(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

► 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. Department of the Treasury Internal Revenue Service , 2019, and ending For the 2019 calendar year, or tax year beginning , 2020 Check if applicable: D Employer identification number Schools, Mentoring and Resources Team, Address change 94-3287468 Inc. (SMART) Telephone number Name change 1061 Market St, Mezzanine (415) 865-5400 Initial return San Francisco, CA 94103 Final return/terminated **G** Gross receipts \$ Amended return 1,870,976. H(a) Is this a group return for subordinates? F Name and address of principal officer: Application pending Yes **H(b)** Are all subordinates included? If "No," attach a list. (see instructions) Same As C Above Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) () ◀ (insert no.) Website: ► www.thesmartprogram.org **H(c)** Group exemption number ▶ Form of organization: 1997 M State of legal domicile: CA X Corporation Trust Other > L Year of formation: Summary Briefly describe the organization's mission or most significant activities: SMART champions education equity by supporting students in overcoming systemic barriers on their journey to a college degree. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 20 5 25 Total number of volunteers (estimate if necessary)..... 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, line 39. 0. **Prior Year Current Year** 1,125,391. Contributions and grants (Part VIII, line 1h)..... 3,042,999 Program service revenue (Part VIII, line 2g)..... 56,980. 48,168. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10,754. 11,292. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -60,556 669,241 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 3,050,177. 854,092 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 921,933. 1,143,473 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 854,204. 735,629. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 1,776,137. 1,879,102. Revenue less expenses. Subtract line 18 from line 12..... 1,274,040. -25,010.**Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 2,447,676. 2,616,579. 21 Total liabilities (Part X, line 26)..... 172,898. 366,811. Net assets or fund balances. Subtract line 21 from line 20...... 22 2,274,778. 2,249,768. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Asaf Bar-Tura Executive Director Type or print name and title Print/Type preparer's name Preparer's signature X if

ALLAN LIU, CPA

201 WILLOW AVE

MILLBRAE, CA 94030 May the IRS discuss this return with the preparer shown above? (see instructions).....

Allan Liu

Allan Liu

Firm's name

Firm's address

Paid

Preparer

Use Only

self-employed

Firm's EIN ► 27-1724652 Phone no. 650-692-1172

Nο

P01432586

X Yes

Par	t III	Statement of Program Service Accomplishments	57
		Check if Schedule O contains a response or note to any line in this Part III	X
1		ly describe the organization's mission:	
	SMA	RT champions education equity by supporting students in overcoming systemic	<u> </u>
	<u>ba</u> r	riers on their journey to a college degree.	
2		ne organization undertake any significant program services during the year which were not listed on the prior	
		1 990 or 990-EZ?	X No
_		es," describe these new services on Schedule O.	
3		he organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
_		es," describe these changes on Schedule O.	
4	Section and r	ribe the organization's program service accomplishments for each of its three largest program services, as measured by on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	expenses,
4 a	(Code	e:) (Expenses \$ 506,092. including grants of \$) (Revenue \$	69,510.)
	Col	lege Achievement Program (CAP):	<u> </u>
		College Achievement Program advances SMART Scholars, grades 9 through 12,	toward
		nh school graduation and a college education. The program includes: Weekly	
		er-school programming supports our Scholars through career and college	
		ploration; mentoring and tutoring support; standardized testing preparation	
		vices; individualized college counseling; bi-annual colleges tours; support	 : in
		aining summer internships, study abroad and other incredible experiences.	
		unching the College Achievement Program in 2011, 100% of SMART Scholars have	
		duated high school and enrolled in college.	
	9=4		
4 b	(Code	e:) (Expenses \$ 470,795. including grants of \$) (Revenue \$	57,000.)
		Idle School Achievement Program (MAP):	<u> </u>
		RT's 32-week after school program equips Scholars with the skills to succee	 -d in
		ool and in life through tutoring, mentoring, and a curriculum designed to be	
		em academically, socially, and emotionally. Lesson plans address issues rela	
		entity exploration, academic skills, social emotional learning and self-care	
		ool and college prep, career exposure, social justice and leadership. Throu	
		Idle School Achievement Program: 100% of Scholars received social, emotional	
		demic support; 100% of eight grade Scholars received high school enrollment	
		port and graduated from middle school.Grades served 6th through 8th.	
4 c	(Code	e:) (Expenses \$ 259,802. including grants of \$) (Revenue \$	24.900.)
		ruitment and School Enrollment:	<u></u>
		RT identifies curious students who have the motivation to learn and lack or	 11v
		portunity. Students accepted into the program come from low income household	
		l be the first generation in their family to graduate from college. Once ac	
		o the program, SMART guides our families through the middle school and high	
		collment processes.	
4 d	Other	r program services (Describe on Schedule O.) See Schedule O	
		enses \$ 138,038. including grants of \$) (Revenue \$)
4 e		program service expenses ► 1,374,727.	

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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		Χ
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' 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? <i>If 'Yes,' complete Schedule R, Part l</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	· 		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			.,0
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
RΛ			aan (2010

Form 990 (2019) Schools, Mentoring and Resources Team,

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

			Yes	No
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ŀ	olf '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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
,	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
١	Note: See the instructions for additional information the organization must report on Schedule O.	154		
ł	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 20 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. **b** Enter the number of voting members included on line 1a, above, who are independent.... 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch 0 Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?........... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

San Francisco CA 94103 (415) 865-5400

Asaf Bar-Tura 1061 Market St, Mezzanine

Form 990 (201	19) School	g Mentorin	and Reso	ources Team.
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a 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)
(B)
Name and title
(B)
Average
(C)
Position (do not check more than one box, unless person is both an officer and a leportable Reportable Reportable Estimated amount of the compensated any current officer, director, or trustee.

