
DIRECTOR	0.	X						0.	0.	0.
<u>(12)</u>										
(13)										
(14)										
	1							l .		

Form 990 (2020) Page **8**

	n 990 (2020) Int VII Section A. Officers, Directors, Tru	ietone Ko	v En	nlo		06	and L	Jia	hast Company	od Employ	006 (0)	ontinuo		age o
Гс			y	ipic			anu i	iigi			562 (66			
	(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportab	ماد		(F) timated	
	Name and thic	hours per	(do r	(do not check more than one				ne	compensation	compensation			ount of	
		week (list any	box, unless person is both officer and a director/trus						from	related		(other	
		hours for	office						the	organizatio		-	oensatio	on
		related organizations	r di	nstit	Officer	ey e	mpl	Former	organization (W-2/1099-MISC)	(W-2/1099-N	лisc)		om the anizatio	n
		below dotted	dua	utio	9	mp	est c	<u> </u>	(**-2/1099-10113C)			•	related	
		line)	7 =	าal t		Key employee	l öğ					orga	nization	ıs
			Individual trustee or director	Institutional truste		o o	bens							
) e			Highest compensated employee							
														
											-+			
		+												
														
											$\overline{}$			
		t												
		T												
		L												
		ļ 												
														
										1 004	F01		1	7.4.0
	Sub-total								0.	1,074,		3	15,7	
	Total from continuation sheets to Part VII, S	•							0.	1 074	0.	2	1	0.
	Total (add lines 1b and 1c)							_		1,074,		3	15,7	740.
2	Total number of individuals (including but not reportable compensation from the organization		nose 0.		a al	DOV	e) wnc	re כ	eceived more than	\$ 100,000 O	i			
	reportable compensation from the organization		0.										Yes	No
_	Did the consciention list only former officer					_					اء ما		162	NO
3	Did the organization list any former offic employee on line 1a? <i>If</i> "Yes," <i>complete Schedi</i>											3		X
												3		
4	For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	ole o	com	pen	sation	n ai	nd other compens	sation from	the			
	individual								complete Scriedu	ie j ioi s	ucn	4	Х	
5	Did any person listed on line 1a receive or								related organization	n or individ	lual			
5	for services rendered to the organization? <i>If "You have be a receive or the organization or the organizat</i>											5		X
Se	ction B. Independent Contractors	cc, comple	.5 501				34011	1001			• •			
1	Complete this table for your five highest com	pensated i	ndepe	ende	ent (con	tracto	rs t	hat received more	than \$100.	000 of	:		
•	compensation from the organization. Report of													
	year.						-			-				
	(A)								(B)			(C)		
								- 1			_	. ,		

Name and business address

Description of services

Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

ıaı	C VIII	Check if Schedule O contains a response of	or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					sections 512-514
٥٥	C	Fundraising events 1c					
ifts	d	Related organizations 1d					
nig Big	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
outi Der		and similar amounts not included above . 1f	27,170,432.				
텵	g	Noncash contributions included in					
ğ		lines 1a-1f					
	h	Total. Add lines 1a-1f		27,170,432.			
Ð		В	usiness Code				
Program Service Revenue	2a						
Ser	b						
am SVe	C						
Reg	d e						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including dividends, inte					
		other similar amounts)	▶	29,129.			29,129.
	4	Income from investment of tax-exempt bond pro		0.			
	5	Royalties		0.			
			(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c Net rental income or (loss)		0.			
	d 7a	Gross amount from (i) Securities	(ii) Other	3.			
		sales of assets	. ,				
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss) 7c					
er F	d	Net gain or (loss)	▶	0.			
Other R	8a	Gross income from fundraising					
J		events (not including \$					
		of contributions reported on line	0.				
	١.	1c). See Part IV, line 18	0.				
	b	Less: direct expenses		0.			
	9a	Gross income from gaming					
	Ju	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.		0.			
Snc			usiness Code				
unec Tue	11a						
ella	b						
Miscellaneous Revenue	c d	All other revenue					
Σ	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		27,199,561.			29,129.

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											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	16,968,529.	16,968,529.									
2	Grants and other assistance to domestic											
_	individuals. See Part IV, line 22	148,308.	148,308.									
3	Grants and other assistance to foreign											
·	organizations, foreign governments, and											
	foreign individuals. See Part IV, lines 15 and 16	0.										
4	Benefits paid to or for members	0.										
5	Compensation of current officers, directors,											
Ŭ	trustees, and key employees	0.										
6	Compensation not included above to disqualified											
٠	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	0.										
7	Other salaries and wages	0.										
	Pension plan accruals and contributions (include											
J	section 401(k) and 403(b) employer contributions)	0.										
9		0.										
9 10	Payroll taxes	0.										
	Fees for services (nonemployees):											
	Management	0.										
	Legal	2,099.		2,099.								
	Accounting	36,000.		36,000.								
	Lobbying	0.										
	Professional fundraising services. See Part IV, line 17	0.										
	f Investment management fees	0.										
	Other. (If line 11g amount exceeds 10% of line 25, column											
Ĭ	(A) amount, list line 11g expenses on Schedule O.)	354,348.	325,248.	29,100.								
12	Advertising and promotion	0.										
	Office expenses	10,434.		10,434.								
	Information technology	0.										
15	Royalties	0.										
	Occupancy	0.										
17	Travel	0.										
	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	0.										
19	Conferences, conventions, and meetings	0.										
20	Interest	0.										
	Payments to affiliates	0.										
	Depreciation, depletion, and amortization	0.		F 00-								
23	Insurance	5,906.		5,906.								
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.)	27 021		27 021								
-	BANK FEES	37,031.		37,031.								
	FILING FEES	225. 273.		225. 273.								
_	MEALS ADMINISTRATIVE SERVICES	38,518.		38,518.								
_	ADMINISTRATIVE SERVICES	30,318.		30,318.								
	All other expenses	17,601,671.	17,442,085.	159,586.								
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	17,001,071.	1,1112,000.	137,300.								
_0	organization reported in column (B) joint costs from a combined educational campaign and											
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.										
	· · · · · · · · · · · · · · · · · · ·											

