Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or th	e 201	<i>r</i> calendar year, or ta	x year begi	nning	0 /	/ Ul, 2017 ,	and endir	ıy		00/	730,2018	
B Che	eck if ap	oplicable:	C Name of organization SPARK SF PUBL	IC SCHOO	ols					D Employer ide	entifica	ation number	
	Addre		Doing Business As		·=					47-4568	396		
	1	e change	Number and street (or P.	O. box if mail is	not delivered to	street addres	ss)	Room/suite		E Telephone n			
	t	return	555 FRANKLIN							(415) 24	1 – 5!	578	
	Termi		City or town, state or pro			an postal code	 e			(110) 11			
	Amen		SAN FRANCISCO	-		9 p				G Gross receip	ts \$	17,438,	223
	return Applic		F Name and address of prin	-		E BLYTH	F.			H(a) Is this a grou			X No
	pendir	ng	555 FRANKLIN	•				94102		subordinates	?	\vdash	No
	Tov. 04	empt st							. 7	H(b) Are all subord		(see instructions)	NO
			atus: $X \mid 501(c)(3) \mid$ SPARKSFPUBLICSC	501(c) (, , ,	ert no.)	4947(a)(1) o	r 52	. 7			,	
			T == T			Other		I Vaara		H(c) Group exemption: 2015 M			CA
				Trust	Association	Other		L Year o	n iormai	ion: 2013 W	State	or regar domicile:	
Pa			mmary				CEE CO	יו דוורטווו	^				
	1	Briefly	describe the organization	on's mission (or most signific	cant activitie	S: 2FF 2C						
Governance													
rna	_												
o e			this box if the c	-		•					1 1		1 2
			er of voting members of								3		$\frac{13.}{7.}$
Activities &			er of independent voting								4		
ξĖ			number of individuals em			17 (Part V, I	ine 2a)				5		0.
į			number of volunteers (est								6		14.
⋖			unrelated business revenu								7a		0
_	b	Net ur	nrelated business taxable	income from	Form 990-T,	line 34					7b		0
										Prior Year	_	Current Ye	
<u>o</u>	8	Contri	butions and grants (Part \	/III, line 1h)			СОРУ	/ FOR		7,316,33		17,427	<u>,373.</u>
Revenue	9	Progra	am service revenue (Part \	VIII, line 2g)			. DIIBLIC IN	SDECTION			0.		0
Ş	10	IIIVESI	ment income (r art vin, c	$\mathcal{O}(\alpha)$	165 5, 4, and 1	u)					0.		0
-	11	Other	revenue (Part VIII, colum	nn (A), lines 5	, 6d, 8c, 9c, 1	0c, and 11e))				0.		,733.
	12	Total	revenue - add lines 8 thro	ough 11 (mus	t equal Part V	III, column (A), line 12) .			7,316,33		17,367	,640.
	13 Grants and similar amounts paid (Part IX, colun				lumn (A), lines	s 1-3)				10,455,98	9.	17,382	,188.
	14	Benefits paid to or for members (Part IX, column (A), line 4)							0.			0	
တ္သ			es, other compensation,								0.		0
Expenses	16a	Profes	ssional fundraising fees (F	Part IX, colum	n (A), line 11e)					0.		0
× be	b	Total t	fundraising expenses (Par	rt IX, column ((D), line 25)		54,124						
ω̈́			expenses (Part IX, colum							51,67	75.	187	734.
			expenses. Add lines 13-1							10,507,66	4.	17,569	,922.
			nue less expenses. Subtra							-3,191,33	4.	-202	,282.
es o									Begin	ning of Current Y	'ear	End of Yea	r
land	20	Total a	assets (Part X, line 16)							1,036,64	3.	9,971	,978.
Ass			liabilities (Part X, line 26)							73,84	6.	9,593	,558.
			ssets or fund balances. S		1 from line 20					962,79	_		,420.
Par			nature Block					<u> </u>					
Und	er per	nalties o	of perjury, I declare that I ha	ve examined th	nis return, inclu	ding accomp	anying schedul	les and stater	ments, a	and to the best of	my k	nowledge and be	lief, it is
true,	corre	ct, and	complete. Declaration of prep	parer (other tha	n officer) is bas	ed on all info	rmátion of whic	h preparer ha	as any ki	nowledge.			
Sign	า		Signature of officer							Date			
Her	е												
			Type or print name and title										
			Type preparer's name		Preparer's sig	gnature		Date		Check	if P	TIN	
Paid			RA K MCCALL		DEBRA K					self-employe	"	P00998198	
Prep	arer		· CETTED I	,T,P		-10011111						1624276	
Use	Only		n's name ► SEILER LLP 's address ► THREE LAGOON DR STE 400 REDWOOD CITY, CA 94065									-365-4646	
Max	the I									Phone no.	0.50-		—
<u> </u>			cuss this return with the		•		٥)						No
⊢or F	-aper	rwork	Reduction Act Notice, se	ee tne separa	ιτe instruction	s.						Form 990	(2017)