(D)
Reportable Reportable Estimated amount of the compensated any current officer, director, or trustee.

(A) Name and title		Average hours (do not check in than one box, unless personal is both an officer and a director/trustee)				ss pers and a	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	Asaf Bar-Tura Executive Dir.	$-\frac{40}{0}$			Х				135,899.	0.	0.
	Lisa Farmer	5			Λ				133,633.	0.	0.
	Board Chair	5	Х		Х				0.	0.	0.
	Jennifer Jarrett	5							3.		
	Treasurer	0	Х		Х				0.	0.	0.
	Carey Lifschultz	5									
	Secretary	0	Х		Х				0.	0.	0.
	<u> David Cannon </u>	5									
	Vice Chair	0	Χ		Х				0.	0.	0.
	Martin Encinas Leon	5								0	0
	Director	0	Х						0.	0.	0.
	<u>Kate Garrett</u> Director	<u>5</u>	Х						0.	0.	0.
	Eden Godsoe	5	Λ						0.	0.	0.
	Director	0 -	Х						0.	0.	0.
	Roger Lee	5								•	
	 Director	0	Χ						0.	0.	0.
(10)	Jeffrey Gray	5									
	Director	0	Χ						0.	0.	0.
	Randy Seriguchi	5									
	Director	0	Х						0.	0.	0.
	<u> John Ball </u>	5									
	Director	0	Χ						0.	0.	0.
	Mike Muscolino	5	.,							_	_
	Director	0	Х			-			0.	0.	0.
	Alison Park	5	v							^	^
	Director	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Tru		Key	Em	_		es,	and	d Highest Com	pensated Emp	loyees	5 (contin	nued)
	(B)	` ' '										
(A)		Average (do not check more than one						(D)	(E)		(F)	
Name and title	hours per	box	, unle	ss pe	erson	is both or/trus	h an	Reportable compensation from	Reportable compensation from	Estim	ated amo	ount
	week (list any		-					the organization	related organizations	(of other ensation f	
	hours	Individual trustee or director	Institutional trustee	Officer	Key employee	향호	orm	(W-2/1099-MISC)	(W-2/1099-MISC)	the c	organizati od related	ion
	for related	dividual director	utio	Φį	emp	oyer Oyer	₫				anization:	
	organiza - tions	얼	= ==		οίο	om M						
	below dotted) iste	Sul		æ) en						
	line)	0	ee			Highest compensated employee						
(15) Chaori Damer	5											
(15) Stacy Perry	1							0	0			0
Director	0 5	Х						0.	0.			0.
(16) Michele Williams		37						0	0			0
Director (17) Array Paragraph	0	Х						0.	0.			0.
(17) Anne Berger	5								•			_
Director	0	Х						0.	0.			0.
(18) Kanishka Pothula	5											
Director	0	X						0.	0.			0.
(19) Aroon Ramadoss	5											
Director	0	X						0.	0.			0.
(20) Maya Segal	5											
Director	0	Х						0.	0.			0.
(21) Sanford (Sandy) Zweifach	5											
Director	0	Х						0.	0.			0.
(22)												
(23)												
(24)												
(05)												
(25)												
1 b Subtotal								135,899.	0.			0.
c Total from continuation sheets to Part VII, Section	nn Δ							0.	0.			0.
d Total (add lines 1b and 1c)								135,899.	0.			0.
Total number of individuals (including but not limited)							ved			ensatio	n	<u> </u>
from the organization 1	10 111030 1	istou	abov	, ()	,,,,,	10001	vcu	more than \$100,00	o or reportable comp	onsatio		
											Yes	No
2 Did the executation list on forman officer divers		منا م					ارم ناما				100	
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, truste h individu	е, ке ıal	ey er	npic	оуеє	e, or	nigr	nest compensated	employee	. 3		Х
,												
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	ie co 50.0	mpe 00?	nsa <i>If '</i> }	ition /es.	and <i>con</i>	otn <i>alar</i>	er compensation te Schedule I for	from			
such individual										. 4		Χ
5 Did any person listed on line 1a receive or accrue	e comper	satio	n fro	om :	any	unre	late	ed organization or	individual			
for services rendered to the organization? If 'Yes	,' comple	te So	ched	lule	J fo	r suc	ch p	erson		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compenses.			المدماء				م مالا	A wasaiyaal wasaya Al	¢100 000 of			
compensation from the organization. Report compens	sation for	the c	alend	dar <u>y</u>	year	endi	เมล ng v	with or within the or	ganization's tax year			
(A)								(B)		(C)	
(A) Name and business address (B) Description of services Co									Compe	eńsatio	n	
		., .					,	<u> </u>				
2 Total number of independent contractors (including b		ited to	o tho	se I	ısted	abo	ve)	who received more	than			
\$100,000 of compensation from the organization	0											

Form 990 (2019) Schools, Mentoring and Resources Team, 94-3287468 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 1,125,391 **q** Noncash contributions included in h Total. Add lines 1a-1f 1,125,391 **Business Code** Program Service Revenue 2a Family Tuition & other 900099 48,168 48,168 **f** All other program service revenue. . . g Total. Add lines 2a-2f 48,168 Investment income (including dividends, interest, and 11,292 11,292 Income from investment of tax-exempt bond proceeds... Royalties..... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 684,869 8b **b** Less: direct expenses..... 16,884 c Net income or (loss) from fundraising events 667,985 9 a Gross income from gaming activities. See Part IV, line 19....... 9a **b** Less: direct expenses..... 9 b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous l**1a** <u>Miscellaneous</u> 900099 1,256 1,256 Revenue