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	6,712,893.	1	5,829,274.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	10,674,714.	3	9,261,298.
	4	Accounts receivable, net	259,196.	4	159,196.
	5	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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	31,587.	9	4,836.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	17,678,390.	16	15,254,604.
	17	Accounts payable and accrued expenses	45,509.	17	90,004.
	18	Grants payable	15,181,473.	18	3,135,191.
	19	Deferred revenue	10,300.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jabi		controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	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	356,785.	25	347,196.
	26	Total liabilities. Add lines 17 through 25	15,594,067.	26	3,572,391.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	700,453.	27	1,213,367.
B	28	Net assets with donor restrictions	1,383,870.	28	10,468,846.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥,	32	Total net assets or fund balances	2,084,323.	32	11,682,213.
ž	33	Total liabilities and net assets/fund balances	17,678,390.	33	15,254,604.
			, ,	00	Form 990 (2020)

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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			99,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			01,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			97,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,0	84,3	323.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		11,6	82,2	213.
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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a 📗			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ınt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 17 1560206

SPE	ARK	SF PUBLIC SCHOOLS					4/-45683	96
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	h 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative						
4		A medical research organiz	-	-				(iii). Enter the
		hospital's name, city, and st		•	•			. ,
5		An organization operated to		a college or universit	v owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		5	,	•	, 0	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	_			-		om the general public
		described in section 170(b)	-	•				3
8		A community trust describe		· ·	Part II.)			
9		An agricultural research org	-		-	operated	I in conjunction with a	land-grant college
		or university or a non-land-	=			-		
		university:	g	, (,		, , ,	3
10		An organization that norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more than	n 331/3 % of its
		acquired by the organizatio						
11	Щ	An organization organized	•	•	-			
12		An organization organized	•	•				• • •
		of one or more publicly su	· ·					
		Check the box in lines 12a t	=			-	•	_
а	L	Type I. A supporting orga	•		•		• • • • • • • • • • • • • • • • • • • •	,, , , , ,
		the supported organization				ajority of	the directors or truste	es of the
		_ supporting organization. \	-					
b	L	Type II. A supporting org	-				· · ·	· · · · -
		control or management of		=	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). You must	<u>-</u>					
С	L							ly integrated with,
		$_$ its supported organization						
d	L	Type III non-functionally						
		that is not functionally into	-	= -	-		•	d an attentiveness
		$_$ requirement (see instruct		-				
е	L	Check this box if the orga					,, ,,,	I, Type III
	_	functionally integrated, or			_	-		
f		ter the number of supported						
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								
i Ota	41						i e	İ

Schedule A (Form 990 or 990-EZ) 2020 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,316,330.	17,427,373.	12,388,196.	27,905,724.	17,170,432.	82,208,055.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,316,330.	17,427,373.	12,388,196.	27,905,724.	17,170,432.	82,208,055.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						52,993,048.
6	Public support. Subtract line 5 from line 4						29,215,007.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,316,330.	17,427,373.	12,388,196.	27,905,724.	17,170,432. 29,129.	82,208,055. 42,242.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						82,250,297.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		_				25 50
14	Public support percentage for 2020 (li		•			14	35.52 %
15	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3 % support test - 2020. If the org	-					
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
47-	this box and stop here. The organization			-			
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
	Part VI how the organization meets organization			_	-		
h	_						
D	10%-facts-and-circumstances test - 2	-	=				
	15 is 10% or more, and if the organization most					-	-
	in Part VI how the organization meets			_	•	-	
12	organization						
18	_						
	instructions						· · · · · · ·

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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.)

Sec	tion A. Public Support			· 1	'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						<u> ▶ </u>
	tion C. Computation of Public Supp			(f))		. .	
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	<u></u> %
	tion D. Computation of Investment			40 1 ""			
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
	line 18 is not more than 331/3%, check		•	•	. ,		
20	Private foundation. If the organization d	iia not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions

Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	2		
er	3a		
id ie			
	3b		
3)	2-		
If	3с		
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	4b		
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	9a		
h	9b		
fit	30		
	9с		
n d			
	10a		
to	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			i age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	· · · · · · · · · · · · · · · · · · ·	11b		
С				
01		11c		
Sect	on B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	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	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
1 to below, the governing body of a supported organization? A 135% controlled entity of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part V. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at lines during the tax year? If No. describe in Part VI have the supported organization officers, directors, or trustees at lines during the tax year? If No. describe in Part VI have the supported organization, describe how the powers to appoint and/or tennor efficers, directors, or trustees are allocated among the supported organization operate for the benefit of any supported organization had more than one supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting 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 and the supporting organization or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization is a vear, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization is at year, (i) a virtlen notince 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, to the extent not pr	3			
	<u> </u>	tructi	ons)	
			0110).	
	· · · · · · · · · · · · · · · · · · ·			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
•				No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	20		
		2a		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	-			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
b		3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7		7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7			ated Type III supporting	g organization
	(see instructions).	-		· -

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - p	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2020 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				

Schedule A (Form 990 or 990-EZ) 2020

6

greater than zero, explain in Part VI. See instructions.

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

SPARK SF PUBLIC SCHOOLS 47-4568396 Organization type (check one): Filers of: Section: X 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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization SPARK SF PUBLIC SCHOOLS

Employer identification number 47-4568396

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	SALESFORCE.ORG 50 FREMONT, SUITE 300 SAN FRANCISCO, CA 94105	\$7,500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	EVELYN & WALTER HAAS, JR. FUND 114 SANSOME STREET, SUITE 600 SAN FRANCISCO, CA 94104	\$1,375,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040	\$5,165,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	SOMELAND FOUNDATION 135 MAIN STREET FL 20 SAN FRANCISCO, CA 94105	\$5,860,946.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	MICHIKO OKAZAKI TRUST 5498 GEARY BLVD SAN FRANCISCO, CA 94121	\$1,225,346.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$1,251,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SPARK SF PUBLIC SCHOOLS

Employer identification number 47-4568396

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization SPARK SF PUBLIC SCHOOLS **Employer identification number** 47-4568396 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No.