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Pa		etement of Program Service A eck if Schedule O contains a	Accomplishments response or note to any line in this Par	: III	X						
1	Briefly describe the organization's mission: SEE SCHEDULE O										
2			icant program services during the ye								
	If "Yes," des	cribe these new services on So			Yes X No						
3	services?		or make significant changes in h		Yes X No						
4	Describe the expenses. S	Section 501(c)(3) and 501(c)(vice accomplishments for each of i 4) organizations are required to rep each program service reported.								
4a	(Code:		82,188. including grants of \$ 17 DONATIONS AND GRANTS TO F)						
			TUDENT ACHIEVEMENT WITHIN								
			RICT. THE ORGANIZATION PR								
			JGHOUT THE CITY'S PUBLIC S RE PRIORITY AREAS OF LEARN								
			NEW & REIMAGINED SCHOOLS								
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
	-										
	-										
4 - '	Other pre	om parviaga (Dagariba is Calar	dula O)								
4 0	(Expenses \$	am services (Describe in Scheo including gra	•	; \$ \							
4e	<u> </u>	m service expenses ►		• /							

Form **990** (2017)

Form 990 (2017) Page **3**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Part	Checklist of Required Schedules			
complete Schedule A. 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Nes" complete Schedule C, Part I. 3 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Nes" complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes" complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-19? If "Yes" complete Schedule C, Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes" complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 8 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, line 12 if or escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21 if or escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21 if or escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12 if or escrow or custod				Yes	No
2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. 2	1				
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. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)(4) solid political consensus of the organization and the organization and section in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization and an association of the organization of the consensus of t			1		
candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during that xayear // "res," complete Schedule C, Part II	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5) or Spraization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization more port an amount in Part X, ine 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 II. Did the organization include or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part X, VII, VIII, XII, X, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yas," complete Schedule D, Part XII. 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 XIII. 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 XIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its			3		X
s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Ves," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 July 10, IVII, XV, as a spiciable. 2 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 VIII. 2 Did the organization report an amount for investments-other securities 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 XIII. 2 Did the organization and part of other assets in Part X, line 16? If "Yes," complete Schedule D, Part XIII. 3 Did the organization hav	4				
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X ine 10 part V. 10 Did the organization services? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10 part V, VII, VIII, VIII, VII, VII, VII, VII			4		X
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have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, seven as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, seven as a custodian for amounts not listed in Part X; line 21, for escrow or custodial account liability, seven as a custodian for amounts not listed in Part X; line 21, for escrow or custodial account liability, seven as a custodian for amounts not listed in Part X; line 21, for escrow or custodial account liability, seven as a custodian for amounts not listed in Part X; line 21, for escrow or custodial account liability, seven as a custodian for amounts not listed in Part X, line 10 accounts an account liability, seven as a custodian for amounts not listed in Part X, line 10 accounts an account liability, seven as a custodian for amounts not listed in Part X, line 10 accounts an account liability, seven as a custodian for amounts not listed in Part X, line 10 accounts an account liability in the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 10 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 VIII. 2 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 VIII. 3 Did the organization and a mount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes			5		X
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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 N Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI VII, VIII, IX, or X as applicable. b Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII VII VIII VIII VIII VIII VIII VIII		·	8		X
debt negotiation services? If "Yes," complete Schedule D, Part N 10 Did the organization incertly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, VII, VIII, IV, IV, IV, IV, IV, IV, I	9				
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 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. c 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. 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 VIII. 11c					
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e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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. 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. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a?	a		444		v
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	_			v	
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 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. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13	T	· · · · · · · · · · · · · · · · · · ·	445	x	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		111	21	
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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a		122	x	
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	h		124		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			12h		Х
Did the organization maintain an office, employees, or agents outside of the United States?	13				
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		- · · · · · · · · · · · · · · · · · · ·			
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					
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
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			14b		Х
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	· · · · · · · · · · · · · · · · · · ·			
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	•		15		Х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
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)			16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17				
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			17		X
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			18	Х	
	19				
			19		X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	Х	
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 21	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
- -u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			3.5
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	21		21
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
-	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	Х	
25.0	or IV, and Part V, line 1	34 35a	- 1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	SSA		21
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	220		
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			~~~	

m 990 (2017)

