(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Inspection

A F	or the	2019 calendar year, or tax year beginning	07/01,2019	, and ending			06	5/30, 20	20	
		C Name of organization			D	Employer ide	ntifica	ition numb	er	
В	Check if ap	oplicable: SPARK SF PUBLIC SCHOO	DLS			47-456	8390	6		
	Addres									
	7 -	change Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone nu	mber			
	Initial	125 1731 1000 3170		119	(415) 24	1-5	578		
	Final r	city or town, state or province, country.	and ZIP or foreign postal code	-	- `	- ,				
	termin	nated	• ,		G	Gross receipts	s \$	17.	916	, 626.
	return Applica		GENTLE BLYTHE		_	(a) Is this a gro			Yes	X No
	pendin	ng ' '	SAN FRANCISCO, CA 9410	12		subordinates	?	_	Yes	No
_	Toy ove	empt status: X 501(c)(3) 501(c) (<u> </u>		"	(b) Are all subord		list. (see insti	,	
÷		te: NWW.SPARKSFPUBLICSCHOOI) ◀ (insert no.) 4947(a)(1)	or 527					uctions)	
<u>.</u> К		of organization: X Corporation Trust	Association Other	I Voor of fo		c) Group exem			mioilo:	CA
1	art I	Summary	Association	L feal of to	IIIIalion	. 2013 IVI	State	or regar do	miche.	
		Briefly describe the organization's mission	EVDAN	D ETNANCTA	T TN	ITTE C TIME N	TC	יי∩ כביו	IGD .	T NI
•		KEY STRATEGIC PRIORITY ARE						10 510		
nce				*), INE	M WIND				
шa		REIMAGINED SCHOOLS, CROSS-								
Governance	1	Check this box if the organization of					1 1			10.
	1	Number of voting members of the governing					3			4.
es		Number of independent voting members of					4			
Activities &		Total number of individuals employed in cal					5			0.
Ę	1	Total number of volunteers (estimate if neces					6			10.
۹	1	Total unrelated business revenue from Part \					7a			0.
	b	Net unrelated business taxable income from	Form 990-T, line 39				7b			
						Prior Year			rent Ye	
ē	1	Contributions and grants (Part VIII, line 1h)			12	2,388,19	_	17,	905,	724.
en		Program service revenue (Part VIII, line 2g) $\mbox{\ \ }$					0.			0.
Revenue	10	Investment income (Part VIII, column (A), lin	es 3, 4, and 7d)			2,62			10 <i>,</i>	,491.
_	11	Other revenue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)			48,38				411.
	12	Total revenue - add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12) .			2,439,20				626.
	13	Grants and similar amounts paid (Part IX, co	lumn (A), lines 1-3)		11	L,609,66	7.	16,	768 ,	195.
	14	Benefits paid to or for members (Part IX, colo	umn (A), line 4)				0.			0.
es	15	Salaries, other compensation, employee ben	efits (Part IX, column (A), lines 5-10)				0.			0.
Expenses	16 a	Professional fundraising fees (Part IX, colum	n (A), line 11e)				0.			0.
×be	b	Total fundraising expenses (Part IX, column	(D), line 25) ▶).						
ш	17	Other expenses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			115,14	۱9.		158,	314.
	18	Total expenses. Add lines 13-17 (must equa	ll Part IX, column (A), line 25)		11	L , 724 , 81	.6.	16,	926,	509.
		Revenue less expenses. Subtract line 18 fro	m line 12			714,38	37.		990,	,117.
Net Assets or Fund Balances				В	eginnin	g of Current \	/ear	End	of Yea	ır
sets	20	Total assets (Part X, line 16)				5 , 120 , 87		17,	678 ,	390.
t As	21	Total liabilities (Part X, line 26)				5,028,06	6.	15,	594,	067.
P.E.	22	Net assets or fund balances. Subtract line 2	1 from line 20.		1	L,092,80	7.	2,	084,	,323.
Pa	rt II	Signature Block								
		nalties of perjury, I declare that I have examined the					f my k	knowledge	and be	elief, it is
truc	e, correc	ct, and complete. Declaration of preparer (other tha	in onicer) is based on all information or wit	ich preparei has a	ily Kilow	neuge.				
٠.										
Sig		Signature of officer				Date				
He	re									
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	Date		Check	if F	PTIN		
Paid		DEBRA K. MCCALL	DEBRA K. MCCALL	05/14/2	021	self-employ	ed	P009	9819	8
	parer	Firm's name ▶SEILER LLP			Fi	rm's EIN ▶ [©]	4-1	62427	<u></u>	
use	Only	Firm's address ▶THREE LAGOON DR STE 400	REDWOOD CITY, CA 94065					365-4		
Ma	y the I	IRS discuss this return with the prepare)				. X Y	es	No
For	Paper	work Reduction Act Notice, see the separa	te instructions.							(2019)

____Page **2** Form 990 (2019)

Pa	art III	Statement of Program Service		III	
1	Briefly o	lescribe the organization's mission			
		CHMENT 1			
2	Did the	organization undertake any signi	ficant program services during the yea	ar which were not listed on the	
	prior Fo	rm 990 or 990-EZ?			es X No
	If "Yes,"	describe these new services on S	chedule O.		
3			, or make significant changes in h		es X No
		describe these changes on Scheo			25 <u></u> NO
4	expense		(4) organizations are required to repo	s three largest program services, as r ort the amount of grants and allocation	
4a	(Code:		768,195. including grants of \$ 16,)
			DONATIONS AND GRANTS TO F		
			STUDENT ACHIEVEMENT WITHIN TRICT. THE ORGANIZATION PRO		
			UGHOUT THE CITY'S PUBLIC SO		
			RE PRIORITY AREAS OF LEARN		
	WELLNI	ESS, TALENT, EQUITY, AN	D NEW & REIMAGINED SCHOOLS		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
_	<u> </u>				
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 -1	O4h	manusa anniara (Danasika an Cab	adula O)		
4d	Other p (Expens	rogram services (Describe on Scho les \$ including gra		\$	
	<u> </u>	ogram service expenses >	16,768,195.	y /	
JSA	020 2.000	<u> </u>	•	Forr	n 990 (2019)
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Form 990 (2019)