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

from Part I

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SPF	RK SF PUBLIC SCHOOLS			47-4568396		
Pa	rt I Organizations Maintaining Donor Adv			counts.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, li	ine 6.			
		(a) Donor advised funds		(b) Funds and oth	er 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 dono	r advisors in writing that the ass	sets held in d	onor advised		_
	funds are the organization's property, subject to th	e organization's exclusive legal co	ontrol?	L	_ Yes _	No
6	Did the organization inform all grantees, donors,	and donor advisors in writing tha	at grant funds	can be used		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor	r, or for any o	ther purpose		_
	conferring impermissible private benefit?			<u> L</u>	」Yes ∟	No
Pa	rt II Conservation Easements.					
	Complete if the organization answered					
1	Purpose(s) of conservation easements held by the).			
	Preservation of land for public use (for example			historically impor		rea
	Protection of natural habitat	Pres	servation of a	certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation cont	ribution in the			
	easement on the last day of the tax year.			Held at the End	d of the lax	Year
а	Total number of conservation easements					
b	Total acreage restricted by conservation easement					
C	Number of conservation easements on a certified	. ,				
d	Number of conservation easements included in (
•	historic structure listed in the National Register			•	- Cara disa	
3	Number of conservation easements modified, tra	insterred, released, extinguished	, or terminate	ed by the organiz	ation duri	ing the
4	tax year	arvation accoment is located				
4 5	Number of states where property subject to consecutive Does the organization have a written policy re			handling of		
J	violations, and enforcement of the conservation ea			-	Yes	□No
6	Staff and volunteer hours devoted to monitoring, insp					
•	b	recting, manaling of violatione, and	omoromy cond	orvanor cacomona	o during in	o you
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and er	nforcina conse	ervation easement	s durina th	ne vear
	▶ \$,	J		J	,
8	Does each conservation easement reported on line	2(d) above satisfy the requiremen	nts of section 1	70(h)(4)(B)(i)		_
	and section 170(h)(4)(B)(ii)?				」Yes	_ No
9	In Part XIII, describe how the organization reports		evenue and exp	ense statement a	nd	
	balance sheet, and include, if applicable, the text	of the footnote to the organization	n's financial s	atements that des	cribes the	
	organization's accounting for conservation easeme					
Pa	rt III Organizations Maintaining Collection			milar Assets.		
	Complete if the organization answered					
1a	If the organization elected, as permitted under F. of art, historical treasures, or other similar asset	ASB ASC 958, not to report in it	ts revenue sta	atement and bala	nce sheet	works
	service, provide in Part XIII the text of the footnote	to its financial statements that de	escribes these	items.	erance or	public
b	If the organization elected, as permitted under F	ASB ASC 958, to report in its r	revenue state	ment and balance	e sheet wo	orks of
	art, historical treasures, or other similar assets he provide the following amounts relating to these ite	eld for public exhibition, educations:	on, or researc	h in furtherance	of public s	service,
	(i) Revenue included on Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of a			ts for financial g	ain, provi	de the
	following amounts required to be reported under F	FASB ASC 958 relating to these it	tems:	_		
a	Revenue included on Form 990, Part VIII, line 1.			· · · · · · • • • <u>• • • </u>		
b	Assets included in Form 990, Part X			▶ \$		

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histor	rical Tre	asures	, or Other	Similar Assets (continued)	rage =
3	Using the organization's acquisition	on, accession, and	other record	ds, check	any of	the follow	ing that make sigi	nificant use	of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan	or excha	nge prograi	n		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	in how t	hey furt	her the or	ganization's exemp	t purpose ir	n Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath		ained as pa	rt of the o	organiza	tion's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered "Ye	es" on Forr	n 990, F	Part IV, I	ine 9, or re	eported an amou	nt on Form	
	990, Part X, line 21.								
1 a	Is the organization an agent, trus								_
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the foll	owing tab	ole:				
							Amount		
С	Beginning balance				—	1c			
d	Additions during the year				—	1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an am							Yes	_ No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	planation	has bee	n provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "V	oe" on Forr	m 000 E	Part I\/ I	ino 10			
	Complete if the organiza	(a) Current year	(b) Prior			years back	(d) Three years back	(e) Four year	
		(a) Current year	(b) F1101	yeai	(6) 1 100	years back	(u) Tillee years back	(e) Four year	S Dack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	- (th		/l' 4 -		/->> l1-1			
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance	e (line 1g,	column	(a)) neid as	:		
	Permanent endowment ▶								
c	Term endowment ▶	/0 %							
·	The percentages on lines 2a, 2b, a	- ′ -	100%.						
3a	Are there endowment funds not in	•		tion that	are held	and admir	istered for the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	uses of the organiza	ation's endov	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize					line 44 1	2 5 600 5	(V ' !' '	
	Description of property	ation answered "Y	es" on For rother basis		r other bas			art X, line 1 I) Book value	0
	Description of property		stment)		ther)		eciation	i) book value	
1 a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part .	X, columi	n (B), line	e 10c.)	▶		

Schedule D (Form 990) 2020

	·		Part IV, line 11b. See Form 990, Part X, lin	ne 12.
(a) Des (ir	cription of security or category acluding name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial deriv	ratives			
(2) Closely held e	quity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) mus	st equal Form 990, Part X, col. (B) line 12.)	>		
	stments - Program Related. plete if the organization answe	ered "Yes" on Form 990, F	Part IV, line 11c. See Form 990, Part X, lir	ne 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)				
	st equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Othe	er Assets.			
Com	plete if the organization answer	ered "Yes" on Form 990, F	Part IV, line 11d. See Form 990, Part X, lir	ne 15.
	. (a) Description	(b) Boo	k value
(1)	·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col.	(B) line 15.)	•	
	r Liabilities.	(
	plete if the organization answer	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	rt X,
		scription of liability	(b) Boo	k value
1.			(2) 200	
l. (1) Federal inco	CLATED PARTY		3	47,196
(1) Federal inco				, = 0
(1) Federal inco (2) DUE TO RE				
(1) Federal inco (2) DUE TO RE (3)			1	
(1) Federal inco (2) DUE TO RE (3) (4)				
(1) Federal inco (2) DUE TO RE (3) (4) (5)				
(1) Federal inco (2) DUE TO RE (3) (4) (5)				
(1) Federal inco (2) DUE TO RE (3) (4) (5) (6) (7)				
(1) Federal inco (2) DUE TO RE (3) (4) (5) (6) (7) (8)				
(1) Federal inco (2) DUE TO RE (3) (4) (5) (6) (7) (8) (9)	ust equal Form 990, Part X, col. (B) line			47,196

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	27,756,651.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	557,090.
3	Subtract line 2e from line 1	3	27,199,561.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	27,199,561.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	18,158,761.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	557,090.
3	Subtract line 2e from line 1	3	17,601,671.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- 1	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	17 (01 (71
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,601,671.
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Part XIII Supplemental Information (continued)

PART X, LINE 2

GAAP REQUIRES THE ORGANIZATION TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXANINATION BY THE APPLICABLE TAX AUTHORITY. THE ORGANIZATION HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS AND BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE TAX POSITIONS TAKEN. THEREFORE, NO LIABILITY HAS BEEN RECORDED.