Check if Schedule O contains a response or note to any line in this Part V    1a Enter the number reported in Box 3 of Form 1096. Enter-0-if not applicable	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			age C
test fine number reported in Box 3 of Form 1098. Enter -0- if not applicable.					
Enter the number of Forms W-28 included in line 1a. Enter 0-4 in ot applicable.  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  □ Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax □ Did the organization facility with payments to vendors and reportable gaming (gambling) winnings to prize winners? □ Did the least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effect see instructions). □ Did the organization have unrelated business gross income of \$1,000 or more during the year? □ Sa Did the organization have unrelated business gross income of \$1,000 or more during the year? □ Sa Was the organization have unrelated business gross income of \$1,000 or more during the year? □ Sa Was the organization have unrelated business gross income of \$1,000 or more during the year? □ Sa Was the organization a foreign country   □ See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR). □ If Yes if enter the name of the foreign country   □ See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR). □ If Yes if the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or glifts were not stax deductible as charitable contributions or glifts were not tax deductible with every solicitation an express statement that such contributions or glifts were not tax deductible as charitable contributions and services provided to the payor? □ Organizations that may receive deductible contributions under section 170(c). □ Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required		· · · · · · · · · · · · · · · · · · ·			No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2	1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
are portable gaming (gambling) winnings to prize winners?  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 2e, did the organization file all required deteral employment tax returns?  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 \$1,1000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a End the organization have unrelated business gross income of \$1,000 or more during the year?  3a End the organization have unrelated to a foreign country in the calendar year, did the organization have an interest in, or a signature or other financial account; over, a financial account, or other financial accounts of the foreign country.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Was to line 5a of 5b, did the organization file Form 8886-T2.  6a Does the organization are seculated with every solicitation an express statement that such contributions or gifts were not tax deductible with every solicitation an express statement that such contributions or gifts were not tax deductible with every solicitation and express statement that such contributions or gifts were not tax deductible with every solicitation and express statement that such contributions or gifts were not tax deductible with every solicitation and express statement that such contributions or gifts were not tax deductible with every solicitation and express statement that such contributions or gifts were not tax deductible w	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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 to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.  3a A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? The organization have an interest, in, or a signature or other authority over, a financial account in a foreign country. Expect the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country. Expect the organization is account, or other financial accounts (FIAR).  5a If Yes, "enter the name of the foreign country: Expect the organization approach of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization file Form 8886-T?.  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  5b If Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization foreive accordance of the foreity to pa	С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Statements, filed for the calendar year ending with or within the year covered by this return.		reportable gaming (gambling) winnings to prize winners?	1c		
b if all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/like (see instructions).  3a Did the organization have unrelated businesse gross income of \$1,000 or more during the year?.  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explenation in Schedule O.  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explenation in Schedule O.  3c At an time during the callednary sea, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  5c If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor?  5c If Yes," indicate the number of Forms 8282? filed during the year  5c If Yes," indicate the number of Forms 8282? filed during the year  6c If Yes, "indicate the number of Forms 8282? filed during the year  6c If Yes," indicate the number of Forms 8282? filed during the year  6c If Yes, "indicate the number of Forms 8282? filed during the year  6c If Yes, "indicate the number of Forms 8282? filed during the year  6c If Yes, "indicat	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
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3a   X   X   3a   X   X   3b   1f Yes, f was it filled a Form 990. To trib leyar? If *No* of lone 3c, provide an explanation in Schedule O. 3b   X   X   X   X   X   X   X   X   X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?.  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  b Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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 in more than one state?  13b 12c Enter the amount of reserves an hand.  c Enter the amount of reserves an hand.			7e		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	_				Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?.  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.  100 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  110 Indication form members or shareholders.  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  11b Indication form of the sources (Do not net amounts during the year.  11c Indication form 1041?  11c Indication form 1041?  11d Indication form 1041?  11	a		7g		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	h				
sponsoring organization have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.  9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  10 Section 501(c)(21) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .  13b  13a  14a  X		•	8		
a Did the sponsoring organization make any taxable distributions under section 4966?.  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	9				
Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	а		9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10				
a Gross income from members or shareholders		,,			
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13b  13b  14a  X					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13c  14a  X			40-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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			12a		
a Is the organization licensed to issue qualified health plans in more than one state?  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					
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			13a		
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	а		·Ja		
the organization is licensed to issue qualified health plans	h	- · · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand	Ŋ				
14a Did the organization receive any payments for indoor tanning services during the tax year?	•	3			
		Enter the difference of facility is a second of the facility o	14a		Х

SPARK SF PUBLIC SCHOOLS 47-4568396 Page 6 Form 990 (2017) 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 in Schedule O. See instructions. Section A. Governing Body and Management No 13 Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or 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 X 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 Χ 8b 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 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Χ 13 13 Did the organization have a written whistleblower policy?.......... Χ 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 X Χ 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 Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\triangleright$  CA, 17

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► STEPHANIE LAM 555 FRANKLIN ST 3RD FLOOR SAN FRANCISCO, CA 94102 415-241-5578

Form **990** (2017)

#### Form 990 (2017) 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.

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

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

(A) Name and Title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other					
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DON DAVES-ROUGEAUX	2.00									
PRESIDENT	38.00	Х		Х				0.	143,023.	43,221.
(2)VIVA MOGI	2.00									
INTERIM PRESIDENT	38.00	Х		Х				0.	86,123.	16,447.
(3)GILMAN LOUIE	.20									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(4)IRIS HU	.20									
CHAIR	0.	X		Х				0.	0.	0.
(5)MYONG LEIGH	.10									
SECRETARY	39.90	X		Χ				0.	248,277.	54,952.
(6)REETA MADHAVAN	.10									
TREASURER	39.90	X		Χ				0.	181,917.	44,467.
(7)AMY GRAFF	.10									
DIRECTOR	0.	X						0.	0.	0.
(8)CHERYL KING	.10									
DIRECTOR	0.	X						0.	0.	0.
(9)MARK REISBAUM	.10									
DIRECTOR	0.	X						0.	0.	0.
(10)KAREN SILVERMAN	.10									
DIRECTOR	0.	Х						0.	0.	0.
(11)SHAMANN WALTON	.05									
DIRECTOR	1.00	X						0.	8,000.	1,066.
(12)SYLVIA YEE	.10									
DIRECTOR	0.	Х						0.	0.	0.
(13)VINCENT MATTHEWS	.10									
DIRECTOR	39.90	Х						0.	180,833.	37,233.
(14)HYDRA MENDOZA-MCDONNELL	.05									
DIRECTOR	1.00	X						0.	8,000.	1,066.