Part IV Checklist of Required Schedules Page 3

	ar t	Checklist of Required Schedules			
				Yes	No
1	ı	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		complete Schedule A	1	Х	
2	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
		candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
		election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
,	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
•	•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
,		•			
,	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3.7
		"Yes," complete Schedule D, Part I	6		Х
7	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		complete Schedule D, Part III	8		X
ç)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	1	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	•	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
4.4		If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11	ı				
		VII, VIII, IX, or X as applicable.			
	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			3.7
		complete Schedule D, Part VI	11a		Х
	b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	•		445	Х	
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Λ	
12	2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
		Schedule D, Parts XI and XII.	12a	Х	
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
		"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14	ŀа	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
		fundraising, business, investment, and program service activities outside the United States, or aggregate			
		foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	3	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	•	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	,	-	10		
17		Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			Х
		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		^
18	5	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		If "Yes," complete Schedule G, Part III	19		X
20) a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24-		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			3.7
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
		28a		Χ
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	
35 a	or IV, and Part V, line 1	34 35a	21	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		-		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030				(2019)
ar 1030	1361NI M200 5/14/2021 9:33:12 AM V 19-8.4F 18444			,

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			i
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i
а	and services provided to the payor?	7a	Х	
h		7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	70		
	roo, maloate the name of the mode during the year that the first the first terms of t	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			i
				i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	1 (1)(1)			i
				i
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			i
40	against amounte due en received nem them) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	120		
	3 · · · · · · · · · · · · · · · · · · ·			i
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
_	Note: See the instructions for additional information the organization must report on Schedule O.			ĺ
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			
	The organization of the quantum plants of the control of the contr			
	Enter the difficult of feed for thank and a first and	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 =		Х
	excess parachute payment(s) during the year?	15		^
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 10 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 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 Χ 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Χ 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 Χ the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ 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 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 13 13 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 Χ 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 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

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

Form **990** (2019)

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Form 990 (2019) SPARK SF PUBLIC SCHOOLS 47-4568396 Page **7**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direc	not ch unles	Posi ieck s pe	more	e than of is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						<u> </u>				
(1) VINCENT MATTHEWS	.10									
DIRECTOR	39.90	Х						0.	328,879.	60,123.
(2) GENTLE BLYTHE	2.00									
PRESIDENT	38.00	Х		Χ				0.	264,446.	5,356.
(3) MYONG LEIGH	.10									
SECRETARY	39.90	Х		Χ				0.	254,651.	8,167.
(4) MEGHAN WALLACE	.10									
TREASURER	39.90	Х		Χ				0.	167,978.	3,217.
(5) IRIS HU	.20									
CHAIR	0.	Х		Χ				0.	0.	0.
(6) AMY GRAFF	.10									
VICE CHAIR	0.	Х		Χ				0.	0.	0.
(7) CHERYL KING	.10									
DIRECTOR	0.	Х						0.	0.	0.
(8) MARK REISBAUM	.10									
DIRECTOR	0.	Х						0.	0.	0.
(9) SYLVIA YEE	.10									
DIRECTOR	0.	Х						0.	0.	0.
(10) STEVON COOK	.10									
DIRECTOR	0.	Х						0.	0.	0.
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										

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	rt VII Section A. Officers, Directors, Tru	ıstees. Ke	v Em	olar	ve	es. i	and F	Hia	hest Compensat	ed Employ	ees (c	ontinue	d)	age C
	(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than or box, unless person is both a officer and a director/truste				one an eee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Es am com	(F) timated ount of other pensation		
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	-MISC)	orga and	anization I related Inization	i
									0	1 015	0.5.4		7.0	2.62
	Sub-total								0.	1,015,	0.		76,8	
	Total from continuation sheets to Part VII, S	-							0.	1 015			76,8	0.
	Total (add lines 1b and 1c)						· · ·	<u> </u>		1,015,			/6,8	363.
2	Total number of individuals (including but not reportable compensation from the organization		nose 0.		d a	bove	e) who	o re	eceived more than	\$100,000 (ΣŤ			
	reportable compensation from the organization		0.	•									V	NI-
_	D. I. II												Yes	No
3	Did the organization list any former offic employee on line 1a? <i>If</i> "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	. If	"Yes	3, "	complete Schedu			4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	sati	on 1	from	any	un	related organization			5		Х
Se	ction B. Independent Contractors	,,												
1	Complete this table for your five highest com compensation from the organization. Report c year.													
(A) Name and business address (B) Description of services Con									(C) ompens	ation				
								_						

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

		Check if Schedule O contains a respor	ise or note to ar	ny line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
و ۾	С	Fundraising events 1c					
fts	d	Related organizations 1d					
iβi	e	Government grants (contributions) 1e					
ns, Sim	f	All other contributions, gifts, grants,					
tio r S	'		17 005 724				
bn			17,905,724.				
وَڃَ	g	Noncash contributions included in					
Sor		lines 1a-1f					
	h	Total. Add lines 1a-1f		17,905,724.			
4			Business Code				
Program Service Revenue	2a						
er Le	b	-					
n S en	С						
ran	d						
90 F	е						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	_	10,491.			10,491.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6.	Gross rents 6a					
	6a						
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c		0			
	d _	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
Şe	С	Gain or (loss) 7c					
	d	Net gain or (loss)	<u></u>	0.			
Other	8a	Gross income from fundraising					
Ó		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
	эа	activities. See Part IV, line 19 9a	0.				
		· · · · · · · · · · · · · · · · · · ·	0.				
		Less: direct expenses		0.			
	C	. , , , ,		0.			
	10a	Gross sales of inventory, less	0.				
		returns and allowances	0.				
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory.		0.			
Sn			Business Code				
eq ne	11a	FISCAL AGENCY FEES	561990	411.	411.		
llar 'en	b						-
Miscellaneous Revenue	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		411.			
	12	Total revenue. See instructions		17,916,626.	411.		10,491.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	16,750,195.	16,750,195.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	18,000.	18,000.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,										
	trustees, and key employees	0.									
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	0.									
	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
11	Fees for services (nonemployees):	_									
а	Management	27,500.		27,500.							
	Legal	5,437.		5,437.							
c	Accounting	31,400.		31,400.							
d	Lobbying	0.									
	Professional fundraising services. See Part IV, line 17.	0.									
f	Investment management fees	0.									
g	Other. (If line 11g amount exceeds 10% of line 25, column	24 725		24 725							
	(A) amount, list line 11g expenses on Schedule O.)	24,735.		24,735.							
12	Advertising and promotion	0.									
13	Office expenses	0.									
14	Information technology	0.									
15	Royalties	0.									
16	Occupancy	20.		20.							
	Travel	20.		20.							
18	Payments of travel or entertainment expenses	0.									
10	for any federal, state, or local public officials Conferences, conventions, and meetings	0.									
		0.									
21	Interest Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	0.									
	Insurance	3,784.		3,784.							
	Other expenses. Itemize expenses not covered			·							
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	BOARD DEVELOPMENT	114.		114.							
b	REIMBURSE SFUSD FOR SERVICES	31,838.		31,838.							
_	BANK FEES	23,821.		23,821.							
d	OFFICE EXPENSES	7,107.		7,107.							
е	All other expenses	2,558.		2 , 558.							
	Total functional expenses. Add lines 1 through 24e	16,926,509.	16,768,195.	158,314.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundaminate and initiative collections.										
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if	0.									