SCHEDULE I (Form 990)

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

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

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization Employer identification number SPARK SF PUBLIC SCHOOLS 47-4568396 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) SFUSD 555 FRANKLIN STREET SAN FRANCISCO, CA 94102 94-1592822 16,968,529. TO SUPPORT SFUSD PRO (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)1.

JSA

E1288 1 000

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

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	72.	148,308.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

WHEN THE ORGANIZATION RECEIVES A GRANT, STAFF REVIEWS ALL GRANT
AGREEMENTS AND COMPLIANCE REQUIREMENTS WITH SFUSD PARTNERS, INCLUDING
GRANT TERMS, ALLOCATION AMOUNTS, REPORTING REQUIREMENTS, EXPENDITURE
RESTRICTIONS, AND THE GRANT PERIOD. THE ORGANIZATION THEN CREATES A
SEPARATE GRANT AGREEMENT (SUB-GRANTEE AGREEMENT) WITH THE SFUSD RECIPIENT
DEPARTMENT, OFFICE, OR SCHOOL SITE OUTLINING HOW GRANT FUNDS ARE TO BE
ALLOCATED AND SPENT. THE ORGANIZATION THEN WIRE TRANSFERS FUNDS TO SFUSD,
REQUIRING A TWO-APPROVER SYSTEM ON BEHALF OF THE ORGANIZATION.
ORGANIZATION STAFF REGULARLY (QUARTERLY) CHECKS IN WITH THE SFUSD

Schedule I (Form 990) (2020)

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
_3					
_4					
_ 5					
_ 6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

RECIPIENT TO MONITOR SPENDING OF THE GRANT AND REQUESTS FINANCIAL

EXPENDITURE REPORTS FROM THE SFUSD ACCOUNTING OFFICE. REVIEWS ARE

CONDUCTED BY BOTH THE ORGANIZATION AND SFUSD TO ENSURE EXPENSES ARE

WITHIN THE BUDGET AND ARE BEING SPENT IN ACCORDANCE WITH THE GRANT

AGREEMENT. THE ORGANIZATION'S STAFF CONTINUES TO MONITOR SPENDING UNTIL

THE GRANT FUNDS ARE FULLY EXPENDED.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPARK SF PUBLIC SCHOOLS

Part I Questions Regarding Compensation

Employer identification number 47-4568396

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence Local the process of the data			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Paragral partiages (such as maid chartfaur chaft)			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	10		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			v
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	ا ا		3,7
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	l

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

Schedule J (Form 990) 2020

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule J (Form 990) 2020 Page 2

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	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MYONG LEIGH	(i)	0.	0.	0.				
1SECRETARY	(ii)	254,652.	0.	0.	55,291.	9,247.	319,190.	
MEGHAN WALLACE	(i)	0.	0.	0.				
2TREASURER	(ii)	186,856.	0.	0.	40,536.	9,247.	236,639.	
VINCENT MATTHEWS	(i)	0.	0.	0.				
3DIRECTOR	(ii)	378,621.	0.	0.	118,523.	18,358.	515,502.	
GENTLE BLYTHE	(i)	0.	0.	0.				
4PRESIDENT	(ii)	254,652.	0.	0.	55,291.	9,247.	319,190.	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
_ 9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule J (Form 990) 2020

Part | Supplemental Information

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

SCHEDULE J

THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES. NONE OF THE LISTED

INDIVIDUALS RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION.

DURING FY21, EACH WAS AN EMPLOYEE OF SAN FRANCISCO UNIFIED SCHOOL

DISTRICT, A RELATED ORGANIZATION. SEE SCHEDULE O FOR ADDITIONAL

INFORMATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

47-4568396

Department of the Treasury Internal Revenue Service

SPARK SF PUBLIC SCHOOLS

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

FORM 990, PART VI, SECTION A, LINE 11B A COPY OF THE FORM 990 IS PROVIDED TO ALL DIRECTORS OF THE ORGANIZATION PRIOR TO FILING. THE AUDIT COMMITTEE WHO HAS BEEN CHARGED WITH THE RESPONSIBILITY OF REVIEWING AND APPROVING THE FORM 990 ON BEHALF OF THE BOARD REVIEWS AND APPROVES THE FORM 990 PRIOR TO IT BEING FILED. IN ADDITION, MANAGEMENT OF THE ORGANIZATION REVIEWS THE COMPLETED FORM 990 AND FOLLOWS UP WITH THE TAX RETURN PREPARATION FIRM TO ANSWER ANY QUESTIONS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. UPON APPOINTMENT, EACH DIRECTOR AND EXECUTIVE OFFICER OF THE ORGANIZATION SIGNS A CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM. TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, THE BOARD SHALL CONDUCT PERIODIC REVIEWS.

FORM 990, PART VI, SECTION B LINE 15A AND 15B COMPENSATION POLICY THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES. NONE OF THE LISTED INDIVIDUALS RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION. DURING FY21, EACH WAS AN EMPLOYEE OF THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT, A RELATED ORGANIZATION.

FORM 990, PART VI, SECTION C LINE 19

THE GOVERNING DOCUMENTS, FORMS 990 (CURRENT AND PRIOR THREE YEARS), AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON WRITTEN OR ORAL REQUEST AT THE ORGANIZATION'S OFFICE.