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Form **990** (2017)

	90 (2017)												Page 8
Part	-	ustees, Ke	y En	plo			and I	Hig	1	ed Emplo	yees (c	ontinued)	
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	١,,			sition			Reportable	Reporta	I	Estima	
		hours per	,				e than c is both		compensation	compensati		amour othe	
		week (list any hours for	office				or/trust		from the	relate organiza		compen	
		related	Individual trustee or director	Ins	♀	<u>&amp;</u>	마 플	Fo	organization	(W-2/1099		from t	
		organizations	dire	Institutional trustee	Officer	Key employee	ples	Former	(W-2/1099-MISC)	(** =/ *****		organiz	
		below dotted	ual	tion	,	nplo	yee	¬				and rel organiza	
		line)	trus	al tn		yee	ğ					organiza	ations
			tee	ıste			ens						
				ď			Highest compensated employee						
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		†											
1b S	ub-total		1					<b></b>	0.	856	,173.	198	,452.
	otal from continuation sheets to Part VII. S			• •	• •	• •		•	0.		0.		0.
	otal (add lines 1b and 1c)							•	0.	856	,173.	198	,452.
	otal number of individuals (including but not						e) who	o re	ceived more than	\$100.000	of		
	eportable compensation from the organization		0 .		u u.		<i>3)</i> <b>11</b> 111		oolvoa moro man	φ.ου,ουυ	01		
	.,	·										Ye	s No
2 5	aid the examination list only farmer office	مد ما الم		4			م بیمیا		alayaa ay biabaa				,3 140
	Did the organization list any former offic mployee on line 1a? If "Yes," complete Schedum,											2	Х
												3	21
	or any individual listed on line 1a, is the												
	rganization and related organizations gro									le J for	such	4 70	,
	ndividual											4 X	
	oid any person listed on line 1a receive or												
	or services rendered to the organization? If "Yo	es," comple	te Scl	nedu	ıle J	I for	such	per	rson			5	X
	ion B. Independent Contractors												
	complete this table for your five highest com												
	ompensation from the organization. Report of	compensati	on for	the	ca	ienc	ar ye	ar e	enaing with or with	nin the org	anızatior	n's tax	
у	ear.												
	(A)								(B)			(C)	

(A) Name and business address	(B) Description of services	(C) 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

· a		Check if Schedule O contains a respons	se or note to ar	y line in this Part VI			Х
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
3rar Iour	b	Membership dues 1b					
ts, (	С	Fundraising events 1c	325,915.				
ia i	d	Related organizations 1d					
ns, Sim	е	Government grants (contributions) 1e	28,000.				
utio er (	f	All other contributions, gifts, grants,					
g E		and similar amounts not included above . 1f	17,073,458.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		17,427,373.			
Program Service Revenue			Business Code				
Šě	2a						
-8	b						
ervi	С						
n S	d						
gran	e						
ò	f g	All other program service revenue L  Total. Add lines 2a-2f	<b></b>	0.			
	3	Investment income (including dividend		5.			
	"	and other similar amounts)		0.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	🕨	0.			
Φ	8a	Gross income from fundraising					
eun		events (not including \$325,915.					
Other Revenue		of contributions reported on line 1c).					
ē		See Part IV, line 18 a	10,850.				
ᅙ	b	Less: direct expenses b	70,583.				
	С	Net income or (loss) from fundraising events.	▶	-59,733.			-59,733.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b c	Less: cost of goods sold		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
184	12	Total revenue. See instructions.		17,367,640.		1	-59,733.

# Part IX Statement of Functional Expenses

) (' F04/-)/0) 1 F04/-)/4)	 umns. All other organizations must cor	

	Check if Schedule O contains a resp		e 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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	17,382,188.	17,382,188.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
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.			
	Compensation of current officers, directors,				
•	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.			
8	Pension plan accruals and contributions (include	0.			
_	section 401(k) and 403(b) employer contributions)	0.			
9	' '	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees):	0			
	Management	0.			
	Legal			01 001	
	Accounting	91,001.		91,001.	
d	I Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	30,000.			30,000.
12	Advertising and promotion	17,434.			17,434.
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	1,322.		1,322.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	6,705.		6,705.	
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	BOARD DEVELOPMENT	3,310.		3,310.	
h	REIMBURSE SFUSD FOR SERVICES	30,000.		30,000.	
-	FUNDRAISING EXPENSES	6,690.		,	6,690.
_	FOOD AND BEVERAGES	475.		475.	.,
_		797.		797.	
	All other expenses	17,569,922.	17,382,188.	133,610.	54,124.
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.	17,302,100.	133,010.	31,121.
	10.10 ming 001 00 2 (100 000-120)	0.			