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Part X Balance Sheet

	artA	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,652,203.	1	6,712,893.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	1,109,474.	3	10,674,714.
	4	Accounts receivable, net	359,196.	4	259,196.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ğ	9	Prepaid expenses and deferred charges	0.	9	31,587.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,120,873.	16	17,678,390.
	17	Accounts payable and accrued expenses	0.	17	45,509.
	18	Grants payable	4,680,870.	18	15,181,473.
	19	Deferred revenue.	0.	19	10,300.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ĕ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	347,196.	25	356,785.
	26	Total liabilities. Add lines 17 through 25	5,028,066.	26	15,594,067.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	333,102.	27	700,453.
B	28	Net assets with donor restrictions.	759,705.	28	1,383,870.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	1,092,807.	32	2,084,323.
Net	33	Total liabilities and net assets/fund balances	6,120,873.	33	17,678,390.
-	00	Total habilities and net assets/fully balances, , , , , , , , , , , , , , , , , , ,	0,120,013.	J	Form 990 (2019)

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Part !	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			16,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		26,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			90,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,0	92,8	307.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6			1,3	399.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,0	84,3	323.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e		I			
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	-		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.

Open to Public

Employer identification number

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

SPA	ARK	SF PUBLIC SCHOOLS					47-45683	96
Pai	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	3.
Гһе	orga	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 s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to		a college or universit	y owner	d or ope	rated by a governme	ental unit described in
c		section 170(b)(1)(A)(iv). (C A federal, state, or local go		rnmantal unit dagariba	d in acat	ion 170/	b\/4\/A\/ ₃ \	
6 7	X	An organization that norma	•				, , , , , ,	om the general public
'	21	described in section 170(b)			pport in	om a go	verninental unit of in	om the general public
8		A community trust describe		•	Part II \			
9	Н	An agricultural research org	•		,		Lin conjunction with a	land-grant college
		or university or a non-land-	-			•	•	•
		university:	g	,	,			
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt frent income and un	unctions - subject to on nrelated business tax	certain e able inco	xception me (less	s, and (2) no more that s section 511 tax) from	n 331/3% of its
11	\square	An organization organized	•	•	-		. , . ,	
12		An organization organized	•	•	•			
		of one or more publicly su						
		Check the box in lines 12a t	ŭ	,,	• • •		·	
а			•	•	•		• , ,	
		the supported organization	. , .	• • • • • • • • • • • • • • • • • • • •		ajority of	the directors or truste	es of the
		supporting organization.	•					()
b			•				• • • •	
		control or management of	• • • •	=	tne sam	e person	is that control or mar	lage the supported
_		organization(s). You must				4: _		II:
С		Type III functionally integ its supported organization						ily integrated with,
d		Type III non-functionally		•				ted organization(s)
u		that is not functionally into			-			= : : :
		_ requirement (see instruct	-		_		•	a an attentiveness
e		Check this box if the orga	•	-				II Type III
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, 1,po
f	Ent	ter the number of supported						
g		ovide the following information	_					
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	matractions)	matructions)
A)								
B)								
C)								
D)							<u> </u>	
E)								
Γota	al							

Schedule A (Form 990 or 990-EZ) 2019 Page **2**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,099,776.	7,316,330.	17,427,373.	12,388,196.	17,905,724.	66,137,399.
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.	12,388,196.	17,905,724.	66,137,399.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						47,825,024.
6	Public support. Subtract line 5 from line 4						18,312,375.
	tion B. Total Support	() 0045	#1.0040	() 0047	(N 0040	() 0040	(0 T. (.)
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,099,776.	7,316,330.	17,427,373.	12,388,196.	17,905,724. 10,491.	66,137,399. 13,113.
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						66,150,512.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	48,796.
13	First five years. If the Form 990 is forganization, check this box and stop here	.		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ► X
	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (li					14	<u>%</u>
15	Public support percentage from 2018					15	<u> </u>
16a	331/3% support test - 2019. If the org	=					
	box and stop here . The organization q						
D	33 1/3 % support test - 2018. If the organization						
170	this box and stop here . The organization 10%-facts-and-circumstances test - 2	•		-			
11a	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			_	•		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organic	•					
	Explain in Part VI how the organizati						
	supported organization						
18	Private foundation. If the organization						
	instructions						
						 	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

				· · ·			
Sec	tion A. Public Support		1	I	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
	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						
8	Public support. (Subtract line 7c from						
·	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and \boldsymbol{stop} \boldsymbol{here} .	<u></u>					▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	ige				
15	Public support percentage for 2019 (line 8,		-			15	%
16	Public support percentage from 2018 Schee					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2018. If the orga						. \square
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions

Schedule A (Form 990 or 990-EZ) 2019 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

- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
ng b <i>y</i>			
	1		
us ed			
	2		
er	3a		
nd ne			
	3b		
B)	3c		
lf	4a		
gn o <i>n</i>			
	4b		
on ed B)			
	4c		
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	5a		
dy	5b		
	5c		
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to ed or			
	6		
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·y	7		
7?	8		
re ed			
	9a		
ch	9b		
fit	9c		
on ed			
to	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2019 Page 5