PART VII, SECTION A.1A, COLUMN (E) AND (F)

REPORTABLE COMPENSATION AND OTHER COMPENSATION FROM RELATED ORGANIZATIONS

DO NOT RELATE TO SERVICES PROVIDED TO THE ORGANIZATION BUT RATHER

SERVICES PROVIDED TO THE RELATED ORGANIZATION, SFUSD, OTHER THAN AS

NOTED BELOW:

- GENTLE BLYTHE CONTRIBUTED 5% OF HER TIME IN SERVICE AS PRESIDENT OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.
- MYONG LEIGH CONTRIBUTED 0.25% OF HIS TIME IN SERVICE AS SECRETARY OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.
- MEGHAN WALLACE CONTRIBUTED 0.25% OF HER TIME IN SERVICE AS TREASURER OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.
- VINCENT MATTHEWS CONTRIBUTED 0.25% OF HIS TIME IN SERVICE AS A DIRECTOR OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.

FORM 990, PART I, LINE 1

SPARK* SF PUBLIC SCHOOLS' MISSION IS TO BUILD PRIVATE FINANCIAL SUPPORT AND PARTNERSHIPS TO SUPPORT SFUSD'S MISSION AND VISION IN KEY STRATEGIC PRIORITY FUNDRAISING AREAS INCLUDING: LEARNING, INNOVATION, EQUITY, ACCESS, WELLNESS, AND TALENT.

Employer identification number 47-4568396

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SPARK* SF PUBLIC SCHOOLS IS A NON-PROFIT 501(C)(3) DEDICATED TO
BUILDING PRIVATE PHILANTHROPIC PARTNERSHIPS AND FINANCIAL SUPPORT FOR
THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT'S (SFUSD) MISSION TO ENSURE
EACH AND EVERY CHILD RECEIVES THE QUALITY INSTRUCTION AND EQUITABLE
SUPPORT REQUIRED TO THRIVE IN THE 21ST CENTURY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SPARK* SF PUBLIC SCHOOLS LEVERAGES PHILANTHROPY TO PILOT NEW
PROGRAMS, PROPEL PROMISING IDEAS AND SCALE HIGH-LEVERAGE PRACTICES
ACROSS SFUSD ALL IN THE SERVICE OF DRIVING INNOVATION, ACHIEVING
EQUITY AND IMPROVING STUDENT OUTCOMES ACROSS SAN FRANCISCO'S
PUBLIC SCHOOL SYSTEM BY FOCUSING ON KEY STRATEGIC FUNDRAISING
PRIORITIES INCLUDING LEARNING, INNOVATION, EQUITY, ACCESS,
WELLNESS AND TALENT. SPECIFICALLY, SPARK* RAISED FUNDS FOR THE
FOLLOWING PROGRAMMATIC INITIATIVES: AFRICAN AMERICAN ACHIEVEMENT
AND LEADERSHIP INITIATIVE, PITCH, STEM: COMPUTER SCIENCE, CAREER
PATHWAYS, EDUCATOR PIPELINE, COVID RESPONSE, SF UNIFIED ACCESS,
STUDENT NUTRITION SERVICES, AND MIDDLE GRADES REDESIGN AS WELL AS
MANY OTHER PROGRAMS AND SERVICES ACROSS THE DISTRICT.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

 \blacktriangleright 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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SPARK SF PUBLIC SCHOOLS

Employer identification number
47-4568396

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
1)					
2)					
3)					
4)					
5)					
6)					

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) SAN FRANCISCO UNIFIED SCHOOL DISTRICT 94-6000416 555 FRANKLIN STREET 3RD FLOOR SAN FRANCISCO, CA 94102	EDUCATION	CA	170(C)1		CA GOVT		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule R (Form 990) 2020

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (i) Code V - UBI (j) (d) (e) Predominant (g) (h) (k) Share of end-of-Name, address, and EIN of Lègal Direct controlling Share of total Percentage General or Disproportionate income (related, domicile related organization income amount in box 20 entity year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(5)

(6)

(7)

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule R ((Form 990) 2020	Page 3
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	ted in Parts II-I\/2				
٠,	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
a					1b	Х	
	Gift, grant, or capital contribution to related organization(s)				1c	X	
	Gift, grant, or capital contribution from related organization(s)					-25	X
	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
,	Lease of facilities, equipment, of other assets to related organization(s).						
1.	Lance of facilities acquirement or other constants was valeted assemiration(a)				1k		Х
K .	Lease of facilities, equipment, or other assets from related organization(s)				11	Х	
ı	Performance of services or membership or fundraising solicitations for related organization(s)					- 25	X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	37	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	- 37
0	Sharing of paid employees with related organization(s)				10		X
	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	is line, including cove	red relationships and transa	action thre	shold	3.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method			g
		type (a-s)		amou	int invo	oivea	
(1)							
(')							
(2)							
(2)							
(۵)							
(3)							
(4)							
(5)							
(6)							_
SA			Sch	edule R (I	Form	990) 2	2020

Yes No

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

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	i) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
											L		m 000) 2020

Page 4

Part VI

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.



SPARK SF PUBLIC SCHOOLS

INSTRUCTIONS FOR FILING FORM 8453-EO

CA E-FILE RETURN AUTHORIZATION FOR EXEMPT ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2021

THE ORIGINAL FORM 8453-EO SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

PLEASE RETURN THE SIGNED FORM ON OR BEFORE MAY 16, 2022 TO:

SEILER LLP
THREE LAGOON DR STE 400
REDWOOD CITY CA 94065

YOUR RETURN WILL BE FILED ELECTRONICALLY. YOU DO NOT NEED TO FILE ANY FORMS WITH THE STATE OF CALIFORNIA.

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 199 WITH THE STATE OF CALIFORNIA. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 16, 2022.