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Form **990** (2017)

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# Part X Balance Sheet

		Check if Schedule O contains a response o	r note to any line in this P	art X			
		•	-	(A)		(B)	
				Beginning of year		End of year	
	1	Cash - non-interest-bearing		464,880.	1	5,464,348.	
	2	Savings and temporary cash investments		0.	2	0.	
	3	Pledges and grants receivable, net		0.	3	3,510,568.	
	4	Accounts receivable, net		434,952.	4	994,196.	
	5	Loans and other receivables from current and t	former officers, directors,				
		trustees, key employees, and highest co					
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont		0.	5	0.	
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B),					
		and sponsoring organizations of section 501(c)(9) volu					
S		organizations (see instructions). Complete Part II of Sche	dule L	0.	6	0.	
Assets	7	Notes and loans receivable, net		0.	7	0.	
As	8	Inventories for sale or use		0.	8	0.	
	9	Prepaid expenses and deferred charges	, ,	136,811.	9	2,866.	
	10 a	Land, buildings, and equipment: cost or					
			10a	_			
	b	Less: accumulated depreciation			10c	0.	
	11	Investments - publicly traded securities		0.	• •	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.	-13	0.	
	16	Total assets. Add lines 1 through 15 (must equal		1,036,643.	16	9,971,978.	
	17	Accounts payable and accrued expenses		0.	17	29,907.	
	18	Grants payable		73,846.	18 19	8,500,000.	
	19		eferred revenue x-exempt bond liabilities crow or custodial account liability. Complete Part IV of Schedule D				
	20	l ax-exempt bond liabilities					
	21			0.	21	0.	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compens					
ij		disqualified persons. Complete Part II of Schedule		0.	22	0.	
Lia	23	Secured mortgages and notes payable to unrelate		0.	23	0.	
	24	Unsecured notes and loans payable to unrelated to		0.	24	0.	
	25	Other liabilities (including federal income tax,			24		
		parties, and other liabilities not included on lines	-				
		of Schedule D	,	0.	25	1,063,651.	
	26	Total liabilities. Add lines 17 through 25		73,846.	26	9,593,558.	
		Organizations that follow SFAS 117 (ASC 958),					
Fund Balances		complete lines 27 through 29, and lines 33 and	34.				
and	27	Unrestricted net assets		215,383.	27	246,114.	
Bal	28	Temporarily restricted net assets		747,414.	28	132,306.	
pq	29	Permanently restricted net assets	<u></u>	0.	29	0.	
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, check here  and				
ţ	30	Capital stock or trust principal, or current funds			30		
SSe	31	Paid-in or capital surplus, or land, building, or equ	ipment fund		31		
Net Assets or	32	Retained earnings, endowment, accumulated inco	ome, or other funds		32		
Š	33	Total net assets or fund balances		962,797.	33	378,420.	
_	34	Total liabilities and net assets/fund balances		1,036,643.	34	9,971,978.	
				<u> </u>		Form <b>990</b> (2017)	

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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		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,3		
2	17					
3	Revenue less expenses. Subtract line 2 from line 1	3			02,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	62,7	
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		-3	82,0	95.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3	78,4	120.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	ı 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 con	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 audi	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	oversi	ight		Х	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı 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		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		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
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SPARK SF PUBLIC SCHOOLS

Employer identification number
47-4568396

Рa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)				
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ntal unit described in
	_	section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	•				, , , , , , ,	
7	X	An organization that norma	-	·	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		,				
8		A community trust describe						
9		An agricultural research org						
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt frent income and un	unctions - subject to on the subject to one of the subject to the	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized	•	•				• • •
		of one or more publicly su	· ·					
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а	L	<b>Type I</b> . A supporting orga	-	•	-			
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	_	supporting organization. <b>\</b>	•					
b	L	<b>Type II</b> . A supporting org	•				- · · ·	· · · · -
		control or management of		=	the sam	e persor	ns that control or man	age the supported
	г	organization(s). You must	•					
С	L	Type III functionally integ						ly integrated with,
	Г	its supported organization		•				
d	L	Type III non-functionally			-			
		that is not functionally inte	•	•			•	an attentiveness
_	Г	requirement (see instruct	•	•				I Tuma III
е	L	Check this box if the orga						і, туре ііі
f	Fn	functionally integrated, or iter the number of supported						
a '		ovide the following information						
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	``	3.	( )	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
					100			
(A)								
(B)								
, o,								
(C)								
(D)								
(E)								
Tota	al							

Page 2 Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	11,099,776.	7,316,330.	17,427,373.	35,843,479.
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			11,099,776.	7,316,330.	17,427,373.	35,843,479.
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						29,676,347.
6	shown on line 11, column (f). <b>Public support.</b> Subtract line 5 from line 4						6,167,132.
	tion B. Total Support						0,107,132.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	.,	( )	11,099,776.	7,316,330.	17,427,373.	35,843,479.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
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						35,843,479.
12	Gross receipts from related activities, etc. (s	•			· ·	12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2017 (lin		•			14	<u>%</u>
15	Public support percentage from 2016					15	<u>%</u>
16a	331/3% support test - 2017. If the org						
	box and <b>stop here.</b> The organization qu						
D	331/3% support test - 2016. If the org						
170	this box and <b>stop here</b> . The organization <b>10%-facts-and-circumstances test - 2</b>			_			
ı / a	10%-racts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-c	circumstances" te	est. The organiz	zation qualifies	as a publicly su	pported
	organization						▶ 📙
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization	2016. If the organization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box l-circumstances" nstances" test.	on line 13, 16 test, check th The organizatio	a, 16b, or 17a, a nis box and <b>sto</b> n qualifies as a	and line p here. publicly
18	supported organization						▶ □
	instructions						▶ □
		<u>-</u>				ahadula A (Farm 00	