Part	Supporting Organizations (continued)			
rait	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on B. Type i Supporting Organizations		Yes	Na
			162	NO
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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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 a a ti	on C. Type II Supporting Organizations	2		
secu	on C. Type ii Supporting Organizations		Vaa	N _a
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	_		
2 a a ti		1		
secu	on D. All Type III Supporting Organizations		Vaa	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (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.			
2 41		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		-4:N	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	iristru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex				
2	Amounts paid to perform activity that directly furthers exer	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 Part VI). See instructions.				
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
е	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Scriedule A (Form 990 or 990-EZ

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

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

2019

Employer identification number Name of the organization SPARK SF PUBLIC SCHOOLS 47-4568396 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** 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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization SPARK SF PUBLIC SCHOOLS

Employer identification number 47-4568396

Part I	Contributors (see instructions).	Use duplicate copies of Pa	art I if additional space is ne	eded.
(a)	(b)		(c)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	SALESFORCE.ORG 50 FREMONT, SUITE 300 SAN FRANCISCO, CA 94105	\$9,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	EVELYN & WALTER HAAS, JR. FUND 114 SANSOME STREET, SUITE 600 SAN FRANCISCO, CA 94104	\$600,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	SOMELAND FOUNDATION 135 MAIN STREET, 20TH FLOOR SAN FRANCISCO, CA 94105	\$1,292,476.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution	
110.	riamo, addicoo, and En . T	Total contributions	Type of contribution	
4	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$ 500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200		Person X Payroll Noncash (Complete Part II for	
4(a)	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046 (b)	\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046 (b) Name, address, and ZIP + 4 RAY AND DAGMAR DOLBY FUND 5 HAMILTON LANDING, SUITE 200	\$ 500,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for	

Name of organization SPARK SF PUBLIC SCHOOLS

Employer identification number 47-4568396

(a) No.	(b) Name, address, and ZIP + 4	То	(c) tal contributions	(d) Type of contribution
7_	HARRY AND JEANNETTE WEINBERG FOUNDATION 7 PARK CENTER CT	- _	600,000.	Person X Payroll Noncash
	OWINGS MILLS, MD 21117	_		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	То	(c) tal contributions	(d) Type of contribution
8	THOMA BRAVO 600 MONTGOMERY STREET, 20TH FLOOR SAN FRANCISCO, CA 94111	- _ \$	2,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	То	(c) tal contributions	(d) Type of contribution
		- _		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	То	(c) tal contributions	(d) Type of contribution
		_		Person

\$

\$

Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

(a)

No.

(a)

No.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(c)

Total contributions

(c)

Total contributions

Name of organization SPARK SF PUBLIC SCHOOLS

Employer identification number 47-4568396

Part II	Noncash Property	(see instructions)	Use dunlicate coni	ies of Part II if additiona	l snace is needed
GII U III	14011Ca31111Opcity		. Obc auplicate copi	ics of Fart if it additiona	i apace is neceuca.

(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	(10) that total more than \$1,000 for the following line entry. For organizati	etc., contributions to organizations described in section 501(c)(7), (8), or for the year from any one contributor. Complete columns (a) through (e) and zations completing Part III, enter the total of exclusively religious, charitable, etc., r the year. (Enter this information once. See instructions.) > \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	nd 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

SPA	ARK SF PUBLIC SCHOOLS	47-4568396
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectiviolations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
0	Stair and volunteer flours devoted to monitoring, inspecting, flanding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
•	S	one in valient easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	l expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
-	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1.	
b	Assets included in Form 990, Part X	> \$

	Tule D (Folili 990) 2019	O - II -	-4!	A4 . I I! -	4 1 T		041	. 0::! 1	4- /		Page Z
	rt III Organizations Maintaini										,
3	Using the organization's acquisition		sion, and d	other red	cords, chec	k any of	the follow	wing that n	nake sigr	nificant u	se of its
	collection items (check all that appl	ly):		_	.						
a	Public exhibition			d	_		nge progra	am			
b	Scholarly research			е	Other						
С	Preservation for future gene										
4	Provide a description of the organ	nization's	collections	and ex	plain how	they furt	her the o	rganization'	s exemp	t purpose	e in Part
	XIII.										
5	During the year, did the organization									_	
	assets to be sold to raise funds rath			ained as	part of the	organiza	tion's colle	ection?	<u> </u>	Yes	No
Pa	rt IV Escrow and Custodial A			_							
	Complete if the organiza	ition ans	wered "Ye	es" on F	orm 990, F	Part IV, I	ine 9, or	reported a	n amour	nt on Foi	m
	990, Part X, line 21.										
1 a	Is the organization an agent, truste									_	
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement in	n Part XII	I and comp	olete the	following tal	ole: _					
									Amount		
С	Beginning balance					[1c				
d	Additions during the year					[1d				
е	Distributions during the year					[1e				
f	Ending balance						1f				
2a	Did the organization include an am	ount on F	orm 990,	Part X, I	ine 21, for e	escrow o	r custodia	I account lia	bility?	Yes	No
b	If "Yes," explain the arrangement in	n Part XII	I. Check he	ere if the	explanation	has bee	n provided	on Part XII	<u> </u>		
Pa	rt V Endowment Funds.										
	Complete if the organiza	ition ans	wered "Ye	es" on F	orm 990, I	Part IV, I	line 10.				
		(a) Cur	rent year	(b) F	Prior year	(c) Two	years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains,										
·	and losses										
Ч	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
q	End of year balance										
2	Provide the estimated percentage	of the cu	rrent vear	and hala	nce (line 1a	column	(a)) hold a	c·			
a	Board designated or quasi-endown		ireni year i	%	rice (iiile 19	Column	(a)) Helu a	5.			
b	Permanent endowment ▶	<u></u>									
c											
	The percentages on lines 2a, 2b, a		ould equal 1	100%							
3a	Are there endowment funds not in		-		ization that	are held	and adm	inistered for	the		
	organization by:	росск								Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate									3b	
4	Describe in Part XIII the intended u	-									
	rt VI Land, Buildings, and Equ	ipment.									
	Complete if the organiza	ation ans							990, Pa	ırt X, line	10
	Description of property		(a) Cost or	other basistment)		or other bas		ccumulated preciation	(d	l) Book valu	ie
	Land		(111462	anont)	1		dep	. Colation			
b	Buildings	h h									
2	Leasehold improvements										
4	Equipment.	Г									
u		F									
Tota	Other		equal Form	n 000 P	art X colum	n (R) line	10c)				