Three Lagoon Drive, Suite 400 **Redwood City**, CA 94065 t. 650.365.4646 f. 650.368.4055 220 Montgomery Street, Suite 300 **San Francisco**, CA 94104 t. 415.392.2123 f. 415.392.1720 1735 Technology Drive, Suite 410 **San Jose**, CA 95110 t. 408.766.6000 f. 408.454.0148



California Exempt Organization Annual Information Return

FORM

199

2020	<i>,</i> , , , , , , , , , , , , , , , , , ,	ai iiiiOiiiiatiOii	IXCLAITI				199
Calendar Yea	r 2020 or fiscal year b	eginning (mm/dd/yyyy)	07/01/2020	, and	l ending (mm/dd	/yyyy)	06/30/2021 .
Corporation/O	rganization name					California cor	poration number
SPAR	K SF PUBLI	IC SCHOOLS				37410	94
Additional info	ormation. See instruction	ns.				FEIN	
						47-45	68396
Street address	(suite or room)						PMB no.
135	VAN NESS A	4VE		11	L9		
City						State	Zip code
SAN	FRANCISCO					CA	94102
Foreign counti	y name		Foreign province/state/	county		<u>'</u>	Foreign postal code
B Amended C IRC Sect D Final info Enter dat E Check ac (1) F Federal re (1) G Is this a g H Is this org	return	al (3) Other 90PF (3) Sch H (990)	Yes X No	not reported J If exempt u engaged in K Is the orga If "Yes," en L Is the orga M Did the org taxable inco N Is the orgar audited in a	n political activities nization exempt uniter the gross reconstruction a limited panization file Foome? nization under aud a prior year?	e instructions. e instructions. s? See instruction 23701d, I s? See instruction 12 see in	Yes X No nas the organization ctions. Yes X No Section 23701g? Yes X No namember sources vany? Yes X No orm 109 to report Yes X No or has the IRS
Part I Co	1 Gross sales or 2 Gross dues an 3 Gross contribu	ess not required to file to receipts from other sources. In assessments from member attions, gifts, grants, and similately to filling requirement.	From Side 2, Part II, line 8 rs and affiliates		•	1 2 3	29,129 <u>00</u> 00 27,170,432 <u>00</u>
and Revenues	5 Cost of goods6 Cost or other b7 Total costs. Ac	t be completed. If the result sold	assets sold • 6		000	7	27,199,56100 00 27,199,56100
_		s and disbursements. From S				9	17,671,97900
Expenses	•	eipts over expenses and dist					9,527,58200
		S				11	00
	' '	General Information K				12	00
		ance. If line 11 is more than			•	13	00
Filing Fee		ce. If line 12 is more than lir				14	00
		Interest. See General Informa	·			15	0.0
		Add line 12 and line 15. The					0.0
Sign Here	Under penalties of petrue, correct, and con Signature		amined this return, including ac	companying sched	ules and stateme	nts, and to the has any know	e best of my knowledge and belief, it is wledge. Telephone $415-241-5578$
	of officer		Date				PTIN
	Preparer's	RA K MCCALL		/11/2022	Check if self- employed		P00998198
Paid Preparer's Use Only		SEILER LLP THREE LAGOON : REDWOOD CITY,	DR STE 400	11/2022	ешрюуеч	•	Firm's FEIN 94-1624276 Telephone 650-365-4646
	May the FTR discu	iss this return with the prepa		tructions -			• X Yes No
	may the FTD discu	oo ano rotain with the prepa	aron onlown above: Occ IIISI				I 1W 1NU

027

3651204

Form 199 2020 Side 1

	regardless of amount of gross receipts - o	<u> </u>				0.0
	1 Gross sales or receipts from all business				1	00
	2 Interest			•	2	00
Receipts	3 Dividends			•	3	
from	4 Gross rents			•	4	0.0
Other	5 Gross royalties			•	5	0.0
Sources	6 Gross amount received from sale of asse	,		•	6	20 12000
	7 Other income. Attach schedule			•	7	29,12900
	8 Total gross sales or receipts from othe	r sources. Add line 1 throu	gh line 7.			00 100
	Enter here and on Side 1, Part I, line 1				8	29,12900
	9 Contributions, gifts, grants, and similar	amounts paid. Attach sch	edule A'I'CH	. 2 •	9	17,187,14500
	10 Disbursements to or for members			•	10	0.0
	11 Compensation of officers, directors, and	d trustees. Attach schedule	э А.Т.СН	. 3 •	11	0.0
	12 Other salaries and wages			•	12	0.0
Expenses	13 Interest			•	13	0.0
and				•	14	0.0
Disburse-	15 Rents			•	15	0.0
ments	16 Depreciation and depletion (See instruc			•	16	0.0
	17 Other expenses and disbursements. Att	ach schedule	ATCH	4 •	17	484,83400
	18 Total expenses and disbursements. Ad	d line 9 through line 17. E	Enter here and on Side 1, Par	rt I, line 9	18	17,671,97900
Schedu	le L Balance Sheet	Beginning o	of taxable year		End	of taxable year
Assets		(a)	(b)		(c)	(d)
1 Cash			6,712,893.			5,829,274.
2 Net a	accounts receivable		259,196.			159,196.
3 Net r	notes receivable		10,674,714.			• 9,261,298.
4 Inver	ntories					•
5 Fede	ral and state government obligations					
						•
6 Inves	stments in other bonds					•
	stments in other bonds					•
7 Inves						•
7 Inves	stments in stockgage loans					•
7 Inves 8 Morto 9 Othe	stments in stockgage loansgrinvestments. Attach schedule					•
7 Inves 8 Morto 9 Othe 10 a De	stments in stockgage loans					
7 Inves 8 Morto 9 Othe 10 a De b Le	stments in stockgage loans					
 7 Inves 8 Morto 9 Othe 10 a De b Le 11 Land 	gage loans	ATCH 5	31,587.			• 4.836.
 7 Inves 8 Morte 9 Othe 10 a De b Le 11 Land 12 Othe 	stments in stock	ATCH 5	31,587. 17,678,390.			
 7 Inves 8 Mortg 9 Othe 10 a De b Le 11 Land 12 Othe 13 Total 	stments in stock	ATCH 5	31,587. 17,678,390.			
7 Inves 8 Morte 9 Othe 10 a De b Le 11 Land 12 Othe 13 Total Liabilitie	stments in stock	ATCH 5	17,678,390.			15,254,604.
7 Inves 8 Morto 9 Othe 10 a De b Le 11 Land 12 Othe 13 Total Liabilitie 14 Acco	stments in stock	ATCH 5	17,678,390. 45,509.			15,254,604.
 7 Inves 8 Morte 9 Othe 10 a De b Le 11 Land 12 Othe 13 Total Liabilitie 14 Acco 15 Cont 	gage loans	ATCH 5	17,678,390.			• 4,836. 15,254,604. • 90,004. • 3,135,191.
7 Inves 8 Morte 9 Othe 10 a De b Le 11 Land 12 Othe 13 Total Liabilitie 14 Acco 15 Cont 16 Bond	stments in stock	ATCH 5	17,678,390. 45,509.			15,254,604. 90,004.