854,092

60,716

0

d All other revenue . . e Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

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 re	esponse or note to any (A)	(B)	(C)	(D)
Do l 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	136,208.	24,462.	63,873.	47,873.
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.	0.	0.	0.
7	Other salaries and wages	856,755.	622,903.	83,620.	150,232.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	030,733.	022,303.	03,020.	130,232.
9	Other employee benefits	65,644.	50,736.	4,669.	10,239.
10	Payroll taxes	84,866.	56,969.	11,816.	16,081.
11	Fees for services (nonemployees):	-,		==, -=	
á	Management				
ŀ	Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	54,608.	38,152.	5,622.	10,834.
13	Office expenses	3,309.	2,261.	334.	714.
14	Information technology	3,307.	2,201.	334.	/14.
15	Royalties.				
16	Occupancy	397,640.	347,523.	19,971.	30,146.
17	Travel	331,040.	347,323.	13,311.	30,140.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
	Conferences, conventions, and meetings	4,006.	2,804.	385.	817.
20	Interest				
21	Payments to affiliates	10.050	10 550	1 505	1 065
22	Depreciation, depletion, and amortization	19,352.	13,550.	1,737.	4,065.
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	7,052.	4,937.	584.	1,531.
á	Other program costs	63,896.	63,896.		
_	Transportation	53,514.	53,514.		
	School expense	39,975.	39,975.		
	Utilities and maintenance	16,675.	11,856.	1,156.	3,663.
	All other expenses	75,602.	41,189.	13,116.	21,297.
25	Total functional expenses. Add lines 1 through 24e	1,879,102.	1,374,727.	206,883.	297,492.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)			·	

		Check if Schedule O contains a response or note to	o any lir	ne in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash — non-interest-bearing				1		
	2	Savings and temporary cash investments			1,071,222.	2	1,627,483.	
	3	Pledges and grants receivable, net			1,083,520.	3	686,102.	
	4	Accounts receivable, net		4				
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib	er, director, outor, or 35%		5		
	6	Loans and other receivables from other disqualified po		_		J		
	0	section 4958(f)(1)), and persons described in section		`		6		
	7	Notes and loans receivable, net				7		
S	8	Inventories for sale or use		<u> </u>		8		
et				<u> </u>	F0 FFC	9	21 051	
Assets	9	Prepaid expenses and deferred charges	1 1		58,556.	9	31,051.	
, ,		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		100,673.				
	b	Less: accumulated depreciation		49,394.	14,389.	10 c	51,279.	
	11	Investments — publicly traded securities		-	106,044.	11	106,719.	
	12	Investments — other securities. See Part IV, line 11				12		
	13	Investments — program-related. See Part IV, line 11.		13				
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11		_	113,945.	15	113,945.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,447,676.	16	2,616,579.	
	17	Accounts payable and accrued expenses		36,837.	17	38,865.		
	18	Grants payable				18		
	19	Deferred revenue		_	3,970.	19 20	4,012.	
	20	·	exempt bond liabilities					
ies	21	Escrow or custodial account liability. Complete Part I				21		
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, dir utor, or rsons	rector, trustee, 35%		22		
ij	23	Secured mortgages and notes payable to unrelated th				23		
	24	Unsecured notes and loans payable to unrelated third	•	_		24	201,968.	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			132,091.	25	121,966.	
	26	Total liabilities. Add lines 17 through 25			172,898.	26	366,811.	
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	,			
lar	27	Net assets without donor restrictions			1,396,778.	27	1,516,768.	
Ba	28	Net assets with donor restrictions			878,000.	28	733,000.	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	·			,	
ō	29	Capital stock or trust principal, or current funds			29			
sts	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30		
SS	31	Retained earnings, endowment, accumulated income,				31		
t A	32	Total net assets or fund balances			2,274,778.	32	2,249,768.	
Se	33	Total liabilities and net assets/fund balances			2,447,676.	33	2,616,579.	
					=, =1:, 0:0:		=, 010, 0.3.	

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	1,8	54,0	192.		
2 Total expenses (must equal Part IX, column (A), line 25)		2	1,8	79,1	02.		
3 Revenue less expenses. Subtract line 2 from line 1		3		25,0			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	2,2	74,7	78.		
5 Net unrealized gains (losses) on investments		5					
6 Donated services and use of facilities		6					
7 Investment expenses		7					
8 Prior period adjustments		8					
9 Other changes in net assets or fund balances (explain 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	2,2	49,7	68.		
Part XII Financial Statements and Reporting		•					
Check if Schedule O contains a response or note to any line in this Part XII					. П		
				Yes	No		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			_				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2a		Χ		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled o separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	reviewe	ed on a					
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 audited on basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	a separa	te					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,		. 2c	Х			
If the organization changed either its oversight process or selection process during the tax year, expl on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single		. 3a		Х		
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the req or audits, explain why on Schedule O and describe any steps taken to undergo such audits			. 3b				
BAA TEEA0112L 01/21/20			Form	990 ((2019)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