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, li	ine 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	110 12.
(1) Financia	al derivatives		·	
	held equity interests			
` (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, li	ine 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)				
	n (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, li	ine 15.
	(a) De	scription	(b) Bo	ook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ino 15)		
Part X	Other Liabilities. Complete if the organization answered			art X,
1.	line 25.	tion of liability	(h) Bo	ook value
	ral income taxes	tion of hability	(b) B0	OK Value
	TO RELATED PARTY			356,785.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				0.5.6.5.5.5
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			356 , 785.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports	the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2019 Page 4

Part		n.	r age 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	$Total\ revenue,\ gains,\ and\ other\ support\ per\ audited\ financial\ statements\ \dots\dots\dots\dots\dots\dots\dots$	1	18,473,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		
a	Net unrealized gains (losses) on investments	-	
b C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	556,973.
3	Subtract line 2e from line 1	3	17,916,626.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,916,626.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	17,482,083.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Denoted services and use of facilities 555, 574.		
a	Donated Services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
b	Prior year adjustments	-	
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	555,574.
3	Subtract line 2e from line 1	3	16,926,509.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe IIII art XIII.)	4c	
С 5	Add lines 4a and 4b	5	16,926,509.
	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; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5	iation.	
255	PAGE 5		
_			

Part XIII Supplemental Information (continued)

SCH D, PART X, LINE 2

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

SPARK SF PUBLIC SCHOOLS

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

Schedule I (Form 990) (2019)

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.

Open to Public

Name of the organization **Employer identification number** SPARK SF PUBLIC SCHOOLS 47-4568396 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) SFUSD 555 FRANKLIN STREET SAN FRANCISCO, CA 94102 94-6000416 16,750,195. TO SUPPORT SFUSD PRO (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)1.

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

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	6.	18,000.			
_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.

SCH I, PART I, LINE 2

WHEN THE ORGANIZATION RECEIVES A GRANT, STAFF REVIEWS ALL GRANT

AGREEMENTS AND COMPLIANCE REQUIREMENTS WITH SFUSD PARTNERS, INCLUDING

GRANT TERMS, ALLOCATION AMOUNTS, REPORTING REQUIREMENTS, EXPENDITURE

RESTRICTIONS, AND THE GRANT PERIOD. THE ORGANIZATION THEN CREATES A

SEPARATE GRANT AGREEMENT (SUB-GRANTEE AGREEMENT) WITH THE SFUSD RECIPIENT

DEPARTMENT, OFFICE, OR SCHOOL SITE OUTLINING HOW GRANT FUNDS ARE TO BE

ALLOCATED AND SPENT. THE ORGANIZATION THEN WIRE TRANSFERS FUNDS TO SFUSD,

REQUIRING A TWO-APPROVER SYSTEM ON BEHALF OF THE ORGANIZATION.

ORGANIZATION STAFF REGULARLY (QUARTERLY) CHECKS IN WITH THE SFUSD

Schedule I (Form 990) (2019)

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule I (Form 990) (2019)

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

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

RECIPIENT TO MONITOR SPENDING OF THE GRANT AND REQUESTS FINANCIAL

EXPENDITURE REPORTS FROM THE SFUSD ACCOUNTING OFFICE. REVIEWS ARE

CONDUCTED BY BOTH THE ORGANIZATION AND SFUSD TO ENSURE EXPENSES ARE

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

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

THE GRANT FUNDS ARE FULLY EXPENDED.

SCHEDULE J (Form 990)

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

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

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

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPARK SF PUBLIC SCHOOLS

Part I Questions Regarding Compensation

Employer identification number

47-4568396

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account Tersonal services (such as maid, chaulicur, cher)			
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 organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
~	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		X
	If "Yes" on line 6a or 6b, describe in Part III.	0.5		
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	

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

Schedule J (Form 990) 2019

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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
MYONG LEIGH	(i)	0.	0.	0.				
1SECRETARY	(ii)	254,651.	0.	0.			254,651.	
MEGHAN WALLACE	(i)	0.	0.	0.				
2TREASURER	(ii)	167,978.	0.	0.			167,978.	
GENTLE BLYTHE	(i)	0.	0.	0.				
3PRESIDENT	(ii)	264,446.	0.	0.			264,446.	
VINCENT MATTHEWS	(i)	0.	0.	0.				
4DIRECTOR	(ii)	328 , 879.	0.	0.			328,879.	
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule J (Form 990) 2019

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 FY17, 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

2019

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 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 FY20, EACH WAS AN EMPLOYEE OF THE SAN FRANCISCO UNIFIED SCHOOL
DISTRICT, A RELATED ORGANIZATION.

Name of the organization

SPARK SF PUBLIC SCHOOLS

Employer identification number

47-4568396

FORM 990, PART VI, SECTION C LINE 19

THE GOVERNING DOCUMENTS, FORMS 990 (CURRENT AND PRIOR THREE YEARS), AND

THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON WRITTEN OR ORAL

REQUEST AT THE ORGANIZATION'S OFFICE.

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

REPORTABLE COMPENSATION AND OTHER COMPENSATION FROM RELATED ORGANIZATIONS

DO NOT RELATE TO SERVICES PROVIDED TO THE ORGANIZATION BUT RATHER

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

NOTED BELOW:

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

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

ATTACHMENT 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

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization Employer identification number SPARK SF PUBLIC SCHOOLS 47-4568396 ATTACHMENT 1 (CONT'D)

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

WITH SFSUD'S STRATEGIC GOALS.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

SPARK SF PUBLIC SCHOOLS

Employer identification number 47-4568396

Part	rant i identification of disregarded Entitles. Complete if the organization answered fres on Form 990, Part IV, line 55.							
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
					Yes	No
EDUCATION	CA			CA GOVT		X
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Exempt Code section	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3))	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) entity Direct controlling entity	or foreign country) (if section 501(c)(3)) entity contrept Yes

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

Schedule R (Form 990) 2019

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule R (Form 990) 2019

	C. (B.14.10) C. T. H. B. (1) Operated "(the constraint of the constant o
Dart III	tion of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
i art iii	t had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) 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 man	ij) eral or aging tner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)	_											
(5)												
(6)												
<u>(7)</u>												