Schedule M-1 Reconciliation of income per books with income per return

18 Other liabilities. Attach schedule19 Capital stock or principal fund20 Paid-in or capital surplus. Attach reconciliation .

21 Retained earnings or income fund

22 Total liabilities and net worth

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

ATCH 6

_	·		<u> </u>				
1	Net income per books	•	9,597,890.	7	Income recorded on books this year	ATCH	8
2	Federal income tax	•			not included in this return. Attach schedule	•	557,090.
3	Excess of capital losses over capital gains	•		8	Deductions in this return not charged		
4	Income not recorded on books this year.				against book income this year.		
	Attach schedule	•			Attach schedule	•	
5	Expenses recorded on books this year not			9	Total. Add line 7 and line 8		557,090.
	deducted in this return. Attach schedule ATCH. 7	•	557,090.	10	Net income per return.		
6	Total. Add line 1 through line 5		10,154,980.		Subtract line 9 from line 6	9,	597,890.

356,785

2,084,323.

17,668,090.

Side 2 Form 199 2020 027

3652204

347,196.

11,682,213.

15,254,604.

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 1

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
SALESFORCE.ORG 50 FREMONT, SUITE 300 SAN FRANCISCO, CA 94105	06/30/2021	7,500,000.
EVELYN & WALTER HAAS, JR. FUND 114 SANSOME STREET, SUITE 600 SAN FRANCISCO, CA 94104	06/30/2021	1,375,000.
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040	06/30/2021	5,165,000.
SOMELAND FOUNDATION 135 MAIN STREET FL 20 SAN FRANCISCO, CA 94105	06/30/2021	5,860,946.
MICHIKO OKAZAKI TRUST 5498 GEARY BLVD SAN FRANCISCO, CA 94121	06/30/2021	1,225,346.
FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	06/30/2021	1,251,500.
CONTRIBUTION UNDER REPORTING REQUIREMENT 135 VAN NESS AVE, RM 119 SAN FRANCISCO, CA 94102	06/30/2021	4,792,640.
TOTAL CONTRIBUTION AMO	UNTS	27,170,432.

SPARK SF PUBLIC SCHOOLS 47-4568396

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 2

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT

GRANTS PAID

SFUSD 115 TO SUPPORT SFUSD PROGRAMS 16,968,529.

555 FRANKLIN STREET

SAN FRANCISCO, CA 94102

SCHOLARSHIPS 148,308.

TOTAL CONTRIBUTIONS PAID 17,116,837.

ATTACHMENT 2

1361NI M200 5/11/2022 10:17:44 AM V 20-7.21 18444

ATTACHMENT 3

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME	TITLE	COMPENSATION
MYONG LEIGH	SECRETARY	0.
MEGHAN WALLACE	TREASURER	0.
VINCENT MATTHEWS	DIRECTOR	0.
GENTLE BLYTHE	DIRECTOR	0.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND	TRUSTEES	

ATTACHMENT 4

PART II - OTHER EXPENSES

LEGAL EXPENSES	2,099.
ACCOUNTING EXPENSE	36,000.
OTHER FEES FOR SVCS	354,348.
OFFICE EXPENSES	10,434.
INSURANCE	5,906.
BANK FEES	37,031.
FILING FEES	225.
MEALS	273.
ADMINISTRATIVE SERVICES	38,518.
TOTAL OTHER EXPENSES	484,834.

ATTACHMENT	5
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SCHEDIILE	т	OTHER	ASSETS
うしけいししょう	1	UIHER	$A \supset \supset P \cup D$

DESCRIPTION PREPAID EXPENSES	BEG. OF YEAR 31,587.	END OF YEAR 4,836.
TOTAL OTHER ASSETS	31,587.	4,836.

SCHEDULE L - OTHER LIABILITIES

CORPORATE NAME: SPARK SF PU EIN OF BUSINESS: 47-4568396 SPARK SF PUBLIC SCHOOLS

DESCRIPTION BEG. OF YEAR END OF YEAR

347,196. DUE TO RELATED PARTY 356,785.

347,196. <u>356,785.</u> TOTAL CORPORATION OTHER LIABILITIES

356,785. 347,196. TOTAL OTHER LIABILITIES

ATTACHMENT 7

SCHEDULE M-1 - EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED

IN-KIND SERVICES 557,090.

TOTAL EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED

ATTACHMENT 8

SCHEDULE M-1 - INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

IN-KIND SERVICES 557,090.

TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED





SPARK SF PUBLIC SCHOOLS

INSTRUCTIONS FOR FILING
FORM RRF-1
CALIFORNIA ANNUAL REGISTRATION RENEWAL FEE REPORT
FOR THE YEAR ENDED JUNE 30, 2021

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON PAGE 1 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY MAY 16, 2022 WITH:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

A CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF JUSTICE" IN THE AMOUNT OF \$800 SHOULD BE ATTACHED TO THE RETURN. BE SURE TO INCLUDE THE FEDERAL EIN AND "2020 FORM RRF-1" ON THE CHECK.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

Three Lagoon Drive, Suite 400 **Redwood City**, CA 94065 t. 650.365.4646 f. 650.368.4055 220 Montgomery Street, Suite 300 **San Francisco**, CA 94104 t. 415.392.2123 f. 415.392.1720 1735 Technology Drive, Suite 410 **San Jose**, CA 95110 t. 408.766.6000 f. 408.454.0148