iame oi	me	Schools, Me Inc. (SMAR)		Resources Team,	' '	0.4 = 2.2.9.7.4.6.9				
Part		Reason for Public Cha	= /	rappizations must r		94-3287468				
		nization is not a private found						110115.		
1	_	A church, convention of church				-	•			
2	_						1).			
3	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's									
4	name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .									
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pul	olic described		
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		An agricultural research organia	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ge		
l		or university or a non-land-grar								
_		university:								
10		An organization that normally r from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions—sub lated business taxable	oject to certain exception in the community of the commun	ns, and	(2) no i	more than 33-1/3% of i	ts support from gross		
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).			
12										
i	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or rs or trus	rganizat stees of t	ion(s), typically by giving the supporting organization	the supported on. You must		
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You		
С	_	Type III functionally integrated. organization(s) (see instruction		ion operated in connection	n with, a	nd functio	onally integrated with, its	supported		
d		Type III non-functionally integrated. The control of the control o	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s)	that is not		
e	_	instructions). You must complete this box if the organization	plete Part IV, Section	s A and D, and Part V.	·					
f		integrated, or Type III non-fu ter the number of supported of	nctionally integrated :	supporting organization	١.					
		wide the following information								
(i)	Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
					103	.,,0				
A)										
В)										
C)										
D)										
E)										
							i			

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning 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.')	1,349,238.	1,109,197.	1,691,481.	2,994,063.	1,810,260.	8,954,239.
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	1,349,238.	1,109,197.	1,691,481.	2,994,063.	1,810,260.	8,954,239.
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)						0.
6	Public support. Subtract line 5 from line 4						8,954,239.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,349,238.	1,109,197.	1,691,481.	2,994,063.	1,810,260.	8,954,239.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	272.	785.	4,840.	10,754.	11,292.	27,943.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			2,000	==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.				1,263.	1,256.	2,519.
	Total support. Add lines 7 through 10						8,984,701.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	247,024.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	019 (line 6, colum	n (f) divided by Iir	ne 11, column (f)))	14	99.66%
15	Public support percentage from						99.78%
16a	33-1/3% support test—2019. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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	istod Bolow,	prodes semprete .	<u> </u>			
Calend	dar 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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		I		T	T	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. 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.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>				
	tion C. Computation of Pul					, , , , , , , , , , , , , , , , , , , 	
	Public support percentage for 20	•			•		<u> </u>
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					1 1	
17	Investment income percentage for	•	• • •	-			0/0
18	Investment income percentage fi					<u> </u>	%
	33-1/3% support tests—2019. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ 📗
	33-1/3% support tests—2018. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. The	e organization qu	ialifies as a public	ly supported organ	nization ►

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
9а	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 .	9a		
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 .	9b		
С	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 .	9с		
0a	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.	10a		
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.)	10b		

Par	t IV	Supporting Organizations (continued)				
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No	
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	gover	rning body of a supported organization?	11a			
b	A fan	nily member of a person described in (a) above?	11b			
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c			
Sec	tion l	B. Type I Supporting Organizations				
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No	
•	or ele	set at least a majority of the organization's directors or trustees at all times during the tax year? If 'l/o,' describe in 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				
		tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1			
2	Did th	he 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						
<u> </u>	- ' '	orting organization.	2			
Sec	tion	C. Type II Supporting Organizations		Yes	No	
1	\ A /a×a			163	140	
•	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Sec	tion I	D. All Type III Supporting Organizations	•			
				Yes	No	
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the				
	orgar	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	orgar	nization'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				
_	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2			
3			_			
3	voice	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at				
		nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3			
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations				
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
а	Т	The organization satisfied the Activities Test. Complete line 2 below.				
b	ı∏⊤	The organization is the parent of each of its supported organizations. Complete line 3 below.				
c	: 🔲 т	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions).		
2	Activi	ities Test. <i>Answer (a) and (b) below.</i>	Ī	Yes	No	
а	Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of the				
	suppo	orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was				
	respo	onsive to those supported organizations, and how the organization determined that these activities constituted	2a			
		tantially all of its activities.	Za			
b	the o	he activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for				
		organization's position that its supported organization(s) would have engaged in these activities but for the Inization's involvement.	2b			
,		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>				
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of				
u	each	of the supported organizations? Provide details in Part VI.	3a			
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b			

	dule A (Form 990 or 990-EZ) 2019 Schools, Mentoring and Resource			87468 Page
Pa :	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trust			Part VI) See
•	instructions. All other Type III non-functionally integrated supporting organization	ns mus	st complete Sections A	through E.
Sec	tion 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		
Sec	tion 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):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

BAA Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 94-3287468 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions

Current Year

Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

Amounts paid to supported organizations to accomplish exempt purposes

Administrative expenses paid to accomplish exempt purposes of supported organizations

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.

Total annual distributions. Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (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			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e 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:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
BAA		Schedule A (Fo	rm 990 or 990-EZ) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2019

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.)

Part II, Line 10 - Other Income

Nature and Source	<u>:</u>		2019		2018	 2017	 2016	 2015
Other	Total	\$ \$	1,256. 1,256.	\$ \$	1,263. 1,263.	\$ 0.	\$ 0.	\$ 0.