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

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

SPARK SF PUBLIC SCHOOLS 47-4568396

3

Schedule R (Form 990) 2019	Page

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part 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		X
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
•							
f	Dividends from related organization(s)				1f		
a .	Sale of assets to related organization(s)				1g		X
_	Purchase of assets from related organization(s).				1h		X
i	Exchange of assets with related organization(s).				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
J	2000 of tabilities, equipment, or other account folded organization(6).						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s).				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10		X
U	onaring of paid employees with related organization(s)						
n	Reimbursement paid to related organization(s) for expenses				1р	Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
ч	Tellibursement paid by related organization(s) for expenses 1111111111111111111111111111111111				-		
	Other transfer of cash or property to related organization(s)				1r		Х
S	Other transfer of cash or property from related organization(s).				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete the					 S.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method o	of dete		ıg
		type (a-s)		amou	nt invo	oivea	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

Part V

SPARK SF PUBLIC SCHOOLS 47-4568396

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners tion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	i) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
_(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)	_												
(12)													
(13)													
(14)													
(15)													
(16)													
				<u> </u>							L		m 000\ 2040

Page 4

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

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





SPARK SF PUBLIC SCHOOLS

INSTRUCTIONS FOR FILING FORM 8453-EO

CA E-FILE RETURN AUTHORIZATION FOR EXEMPT ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2020

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

PLEASE RETURN THE SIGNED FORM ON OR BEFORE MAY 17, 2021 TO:

SEILER LLP THREE LAGOON DR STE 400 REDWOOD CITY CA 94065

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

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

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 17, 2021.

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



California Exempt Organization TAXABLE YEAR

2019	Annual Information Return		199
	r 2019 or fiscal year beginning (mm/dd/yyyy) $07/01/2019$, and ending (mm/dd/		06/30/2020
Corporation/C			poration number
		37410	94
Additional inf		EIN	C020C
Street addres	s (suite or room)	47-45	<u> </u>
			FINID NO.
	VAN NESS AVE 119	State	Zip code
,	FRANCISCO	CA	94102
Foreign count		CA	Foreign postal code
Ü			
A Eiret Dotu	mYes X No J If exempt under R&TC Section	on 23701d k	age the organization
	Return Yes X No engaged in political activities'		
	ion 4947(a)(1) trust		.cc.ion 207 0 1g : - ♥ ss
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized sources sources	'	
Enter da	e: (mm/dd/vvvv) ● L If organization is a public cha	arity exempt (under R&TC
	counting method: Section 23701d and meets check box. No filing fee is rec		
(1)	Cash (2) X Accrual (3) Other M Is the organization a Limited	•	
F Feder <u>al r</u>	eturn filed? Nu Did the organization file For	•	
(1) ●	990T (2) ● 990PF (3) ● Sch H (990) (4) X Other 990 series taxable income?		● Yes X N
G Is this a	group filing? See instructions	it by the IRS	or has the IRS
	ganization in a group exemption Yes X No audited in a prior year?		
If "Yes," v	what is the parent's name? P Is federal Form 1023/1024 p	pending?	Yes X N
Did the a	Date filed with IRS		
	rganization have any changes to its guidelines ed to the FTB? See instructions.		
Part I Co	mplete Part I unless not required to file this form. See General Information B and C.		10 0000
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	10,90200
	2 Gross dues and assessments from members and affiliates	2	17,905,72400
	3 Gross contributions, gifts, grants, and similar amounts received	3	17,900,724 00
Receipts and	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B ●	4	17,916,62600
Revenues		4	17,910,02000
	6 Cost or other basis, and sales expenses of assets sold ● 6 UU 7 Total costs. Add line 5 and line 6	7	0.0
	8 Total gross income. Subtract line 7 from line 4	8	17,916,62600
_	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	17,942,46300
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-25,83700
	11 Total payments	11	0(
	12 Use tax. See General Information K	12	0(
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	0(
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	0(
	15 Filing fee \$10 or \$25. See General Information F	15	0(
	16 Penalties and Interest. See General Information J	16	0(
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer I		
Here	Signature Title Date	,	Telephone
	of officer		
	Preparer's DEBRA K MCCALL O 5 / 1 4 / 2 0 2 1		PTIN
	signature \blacktriangleright DEBIGE IN TRACE STEEL $05/14/2021$ employed \blacktriangleright		P00998198
Paid	SEILER LLP Firm's name (or yours, MIDDER TACOON DD CME 400		Firm's FEIN
Preparer's	if self-employed) THREE LAGOON DR STE 400 and address REDWOOD CITY, CA 94065		94-1624276 Telephone
Use Only	VEDMOOD CIII, CV 34000		650-365-4646
		ı	000 000 7070

027

3651194

Form 199 2019 Side 1

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Part II	Organizations with gross receipts of more regardless of amount of gross receipts - c			-	
	Gross sales or receipts from all business	· · · · · · · · · · · · · · · · · · ·		• 1	00
	2 Interest				00
Dagainta	3 Dividends			• 3	00
Receipts from	4 Gross rents				00
Other	5 Gross royalties				00
Sources	6 Gross amount received from sale of asse				00
	7 Other income. Attach schedule				10,90200
	8 Total gross sales or receipts from other				7 7 7 0 0
	Enter here and on Side 1, Part I, line 1.	_	•	8	10,90200
	9 Contributions, gifts, grants, and similar				16,768,19500
	10 Disbursements to or for members				0.0
	11 Compensation of officers, directors, and				1,015,95400
	12 Other salaries and wages				00
Expenses	13 Interest				00
and	14 Taxes				00
Disburse-	15 Rents				00
ments	16 Depreciation and depletion (See instruct				0.0
	17 Other Expenses and Disbursements. Att				158,31400
	18 Total expenses and disbursements. Add				17,942,46300
Schedu			f taxable year		of taxable year
Assets		(a)	(b)	(c)	(d)
1 Cash			4,652,203.	, ,	6,712,893.
2 Net a	ccounts receivable		359,196.		259,196.
	otes receivable		1,109,474.		10,674,714.
	tories		, ,		•
	ral and state government obligations				•
	tments in other bonds				•
7 Inves	tments in stock				•
8 Morto	gage loans				•
`	r investments. Attach schedule				•
	preciable assets				
	ss accumulated depreciation				
					•
12 Othe	r assets. Attach schedule	ATCH 6			63,174.
13 Total	assets		6,120,873.		17,709,977.
	s and net worth				
14 Acco	unts payable				45,509.
	ibutions, gifts, or grants payable		4,680,870.		• 15,181,473.
	s and notes payable		, ,		•
	gages payable				•
•	r liabilities. Attach schedule	ATCH 7	347,196.		367,085.
	al stock or principal fund		,		•
•	in or capital surplus. Attach reconciliation				•
	ned earnings or income fund		1,092,807.		2,084,323.
	liabilities and net worth		6,120,873.		17,678,390.
	le M-1 Reconciliation of income per books Do not complete this schedule if the			an \$50,000	, ,
1 Net in	come per books		E4.6	rded on books this year	ATCH 9
	al income tax			in this return. Attach sched	FFC 072
	s of capital losses over capital gains			in this return not char	
	e not recorded on books this year.			ok income this year.	3~~
- 111COIII	e not recorded on books this year.		against boo	in moonic tills year.	