STATE OF CALIFORNIA

RRF-1

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

DEPARTMENT OF JUSTICEPAGE 1 of 5

TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

ANNUAL REGISTRATION RENEWAL FEE REPORT

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

SPA	ARK SF PUBLIC SCHOOL	S		Check if:				
Name of Organization			Change of address					
List all DBAs and names the organization uses or has used			Amended report					
	5 VAN NESS AVE							
Add	ress (Number and Street)			State Charity Registration Number CT0228553				
	N FRANCISCO CA 94102							
1 1	or Town, State and ZIP Code			Corporate or Organization No. 3741094				
I `	15)241-5578 ephone Number		E-mail Address	Federal Employer	· ID No.	47-4568396		
	ANNUAL REGI	STRATIO	N RENEWAL FEE SCHEDULE (1' Make Check Payable to De	•		307, 311, and 312)		
Tot	al Revenue	Fee	Total Revenue	Fee	Total Reven			Fee
	ar nevenue	100	Total Nevertae	100	Total Reven	<u>uc</u>		100
Bet	s than \$50,000 ween \$50,000 and \$100,000	\$25 \$50	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million		Between \$10	,000,001 and \$100 mil 0,000,001 and \$500 m		\$800 \$1,000
	ween \$100,001 and \$250,000 RT A - ACTIVITIES	\$75	Between \$5,000,001 and \$20 millio	n \$400	Greater than	\$500 million		\$1,200
	A - ACTIVITIES							
	For your most recent full a	accountin	g period (beginning 07/01/2	2020 endir	o6/	30/2021) list	_	
 	•	accountin	g period (beginning	cridii	·9		•	
(inc	al Revenue \$ luding noncash contributions) 27 , 1	99,561	Noncash Contributions	\$	То	tal Assets $\15,25	4,604.	
	Program Expens	ses \$ $\frac{17}{2}$	<u>7,442,085.</u> T	otal Expenses $\1	7,601,672	2.		
<u> </u>								
\vdash			ANIZATION DURING THE PERIOD O					
Not			f you answer "yes" to any of the ils for each "yes" response. Pleas				Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?						Х		
2.	During this reporting period, was t	here any th	neft, embezzlement, diversion or misuse	of the organization's ch	naritable property	or funds?		Х
3.	During this reporting period, were	any organiz	ation funds used to pay any penalty, fine	or judgment?				Х
4.	During this reporting period, were coventurer used?	the service	es of a commercial fundraiser, fundraising	g counsel for charitable	e purposes, or co	ommercial		X
5.	During this reporting period, did th	e organizati	on receive any governmental funding?					Х
6. During this reporting period, did the organization hold a raffle for charitable purposes?					Х			
7.	7. Does the organization conduct a vehicle donation program?					Х		
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?					Х			
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?					Х			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.								
			GENTLE BLYTHE	PR	ESIDENT			
	Signature of Authorized	d Agent	Printed Nam	e	Title		ate	

A COPY OF THE

FEDERAL 990-PF

RETURN WAS

ATTACHED TO THE

FILING COPY OF

THIS RETURN.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

L	OMB	No.	1545-0047

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number SPARK SF PUBLIC SCHOOLS 47-4568396 Name and title of officer or person subject to tax GENTLE BLYTHE, PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12).... 1b 2a Form 990-EZ check here ▶ Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here ▶ Form 8868 check here ▶ **b** Balance due (Form 8868, line 3c). 5b 5a Form 990-T check here ▶ **b Total tax** (Form 990-T, Part III, line 4) 6b Form 4720 check here ▶ **b** Total tax (Form 4720, Part III, line 1) 7b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that ____ I am an officer of the above organization or ____ I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize SEILER LLP to enter my PIN as my signature **ERO firm name** on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2020)

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Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YE		ia e-file Returr Organizations		on for	8453-EO
Exempt Organ SPARK	ization name SF PUBLIC SCH	OOLS			ng number 568396
1 Total gros 2 Total gros 3 Total expe	ss receipts (Form 199, line 4 ss income (Form 199, line 8 enses and disbursements (l)			27,199,561.
	tronic funds withdrawal	-		Withdrawal date (mm/dd/yyy)	yy)
5 Routing n	number	ve you verified the exem	pt organization's bankin	g information?)	Savings
I authorize the the amount I Under penals ator (ERO), to organization the exempt organized exempt organized provider. If the provider the	isted on line 4a. ties of perjury, I declare tha ransmitter, or intermediate 's 2020 California electron organization is filing a bala anization's fee liability, the anization return and accor	t I am an officer of the abov service provider and the am ic return. To the best of my ince due return, I understan exempt organization will re npanying schedules and st	re exempt organization and nounts in Part I above agree knowledge and belief, the d that if the Franchise Tax main liable for the fee liab atements be transmitted t	that the information I provided e with the amounts on the correxempt organization's return is Board (FTB) does not receive fility and all applicable interest to the FTB by the ERO, transporize the FTB to disclose to the	to my electronic return origin esponding lines of the exemp true, correct, and complete. I full and timely payment of the and penalties. I authorize the mitter, or intermediate service
Sign Here	Signature of officer			PRESIDENT Title	
	orginature or officer			Title	
I declare that knowledge. (however, that transmitting followed all (years from the to the FTB u and accomp	t I have reviewed the above (If I am only an intermedia: at form FTB 8453-EO accur: this return to the FTB; I ha other requirements describ ne due date of the return of upon request. If I am also the	te service provider, I unders ately reflects the data on the ve provided the organization ed in FTB Pub. 1345, 2020 four years from the date the paid preparer, under penements, and to the best of	rn and that the entries on f tand that I am not respons return.) I have obtained the n officer with a copy of all Handbook for Authorized e exempt organization retu alties of perjury, I declare	e instructions. orm FTB 8453-EO are complete sible for reviewing the exempt of e organization officer's signature forms and information that I will e-file Providers. I will keep form are is filed, whichever is later, are that I have examined the above they are true, correct, and com	organization's return. I declare e on form FTB 8453-EO before Il file with the FTB, and I have n FTB 8453-EO on file for fou nd I will make a copy available e exempt organization's reture
FDO	ERO's-		Date	Check if Check also paid if self-	ERO's PTIN
ERO Must Sign	Firm's name (or yours if self-employed) and address	-		preparer employed	's FEIN ZIP code
•			· ·	accompanying schedules and a	*
Paid Preparer Must Sign	_		Date	if self- employed POC	preparer's PTIN
	Firm's name (or yours if self-employed) and address	SEILER LLP THREE LAGOON REDWOOD CITY	DR STE 400		76 P code 4065