Schedule A (Form 990 or 990-EZ) 2017 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			, I	'	,	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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						
	Add lines 7a and 7b						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6	., -	, ,	.,	., -	.,	
	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	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 five years. If the Form 990 is for	or the organiza	l tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
1-4	organization, check this box and <b>stop here</b> .	· ·	•		•		` ^ ` / □
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,			nn (f))		15	%
16	Public support percentage from 2016 Sche					16	
	tion D. Computation of Investment						70
<u> 17</u>	Investment income percentage for 2017 (lin			3. column (f))		17	%
18	Investment income percentage from 2016	,				18	
	331/3% support tests - 2017. If the org						
134	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2016. If the orga	-	-	•	• •		
D	line 18 is not more than 331/3%, check				•		
20	<b>Private foundation.</b> If the organization of		-				
				,	,		

Schedule A (Form 990 or 990-EZ) 2017 Page **4** 

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
g Dy			
	1		
is ed	2		
er	3a		
id ne			
٥١	3b		
3)	3с		
If	4a		
n n	4b		
n ed 3)			
,,	4c		
s," N n; on			
_	5a		
ly	5b		
	5с		
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or h	7		
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e ed	8		
	9a		
h	9b		
fit	9с		
n d	46-		
to	10a 10b		
	100		

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				- 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
<b>h</b>	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ion B. Type I Supporting Organizations	110		
3001	on Britypo reapporting organizations		Yes	Nο
	Did the directors to store a manufacture of one or many annual annual and annual and the second of			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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		V	NI -
			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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1_		
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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	u ucu	0113).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	•
_			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	6.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	30		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). <b>See</b>			
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.			
Section A - Adjusted Net Income	Section A - Adjusted Net Income (A) Prior Year					
——————————————————————————————————————		(A) I Hol Teal	(optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8					
Section B - Minimum Asset Amount		(A) Drior Voor	(B) Current Year			
Section B - Willimum Asset Amount		(A) Prior 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>b</b> Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in <b>Part VI</b> ):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
Section C - Distributable Amount			Current real			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see			
instructions).			· ·			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions					
1	Amounts paid to supported organizations to accomplish ex	cempt purposes				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
,	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017					
	(reasonable cause required-explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2017					
а						
b	From 2013					
С	From 2014					
d	From 2015					
e	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
——— h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from					
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in <b>Part VI</b> . See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h					
-	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2013					
<u>u</u>	Excess from 2014					
	Excess from 2015					
d	Excess from 2016					
e	Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 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

2017

**Employer identification number** 

SPARK SF PUBLIC SCHOOLS 47-4568396 Organization type (check one): Filers of: Section: X  $501(c)(^3$ Form 990 or 990-EZ ) (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**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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) (2017)

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1		\$\$,650	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		\$\$	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		\$\$ 9,650	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4		\$\$ 9,650	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution				
19		\$10,000.  Person Payroll Noncash (Complete Pa noncash con					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution				
20		\$ Person Payroll Noncash (Complete Panoncash con					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution				
21		\$9,650.  Person Payroll Noncash (Complete Pa					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution				
22		\$ 9,650.  Person Payroll Noncash (Complete Pa					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution				
23		\$15,000.  Person Payroll Noncash (Complete Pa noncash con					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution				
24		\$ 9,650.  Person Payroll Noncash (Complete Pa					

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
25		\$679,650.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28		\$ 50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29		\$ 100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			

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

Name of organization 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 from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### 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

SPARK SF PUBLIC SCHOOLS 47-4568396 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ▶ \$