3652194

1,547,090.

Attach schedule

5 Expenses recorded on books this year not

deducted in this return. Attach schedule. ATCH. 8. .

6 Total. Add line 1 through line 5

027

556,973.

990,117.

Attach schedule

Subtract line 9 from line 6

9 Total. Add line 7 and line 8

555, 574. **10** Net income per return.

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

ATTACHMENT 1

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
SALESFORCE.ORG 50 FREMONT, SUITE 300 SAN FRANCISCO, CA 94105	06/30/2020	9,000,000.
EVELYN & WALTER HAAS, JR. FUND 114 SANSOME STREET, SUITE 600 SAN FRANCISCO, CA 94104	06/30/2020	600,000.
SOMELAND FOUNDATION 135 MAIN STREET, 20TH FLOOR SAN FRANCISCO, CA 94105	06/30/2020	1,292,476.
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	06/30/2020	500,000.
RAY AND DAGMAR DOLBY FUND 5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949	06/30/2020	500,000.
STUPSKI FOUNDATION 90 NEW MONTGOMERY STREET, SUITE 1100 SAN FRANCISCO, CA 94105	06/30/2020	785,000.
HARRY AND JEANNETTE WEINBERG FOUNDATION 7 PARK CENTER CT OWINGS MILLS, MD 21117	06/30/2020	600,000.
THOMA BRAVO 600 MONTGOMERY STREET, 20TH FLOOR SAN FRANCISCO, CA 94111	06/30/2020	2,000,000.

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

ATTACHMENT 1 (CONT'D)

DIRECT

PUBLIC

SUPPORT

NAME AND ADDRESS

DATE

06/30/2020

2,628,248.

135 VAN NESS AVE, RM 119

SAN FRANCISCO, CA 94102

CONTRIBUTORS LESS THAN THRESHOLD

TOTAL CONTRIBUTION AMOUNTS

17,905,724.

ATTACHMENT 2

PART II - OTHER INCOME

FISCAL AGENCY FEES INVESTMENT INCOME

411. 10,491.

TOTAL OTHER INCOME

10,902.

SPARK SF PUBLIC SCHOOLS 47-4568396

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

ATTACHMENT 3

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

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

GRANTS PAID

SFUSD TO SUPPORT SFUSD PROGRAMS 16,750,195.

555 FRANKLIN STREET

SAN FRANCISCO, CA 94102

SCHOLARSHIPS 18,000.

TOTAL CONTRIBUTIONS PAID 16,768,195.

ATTACHMENT 3

ATTACHMENT 4

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME	TITLE	COMPENSATION
MYONG LEIGH MEGHAN WALLACE GENTLE BLYTHE	SECRETARY DIRECTOR DIRECTOR	254,651. 167,978. 264,446.
VINCENT MATTHEWS	DIRECTOR	328,879.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, A	AND TRUSTEES	1,015,954.

ATTACHMENT 5

PART II - OTHER EXPENSES

MANAGEMENT FEE LEGAL EXPENSES ACCOUNTING EXPENSE OTHER FEES FOR SVCS TRAVEL EXPENSES INSURANCE BOARD DEVELOPMENT REIMBURSE SFUSD FOR SERVICES BANK FEES OFFICE EXPENSES MEALS	27,500. 5,437. 31,400. 24,735. 20. 3,784. 114. 31,838. 23,821. 7,107. 2,558.
TOTAL OTHER EXPENSES	158,314.

ATTACHMENT	6
------------	---

SCHEDULE L - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES		31,587. 31,587.
TOTAL OTHER ASSETS		63,174.

SCHEDULE L - OTHER LIABILITIES

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO RELATED PARTY DEFERRED REVENUE	347,196.	356,785. 10,300.
TOTAL CORPORATION OTHER LIABILITIES	347,196.	367,085.
TOTAL OTHER LIABILITIES	347,196.	367,085.

ATTACHMENT 8

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

IN-KIND SALARIES AND RENT

555,574.

TOTAL EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED

555,574.

ATTACHMENT 9

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

IN-KIND SALARIES AND RENT

556,973.

TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

556,973.





SPARK SF PUBLIC SCHOOLS

INSTRUCTIONS FOR FILING
FORM RRF-1
CALIFORNIA ANNUAL REGISTRATION RENEWAL FEE REPORT
FOR THE YEAR ENDED JUNE 30, 2020

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

FILE THE SIGNED RETURN BY MAY 17, 2021 WITH:

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

A CHECK OR MONEY ORDER PAYABLE TO "ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS" IN THE AMOUNT OF \$225 SHOULD BE ATTACHED TO THE RETURN. BE SURE TO INCLUDE THE FEDERAL EIN AND "2019 FORM RRF-1" ON THE CHECK.