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Inc. (SMART)	ources ream,		94-3287468			
Par		or Advised Funds or Other	Similar Funds or A				
	Complete if the organization ans	wered 'Yes' on Form 990, P	Part IV, line 6.				
		(a) Donor advised fund	ds (t	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 do are the organization's property, subject to the						
6							
Par	t II Conservation Easements.						
	Complete if the organization ans						
1	Purpose(s) of conservation easements held b	,	<u></u> ,,				
	Preservation of land for public use (for exam	ple, recreation or education)		istorically important land area			
	Protection of natural habitat		Preservation of a co	ertified historic structure			
2	Preservation of open space	hold a qualified concernation contribu	ition in the form of a con	convotion accoment on the			
2	Complete lines 2a through 2d if the organization last day of the tax year.	neid a quaimed conservation contribt		iservation easement on the			
				Held at the End of the Tax Year			
ä	Total number of conservation easements		2a				
ı	Total acreage restricted by conservation ease	ments	2b				
(Number of conservation easements on a certi	ified historic structure included in	(a) 2 c				
(Number of conservation easements included in structure listed in the National Register	in (c) acquired after 7/25/06, and r	not on a historic				
3	Number of conservation easements modified, trait tax year ►	nsferred, released, extinguished, or t	erminated by the organiz	ration during the			
4	Number of states where property subject to conse	ervation easement is located >					
5	Does the organization have a written policy re						
	and enforcement of the conservation easeme						
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, an	nd enforcing conservation	easements during the year			
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and en	forcing conservation eas	ements during the year			
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section 170	(h)(4)(B)(i) 			
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote	oorts conservation easements in it	s revenue and expense	e statement and balance sheet, and			
Par	till Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or Other S Part IV, line 8.	Similar Assets.			
1 8	If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	eld for public exhibition, education,	, or research in furthera	and balance sheet works of art, ance of public service, provide in			
ı	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	er FASB ASC 958, to report in its roor public exhibition, education, or res	revenue statement and search in furtherance of p	balance sheet works of art, oublic service, provide the			
	(i) Revenue included on Form 990, Part VIII,						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, I amounts required to be reported under FASB	historical treasures, or other similar a ASC 958 relating to these items:	assets for financial gain,	provide the following			
ä	Revenue included on Form 990, Part VIII, line	2 1					
ı	Assets included in Form 990, Part X			►\$			

Part III Organizations Maintaining C	Collections of Art, Histo	rical Treasures, o	r Other Similar Ass	sets (continu	ıed)			
3 Using the organization's acquisition, accessitems (check all that apply):	on, and other records, check a	ny of the following that m	nake significant use of its	collection				
a Public exhibition	d Loan o	or exchange program						
b Scholarly research	e Other							
c Preservation for future generations	_	•						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1 a Is the organization an agent, trustee, cus on Form 990, Part X?	stodian or other intermediary	for contributions or oth	er assets not included	Yes	No			
b If 'Yes,' explain the arrangement in Part								
				Amount				
c Beginning balance			1 с					
d Additions during the year			1 d					
e Distributions during the year			1 e					
f Ending balance								
2a Did the organization include an amount of	on Form 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No			
b If 'Yes,' explain the arrangement in Part	XIII. Check here if the explar	nation has been provide	ed on Part XIII	[
Part V Endowment Funds. Complet								
	Current year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back			
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains,								
and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the	current year end balance (lin	e 1g, column (a)) held	as:					
a Board designated or quasi-endowment ►								
b Permanent endowment ►	<u> </u>							
c Term endowment ► %								
The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3 a Are there endowment funds not in the posse organization by:	ession of the organization that a	are held and administered	d for the	Yes	No			
(i) Unrelated organizations				3a(i)				
(ii) Related organizations				3a(ii)				
b If 'Yes' on line 3a(ii), are the related orga	· ·			. 3b				
4 Describe in Part XIII the intended uses of	f the organization's endowme	ent funds.						
Part VI Land, Buildings, and Equipr								
Complete if the organization	answered 'Yes' on Forr	n 990, Part IV, line	e 11a. See Form 99	90, Part X, Ii	ne 10.			
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue			
1 a Land								
b Buildings								
c Leasehold improvements		31,251.		31	,251.			
d Equipment		69,422.	49,394.		,028.			
e Other								
Total. Add lines 1a through 1e. (Column (d) me	ust equal Form 990, Part X, o	column (B), line 10c.).			,279.			
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Schedule D (Form 990) 2019