Schedule D (Form 990) 2017 Page **2** 

Par	t   Organizations Maintaini	ng Collections	of Art, His	torical T	reasur	es, or Ot	her Similar Asse	ts (conti	inued)
3	Using the organization's acquisition	on, accession, a	ind other reco	rds, chec	k any c	of the follow	ving that are a sigi	nificant us	se of its
	collection items (check all that app	ly):	_	_					
а	Public exhibition		d	Loan	or excha	ange progra	ms		
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collec	tions and expl	ain how	they fui	rther the or	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization							_	
	assets to be sold to raise funds rath		aintained as pa	art of the	organiz	ation's colle	ction?	Yes	No
Par	Escrow and Custodial Ar Complete if the organizat	•	"Voo" on For	~ 000 D	ort I\/	lina O ar r	parted an amoun	t on Form	_
	990, Part X, line 21.	lion answered	163 OIII OII	11 990, F	ait iv, i	iiile 9, 01 it	sported an amoun	it Off FOIT	11
1 a	Is the organization an agent, truste	e custodian or	other intermed	diary for c	ontribu	tions or othe	ar assets not		
ıu	included on Form 990, Part X?							Yes	No
h	If "Yes," explain the arrangement i	n Part XIII and (	complete the fo	llowing tal	hle:				
	ii 163, explain the arrangement	ii i ait Xiii aila t	complete the le	nowing tai	oic.		Amount		
С	Beginning balance					1c	Alliount		
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an am	ount on Form 9	90. Part X. line	21. for e	escrow		account liability?	Yes	No
	If "Yes," explain the arrangement i						-		
Par				1					
	Complete if the organizat	tion answered	"Yes" on Forr	n 990, Pa	art IV, I	ine 10.			
		(a) Current yea				o years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
·	and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage	of the current v	ear end balanc	e (line 1a	column	n (a)) held as	<u>.</u>		
a	Board designated or quasi-endown		%		, 00.0	. (۵/)	•		
b	Permanent endowment >	%							
С	Temporarily restricted endowment	<u> </u>	%						
	The percentages on lines 2a, 2b, a	and 2c should ed	ual 100%.						
3a	Are there endowment funds not in	the possession	of the organiza	ation that	are hel	d and admi	nistered for the		
	organization by:							Υ	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations	listed as requir	ed on Sch	edule R	?		3b	
4	Describe in Part XIII the intended of								
Par	t VI Land, Buildings, and Equ Complete if the organiza	<b>ipment.</b> ition answered	"Yes" on For	m 990 F	Part I\/	line 11a S	See Form 990 Pa	rt X line	10
	Description of property	(a) C	ost or other basis	(b) Cost		asis (c) Ac	cumulated (	d) Book value	e
4 -		(	(investment)		other)		reciation		
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
<u>e</u>	Other	(1)			(B) ::	10 )			
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal	⊢orm 990, Pari	X, colum	n (B), lir	ne 10c.)	▶		

Schedule D (Form 990) 2017 Page 3

Concadio D (1 onii 330) 2017		ı age 🕻
Part VII Investments - Other Securities.	'Vos" on Form 000	Part IV line 11h See Form 000 Part V line 12
(a) Description of security or category	(b) Book value	, Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation:
(including name of security)	(b) book value	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
	'Yes" on Form 990,	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "	'Yes" on Form 990,	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Desc	cription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u> (7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>
Part X Other Liabilities.	,	<u>'</u>
	'Yes" on Form 990,	, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Description of liability	(b) Book value	e
(1) Federal income taxes	1 2 2 2	
(2) DUE TO RELATED PARTY	1,063,6	551.
(3)		
(4) (5)		
(5)		
(6)		
<u>(7)</u> (8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,063,6	51.
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	=,55576	

JSA 7E1270 1.000

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page 4 Schedule D (Form 990) 2017

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
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		
C	Other losses		
d	Other (Describe in Part XIII.)	2e	
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
		iialioii	•
SEE	PAGE 5		

Schedule D (Form 990) 2017 JSA

### 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 EXAMINATION 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 G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2017

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for the latest instructions. Inspection Internal Revenue Service Name of the organization Employer identification number SPARK SF PUBLIC SCHOOLS 47-4568396 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CA,

Page 2 Schedule G (Form 990 or 990-EZ) 2017

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	00.			
Revenue			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	336,765.			336,765
ш.	2	Less: Contributions	325,915.			325,915
	3	Gross income (line 1 minus line 2)	10,850.			10,850
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	65,790.			65,790
ot Expe	7	Food and beverages	2,293.			2,293
Direct	8	Entertainment	2,500.			2,500
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	through 9 in column (d) 0 from line 3, column (d)			70,583 -59,733
Pa		<b>Gaming.</b> Complete if the orga	anization answered "Y			orted more
_		than \$15,000 on Form 990-E	:∠, line 6a.	(h) Dull take in atout		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, colo	umn (d)		
9 a	Is	nter the state(s) in which the organizat the organization licensed to conduct o	gaming activities in each	of these states?		. Yes No
b	) If _	"No," explain:				
		ere any of the organization's gaming l	licenses revoked, suspe			. Yes No
	-					

#### SPARK SF PUBLIC SCHOOLS

Sched	ule G (Form 990 or 990-EZ) 2017 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
154	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
~	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2017

### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047
2017

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

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

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Inspection

Name of the organization						Employer identific	ation number
SPARK SF PUBLIC SCHOOLS						47-456839	96
Part I General Information on Grants an	d Assistanc	е				•	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	ts or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SFUSD  555 FRANKLIN STREET SAN FRANCISCO, CA 94102	94-1592822	CA GOVT	17,382,188.				TO SUPPORT SFUSD PRO
(2)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations lis</li> </ul>	•	•					1.