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

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

STATE OF CALIFORNIA

RRF-1

(Rev. 09/2017)

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

P.O. Box 903447
Sacramento, CA 94203-44
STREET ADDRESS
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

(For Registry Use Only)

SPARK SF PUBLIC SCHOOLS		Check if:					
Name of Organization		Change of address					
List all DBAs and names the organization uses or has	used	Amended r	report				
135 VAN NESS AVE Address (Number and Street)		01.1.01.11.01.1	tration Number CT0228553				
SAN FRANCISCO CA 94102		State Charity Registration Number C10220333					
City or Town, State and ZIP Code		Corporate or Org	anization No. 3741094				
(415) 241-5578							
	E-mail Address	Federal Employer					
ANNUAL REGISTRATIO	N RENEWAL FEE SCHEDULE (11 Make Check Payable to De	•					
Gross Annual Revenue Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	!	<u>Fee</u>		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 millio Greater than \$50 million	n s	\$150 \$225 \$300		
PART A - ACTIVITIES							
For your most recent full accounting Gross Annual Revenue \$ 17,916,626 Program Expenses \$	Noncash Contributions	$^{\$}$ otal Expenses $\$ rac{1}{2}$		3,390.			
PART B - STATEMENTS REGARDING ORGA							
Note: All questions must be answered. It providing an explanation and deta				Yes	No		
During this reporting period, were there any officer, director or trustee thereof, either directors.			•	100	Х		
2. During this reporting period, was there any th	neft, embezzlement, diversion or misuse o	of the organization's ch	aritable property or funds?		Х		
3. During this reporting period, were any organiz	ation funds used to pay any penalty, fine	or judgment?			X		
During this reporting period, were the service coventurer used?	es of a commercial fundraiser, fundraisinç	g counsel for charitable	e purposes, or commercial		Х		
5. During this reporting period, did the organizati	on receive any governmental funding?		ATCH 1	0 X			
6. During this reporting period, did the organizat	ion hold a raffle for charitable purposes?				Х		
7. Does the organization conduct a vehicle donati	on program?				Х		
Did the organization conduct an independent generally accepted accounting principles for the second conduct and independent principles.	• •	ments in accordance v	with	Х			
9. At the end of this reporting period, did the org	ganization hold restricted net assets, while	e reporting negative ur	nrestricted net assets?		X		
I declare under penalty of perjury that I have belief, it is true, correct and complete, and I		accompanying dod	cuments, and to the best of my know	vledge an	d		
	GENTLE BLYTHE	PR:	ESIDENT				
Signature of Authorized Agent	Printed Nam	e	Title Da	ate			

SPARK SF PUBLIC SCHOOLS 47-4568396

FORM RRF-1, PART B - CONTRIBUTING GOVERNMENT AGENCIES

ATTACHMENT 10

GOVERNMENT AGENCY NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	CONTACT NAME	TELEPHONE
SAN FRANCISCO UNIFIED SCHOOL DISTRICT	555 FRANKLIN STREET	SAN FRANCISCO, CA 94102	DANA WALLINE	415-241-6000
SAN FRANCISCO ARTS COMMISSION	401 VAN NESS AVENUE, SUITE 325	SAN FRANCISCO, CA 94102	TOM DECAIGNY	415-252-2255

ATTACHMENT 10

A COPY OF THE FEDERAL FORM 990

RETURNWAS

ATTACHED TO THE

FILING COPY OF

THIS RETURN.

COPY

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

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Department of the Treasury Internal Revenue Service For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30 **Do not send to the IRS. Keep for your records.**

Name of exempt organization

SPARK SF PUBLIC SCHOOLS

Name and title of officer

Employer identification number

47-4568396

GENTLE BLYTHE, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	17916626.
2a	Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).		
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
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Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only		
X Lauthorize SEILER LLP	to enter my PIN	8 5 8 1 3 as my signature
ERO firm name		Enter five numbers, but do not enter all zeros
on the organization's tax year 2019 electronically filed return. If being filed with a state agency(ies) regulating charities as part ERO to enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my sign If I have indicated within this return that a copy of the return is the IRS Fed/State program, I will enter my PIN on the return's organization.	being filed with a state ag	ency(ies) regulating charities as part of
Officer's signature	Date	>

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ ____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Date Accepted		
Date Accepted		

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xempt Organiz								ntifying num	
SPARK S	F PUBLIC SCI	HOOLS					47	-4568	396
Part I Ele	ctronic Return Inforn	mation (whole dollars only)							
		÷4)						1	17,916,626.
		8)							17,916,626.
		(Form 199, Line 9)							17,942,463.
Part II Set	tle Your Account Ele	ectronically for Taxable Ye	ear 2019						
4 Electr	onic funds withdrawal	4a Amount		4b With	ıdrawal	date (r	nm/d	ld/yyyy) _	
Part III Ba	nking Information (H	lave you verified the exemp	pt organization's bank	king infori	mation'	?)			
5 Routing nu	mber								
6 Account nu			7 Type of	account:		Checkir	ng	Sav	ngs
Part IV Dec	laration of Officer								
	e exempt organization's ted on line 4a.	account to be settled as design	gnated in Part II. If I che	eck Part II	, Box 4	, I autho	orize	an electro	nic funds withdrawal for
he exempt or exempt organ exempt organ provider. If the	ganization is filing a ba ization's fee liability, the ization return and acco	nic return. To the best of my lance due return, I understand exempt organization will rerompanying schedules and stampt organization's return or	d that if the Franchise T main liable for the fee li atements be transmitted	ax Board ability and to the	(FTB) o d all ap FTB by	loes not oplicable the EF	t rece e inte RO, ti	eive full ar erest and _l ransmitter,	d timely payment of the penalties. I authorize the or intermediate service
Sign	•			PRE	SIDE	NT			
Here 's	Signature of officer	1	Date	Title					
Part V De		nic Return Originator (ERO) 1 D - 1 D () !t-	4				
declare that I knowledge. (If nowever, that ransmitting the ollowed all of vears from the to the FTB upon and accompan	I have reviewed the abo I am only an intermedi form FTB 8453-EO accu his return to the FTB; I h her requirements descr due date of the return on request. If I am also	ve exempt organization's retur ate service provider, I underst irrately reflects the data on the nave provided the organization ibed in FTB Pub. 1345, 2019 or four years from the date the the paid preparer, under pena atements, and to the best of r	rn and that the entries of tand that I am not respondent. I have obtained nofficer with a copy of a Handbook for Authorize e exempt organization realties of perjury, I declar	n form FT onsible for the orgar all forms a ed e-file P eturn is fil re that I h	B 8453 review nization and info roviders ed, whi lave exa	EO are ring the officer's ormation s. I will chever amined	exers sign that keep is late the a	npt organinature on facture on facture on facture on facture of the form FTB or, and I was bove exer	zation's return. I declare, orm FTB 8453-EO before with the FTB, and I have 8453-EO on file for four ill make a copy available npt organization's return
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Sign	Firm's name (or yours	SEILER LLP				94-1	<u>6</u> 2	4276	
	if self-employed) and address	THREE LAGOON	DR STE 400				_	ZIP code	
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