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Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value		tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(A) B) (C) D)			
(C)			
(D)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related. Complete if the organization answered	'Voc' on Form 99	N/A D Part IV ling 11a	Soo Form 990 Part V line 13
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
	(b) Book Value	(b) Mourou or Varadito	The desired of the or year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets.	N/A	Doubly line 11d	Can Faura 2000 Dark V. Lina 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 99 scription	0, Part IV, line 11d.	See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 99	D, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Description (1) (2)	'Yes' on Form 99	O, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Description (1) (2) (3) (4)	'Yes' on Form 99	D, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Description (2) (3)	'Yes' on Form 99	0, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Deserging (1) (2) (3) (4) (5) (6)	'Yes' on Form 99	D, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Description (a) (b) (c) (3) (4) (5) (6) (7)	'Yes' on Form 99	D, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Deserging (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 99	D, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 99	D, Part IV, line 11d.	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) ► (a) Description (c) Description (c	'Yes' on Form 99	0, Part IV, line 11d.	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. (a) Description (5) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	'Yes' on Form 99	0, Part IV, line 11d.	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (B) (b) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	Yes' on Form 99 scription	0, Part IV, line 11d.	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) Part IX (a) Description (Column (b) Description (B)	Yes' on Form 996 scription 3) line 15.)	0, Part IV, line 11d.	(b) Book value Part X, line 25.
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) Part IX (a) Description (Column (b) Description (B)	Yes' on Form 99 scription	0, Part IV, line 11d.	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Complete if the organization answered 'Yes' on Financial (Column (b) Federal income taxes (2) Deferred rent	Yes' on Form 996 scription 3) line 15.)	0, Part IV, line 11d.	(b) Book value Part X, line 25. (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Complete if the organization answered 'Yes' on Figure 1. (a) Description (Column (b) Federal income taxes (Column (colu	Yes' on Form 996 scription 3) line 15.)	0, Part IV, line 11d.	(b) Book value Part X, line 25. (b) Book value
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) . Part IX (a) Description (b) Description (c) Column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor (c) Deferred rent (3) (4) (5) (6) (7) (8)	Yes' on Form 996 scription 3) line 15.)	0, Part IV, line 11d.	(b) Book value Part X, line 25. (b) Book value
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) Part IX (b) Complete if the organization answered (C) Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor (C) Deferred rent (3) (4) (5) (6) (7) (8) (9)	3) line 15.)orm 990, Part IV, line 1 iption of liability	1e or 11f. See Form 990,	(b) Book value Part X, line 25. (b) Book value 121,966.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.							
1 Total revenue, gains, and other support per audited financial statements	1	1,862,890.					
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
a Net unrealized gains (losses) on investments							
b Donated services and use of facilities							
c Recoveries of prior year grants							
d Other (Describe in Part XIII.)							
e Add lines 2a through 2d.	2 e	8,798.					
3 Subtract line 2e from line 1.	3	1,854,092.					
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.) 4b							
c Add lines 4a and 4b.	4 c						
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,854,092.					
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retui	rn.					
		• • • •					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.							
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1						
	1 1						
1 Total expenses and losses per audited financial statements	1	1,887,900.					
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 	1						
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 8,798.	1						
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 8,798. b Prior year adjustments 2b	1						
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 b 2 c	1	1,887,900.					
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	1,887,900. 8,798.					
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e						
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 A	1 2e	1,887,900. 8,798.					
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2 e 3	1,887,900. 8,798.					
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e 3	1,887,900. 8,798. 1,879,102.					
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2 e 3	1,887,900. 8,798.					

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

BAA Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization Schools, Employer identification number Mentoring and Resources Team, 94-3287468 Inc. (SMART) **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019 Schools, Mentoring and Resources Team, 94-3287468 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) SGTC None through column (c) (event type) (event type) (total number) REVENUE **1** Gross receipts..... 684,869. 684,869. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 684,869. 684,869. Cash prizes..... 6 Rent/facility costs..... 9,882 9,882. 7 Food and beverages Other direct expenses..... 7,002. 7,002. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 16,884. Net income summary. Subtract line 10 from line 3, column (d)..... 667,985. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add column (a) through column (c)) bingo/progressive bingo REVENUE (a) Bingo (c) Other gaming Gross revenue..... 2 Cash prizes..... D X P E N C T S Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If 'Yes,' explain:

sch	edule G (Form 990 or 990-EZ) 2019 Schools, Mentoring and Resources Team, 9	4-3287468	Page 3
		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
i	a The organization's facility	13a	%
	b An outside facility.		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name ►		
	Address ►		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party c If 'Yes,' enter name and address of the third party:		No
	Name ►		
	Address ►		i
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	□ .,	П.,
	state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	<u> </u>	No
	organization's own exempt activities during the tax year \bigs \$	uie	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	umns (iii) and (y additional	(v);

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schools, Mentoring and Resources Team, Inc. (SMART)

Employer identification number 94-3287468

Form 990, Part III, Line 4d - Other Program Services Description

Summer Academic Enrichment Program:

SMART's Summer Academic Enrichment Program serves rising 5th and 6th grade students to prevent and reduce instances of summer learning loss, while providing enriching activities to develop and strengthen the positive bonds of youth to their peers and communities. The program's academic curriculum is centered around literacy and math curricula, and offers enrichment courses in areas such as science, media, dance, coding, sports and more. Furthermore, each Friday Scholars participate in STEM-based field trips designed to expose them to the sciences outside of the classroom environment.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

The organization approved revisions to the bylaws in May 2020. Main revisions include: adding the Audit Committee as a standing committee, along with a committee description and description of the Audit Committee Chair role; clarifying roles in the annual review of the Executive Director.

Form 990, Part VI, Line 11b - Form 990 Review Process

A draft is presented to the board finance committee for approval.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Conflict of interest policies for board members are listed in the organization's bylaws and provided to new board members upon joining. Conflict of interest policies for staff are listed in the organization's employee handbook and reviewed with new staff members upon joining.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Chairman of the Board of Directors leads the evaluation process, collecting

Name of the organization Schools, Mentoring and Resources Team,	Employer identification number
Inc. (SMART)	94-3287468

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Chairman of the Board of Directors leads the evaluation process, collecting feedback from other Board members and staff, as well as outside resources, including research on comparable salaries paid to others in similar size organizations.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

SMART makes its governing documents, conflict of interest policy, whistle-blower policy, financial statements, and annual report available to the public upon request. Financial statements are included in the annual report which is published on SMARTS website.