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

# 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>(b)</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					

**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 CHECKS IN ON A QUARTERLY BASIS WITH THE

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

# 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
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.

SFUSD 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 Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPARK SF PUBLIC SCHOOLS

Employer identification number

47-4568396

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing 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:	4 -		Х
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	if tes to any of lifes 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			
	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			
	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		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

## 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.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DON DAVES-ROUGEAUX	(i)	0.	0.	0.	0.	0.	0.	0.
1PRESIDENT	(ii)	143,023.	0.	0.	32,177.	11,044.	186,244.	0.
MYONG LEIGH	(i)	0.	0.	0.	0.	0.	0.	0.
2SECRETARY	(ii)	248,277.	0.	0.	46,862.	8,090.	303,229.	0.
REETA MADHAVAN	(i)	0.	0.	0.	0.	0.	0.	0.
3TREASURER	(ii)	181,917.	0.	0.	34,342.	10,125.	226,384.	0.
VINCENT MATTHEWS	(i)	0.	0.	0.	0.	0.	0.	0.
4DIRECTOR	(ii)	180,833.	0.	0.	25,138.	12,095.	218,066.	0.
	(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)							

Schedule J (Form 990) 2017

#### Part III Supplemental Information

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

SCHEDULE J

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

INDIVIDUALS RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION.

DURING FY18, EACH WAS AN EMPLOYEE OF SAN FRANCISCO UNIFIED SCHOOL

DISTRICT, A RELATED ORGANIZATION. SEE SCHEDULE O FOR ADDTIONAL

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

47-4568396

SPARK SF PUBLIC SCHOOLS

FORM 990, PART I, LINE 1 AND PART III, LINE 1

THE ORGANIZATION IS DEDICATED TO CONDUCTING FUNDRAISING ACTIVITIES THAT

BENEFIT THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT (SFUSD) AND STUDENTS OF

SAN FRANCISCO'S PUBLIC SCHOOLS. THE ORGANIZATION'S MISSION AND FOCUS ARE

TO IDENTIFY, CULTIVATE AND ENGAGE EXISTING AND POTENTIAL STRATEGIC

INVESTORS THAT WANT TO PARTNER WITH SFUSD TO STRENGTHEN THE OUTCOME OF

STUDENT ACHIEVEMENT BY ALIGNING THEMSELVES WITH SFSUD'S STRATEGIC GOALS.

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 FY18, 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:

- VIVA MOGI PERFORMED 105 HOURS OF WORK IN SERVICE TO SPARK*SF

  PUBLIC SCHOOLS, AT THE COST OF \$13,400, REIMBURSED BY SPARK* SF PUBLIC

  SCHOOLS BACK TO SFUSD.
- MYONG LEIGH CONTRIBUTED 2.5% OF HIS TIME IN SERVICE AS SECRETARY OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.
- REETA MADHAVAN CONTRIBUTED 2.5% OF HER TIME IN SERVICE AS TREASURER OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.
- SHAMANN WALTON CONTRIBUTED 0.625% OF HIS TIME IN SERVICE AS A DIRECTOR

Name of the organization SPARK SF PUBLIC SCHOOLS

Employer identification number 47-4568396

OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.

- HYDRA MENDOZA-MCDONNELL CONTRIBUTED 0.625% OF HER TIME IN SERVICE AS A DIRECTOR OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.
- VINCENT MATTHEWS CONTRIBUTED 0.625% OF HIS TIME IN SERVICE AS A DIRECTOR OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS AT NO COST.
- DON DAVES-ROUGEAUX CONTRIBUTED 0.3125% OF HIS TIME IN SERVICE AS

  PRESIDENT, TERM ENDING OF THE SPARK* SF PUBLIC SCHOOLS BOARD OF DIRECTORS

  AT NO COST.

OMB No. 1545-0047

Inspection

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number SPARK SF PUBLIC SCHOOLS 47-4568396

Part I	<b>Identification of Disregarded Entities.</b> Complete if th	e organization answ	ered "Yes" on	Form 990, Part IV	/, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t	Complete if the org he tax year.	janization answ	rered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had
	(a)	(b)	(c)	(d)	(e)	(f)	(a)

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

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

Schedule R (Form 990) 2017

Page 2 Schedule R (Form 990) 2017 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

because it had one or	more related org	anization	is treated as a p	eartnership during the	e tax year.							
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(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	i) eral or aging ner?	(k) Percentage ownership
		,,					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
Identification of Dale				<u> </u>		<u> </u>	<del></del>		<u> </u>	<u> </u>		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, 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>(b)</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	Section 512(b) control entity	)(13) olled
								Yes N	
<u>(1)</u>									
(2)									_
(3)									_
(4)									_
(5)									_
(6)									_
(7)									

JSA

Schedule R (Form 990) 2017

Page 3

Scried	die K (1 0iii 990) 2017					ıα	<u> </u>
Par	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	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
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m					1m	Х	
n					1n	Х	
0					10		X
р	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
r Other transfer of cash or property to related organization(s)	ered relationships and trans	action thre	shold	s.			
	(a) Name of related organization	(c) Amount involved	Method amo	(d) of dete unt invo		g	
(1)							
(2)							
(3)							
(4)							
(5)							
` - /		1	1	1			

(6)

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Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(a) (b) (c) ass, and EIN of entity Primary activity Legal domic (state or fore country)		) (d) Predominant foreign income (related, try) unrelated, excluded from tax under		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?  Yes No		ortionate ions? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) eral or aging iner?	(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
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(16)														

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# Part VII Supplemental Information

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