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

201	9		ual Infor				O.	•						199
			ear beginning (m	nm/dd/yyyy)	7/0	1/201	L 9	, and ending (r	mm/dd/yy	yy) 6/	30/2	020 ·		
Corporation/Or	rganizat	ion name	CHOOLS, ME	NTORING A						•		Californ	nia corporation r	umber
		IN	IC. (SMART										1377	
Additional info	rmation.	. See instruction	ns.									FEIN	2207460	
Street address	(suite o	or room)										PMB no	3287468 o.	
1061 M	ARKE	T ST, M	<u> EZZANINE</u>											
City	3 37 C T	.000							State			Zip cod		
SAN FRA									CA Foreign pro	ovince/state/co	ounty	941 Foreign	n postal code	
A First Retu	urn				Yes	X No	J	If exempt under						
B Amended	l Return	1			Yes	X No		organization enga See instructions					. • Tyes	X No
C IRC Secti	on 4947	7(a)(1) trust			Yes	X No		See mstructions					· • Lifes	X NO
D Final Info	ormation	n Return?					L/	l. 4h) 1: O	10701 2	- III.	₩
	issolved		Surrendered (Withdra	awn) Me	erged/Re	organized	n	Is the organization of "Yes," enter the	e arass rece	ints from			. •Yes	X No
Enter date E Check acc		/dd/yyyy) ● _						nonmember sour	rces			\$		
	Cash	2 X Accru	al 3 Other				L	If organization is R&TC Section 23	s a public ch	narity exempt	under			
			990T 2 ●		Sch	H (990)		exception, check					. • X	
	her 990		J	_			М	Is the organization	on a Limited	d Liability Co	mpany?.		. • Yes	X No
G Is this a	group fi	iling? See instr	uctions	• [Yes	X No	N	Did the organizat	tion file For	m 100 or For	m 109 to	report		_
				F	_			taxable income?					. • Yes	X No
			exemption		Yes	X No	0	Is the organization					- Dv	X No
ii res, v	WIIAL IS	the parent's na	iiile:				_	•	•				=	
I Did the o	raaniza	tion have any c	changes to its guidel	inoe			Р	Is federal Form 1		oending?			· · · Yes	No
			nstructions		Yes	X No		Date filed with IF						
Part I			unless not requ	_	is form.		ner	al Information	B and C					
	1	Gross sales	s or receipts fro	m other sourc	es. Fro	m Side :	2, P	art II, line 8			. •	1	745	5,585.
	2	Gross dues	and assessme	nts from mem	bers ar	nd affilia	tes.				. •	2		
Receipts and	3	Gross cont	ributions, gifts,	grants, and si	milar aı	mounts	rece	eived	SEE	SCH. B	. •	3	1,125	391.
Revenues	4	•	receipts for filing	•				•				_		
			ust be complet						eral Inform	mation B .	. •	4	1,870	<u>,976.</u>
		-	ods sold								_			
			or other basis, and sales expenses of assets sold I costs. Add line 5 and line 6							7				
	7		. Add line 5 and income. Subtra									7 8	1 070	976.
	<u> </u>		nses and disbur									9		, 986.
Expenses		•	receipts over ex									10		,010.
	11		ents									11		,
	12	Use tax. Se	ee General Infor	mation K							. • 1	12		
	13	Payments I	balance. If line	11 is more tha	an line 1	12, subti	ract	line 12 from li	ine 11		. • 1	13		
Filing	14	Use tax ba	lance. If line 12	is more than	line 11,	, subtrac	t lir	ne 11 from line	2 12		. • 1	14		
Fee	15	Filing fee \$	310 or \$25. See	General Infor	mation	F					1	15		
	16	Penalties a	and Interest. See	e General Info	rmation	ո J					1	16		
	17	Balance due.	Add line 12, line 15	, and line 16. The	n subtrac	t line 11 f	rom 1	the result			. •	17		0.
Sign	Under		rjury, I declare that I i . Declaration of prepa	,							e best o	f my know	ledge and belief,	
Here			. Declaration of prepa	arer (otner than tax		itle	ali int	formation of which p		s any knowied Date	ige.		lephone	
	of offic	ture >			I	EXECU'	TIV	VE DIRECT	OR			(41		5400
	Prepa	rer's -			-			Date		Check if self-	. ₩	-	TIN	
Paid Preparer's	signature ALLAN LIU S AT.T.AN T.TIL. CPA					self- employed \rightarrow X				432586 rm's FEIN				
Use Only										⊣				
	self-er and ad	nployed)	MILLBRAE,		0								1724652 elephone	
			HILLIUDRAL,	OH 9403	<u> </u>							650	-692-11	72
	May	the FTB dis	scuss this return	n with the prep	oarer sh	nown ab	ove	? See instructi	ions		<u></u>	• 2	X Yes	No
	•													

SCHOOLS, MENTORING AND RESOURCES TEAM,

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.

		gu.	2.000 0. 2 or gross root pts	oop.oto : artii or iariiis	carcatata iiii oi iii atioi	•		
		1	Gross sales or receipts from all b	ousiness activities. See	instructions	•	1	
		2	Interest	2				
Receipts from		3	Dividends	3				
		4	Gross rents				4	
Othe	er	5	Gross royalties				5	
Sour	ces	6	Gross amount received from sale	6				
		7	Other income. Attach schedule.	7	745,585.			
		8	Total gross sales or receipts from other s				8	745,585.
		9	Contributions, gifts, grants, and similar ar	-	-		9	,
		10	Disbursements to or for members	10				
		11	Compensation of officers, director				11	136,208.
		12	Other salaries and wages	12	856,755.			
Expe	enses	13	Interest				13	33377331
Disb	urse-	14	Taxes				14	84,866.
men	ts	15	Rents				15	397,640.
		16	Depreciation and depletion (See				16	19,352.
		17	Other Expenses and Disburseme				17	401,165.
		18	Total expenses and disbursements. Add li				18	1,895,986.
Sch	edule		Balance Sheet	Beginning of				able year
Asse		<u>, </u>	Bulance Oncet	(a)	(b)	(c)	I OI tux	(d)
A550				(4)	1,071,222.	(0)	•	·
2			receivable		1,083,520.		•	
3			eivable.		1,000,020.		•	
4							•	
5	Federal	and s	tate government obligations				•	l .
6	Investn	nents i	n other bonds				•	
7	Investn	nents i	n stock		106,044.		•	106,719.
8	Mortga	ge loar	18				•	l
9	Other in	nvestm	nents. Attach schedule				•	ı
10 a	Deprec	iable a	ssets	59,271.		100,6	73.	
b	Less ac	cumul	ated depreciation	44,882.	14,389.	49,3		51,279.
11	Land						•	
12	Other a	ssets.	Attach scheduleSTM. 3		172,501.		•	144,996.
13					2,447,676.			2,616,579.
Liab			et worth					
14	Accoun	ts paya	able		36,837.		•	38,865.
15	Contrib	utions,	, gifts, or grants payable				•	
16	Bonds	and no	tes payable				•	201,968.
17	Mortga	ges pa	yable				•	l
18	Other I	iabilitie	es. Attach schedule		136,061.			125,978.
19			or principal fund		2,274,778.		•	2,249,768.
20	Paid-in	or cap	oital surplus. Attach reconciliation				•	
21			ings or income fund				•	
22	Total I	iabiliti	es and net worth		2,447,676.			2,616,579.
Sch	edule	• M-1	Reconciliation of income per Do not complete this schedule if			s less than \$50,000		
1	Net inc	ome pe	er books			books this year not incl	uded	
2	Federal	incom	ne tax	•	in this return. Attac	h schedule		
3	Excess	of cap	ital losses over capital gains	8 Deductions in this return not charged				
4			corded on books this year.	against book income this year.				
			ıle					
5			orded on books this year not deducted		9 Total. Add line 7 and line 8			
_			Attach schedule		10 Net income per			05 010
6	Total. F	add lin	e 1 through line 5	-25,010	Subtract line 9	from line 6		-25,010.

3652194 Page 2 Form 199 2019 059 CACA1112L 12/13/19

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California Statements

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Schools, Mentoring and Resources Team, Inc. (SMART)

94-3287468

Statement 1
Form 199, Part II, Line 7
Other Income

Income from Special Events	\$ 684,869.
Miscellaneous	1,256.
Other Investment Income	11,292.
Program Service Revenue	48,168.
Total	\$ 745,585.

Statement 2 Form 199, Part II, Line 17 Other Expenses

Conferences, Conventions, and Meetings Dues, fees and subscription Insurance Misc. Expenses Office Expenses Other Employee Benefit Other fees Other program costs Postage and Shipping Printing and Publications Recruitment School expense Small equipment & furnishings Special Event Expenses Staff development Telephone	\$ 4,006. 16,298. 7,052. 3,514. 3,309. 65,644. 54,608. 63,896. 1,467. 2,839. 14,920. 39,975. 10,661. 16,884. 4,794. 11,493.
Staff development	-,
Transportation	53,514.
Utilities and maintenance	16,675. 9,616.
Workers compensation Total	\$ 401,165.

Statement 3 Form 199, Schedule L, Line 12 Other Assets

Lease deposit	113,945.
Prepaid Expenses and Deferred Charges	31,051.
Total	\$ 144,996.

Statement 4 Form 199, Schedule L, Line 16 Bonds and Notes Payable

Total Notes and Bonds Payable \$ 201,968.

2019

California Statements

Page 2

Schools, Mentoring and Resources Team, Inc. (SMART)

94-3287468

Statement 5 Form 199, Schedule L, Line 18 Other Liabilities

Deferred rent	121,966.
Deferred Revenue	4,012.
Total	\$ 125,978.

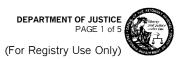
STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

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

WEBSITE ADDRESS: www.ag.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 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 filling penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

SCHOOLS, MENTORING AND RE	SOURC	CES TEAM,	Check if:					
INC. (SMART) Name of Organization			Change of address					
			Amended report					
List all DBAs and names the organization uses or ha			State Charity	Registration Number 109628				
1061 MARKET ST, MEZZANINE Address (Number and Street)	<u>.</u>		State Charity i	registration Number 109020				
SAN FRANCISCO, CA 94103 City or Town, State and ZIP Code			Corporation or	Organization No. 2021377				
(415) 865-5400								
	E-mail Add	dress	Federal Emplo	oyer ID No. <u>94-3287468</u>				
ANNUAL REGISTR	ATION F	RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Depart						
Gross Annual Revenue	Fee	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	F	ee		
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	n \$	150 225 300		
PART A – ACTIVITIES								
For your most recent full account	ing peri	od (beginning 7/01/19	ending	6/30/20) list:				
Gross Annual Revenue \$ 1,85	4,092	2. Noncash Contributions \$		0. Total Assets \$ 2,61	6 , 57	79.		
Program Expenses	\$	0.	Total Expenses	\$ \$ 1,895,986.				
PART B — STATEMENTS REGA	RDING	G ORGANIZATION DURING	G THE PERIO	OD OF THIS REPORT				
Note: All questions must be answered providing an explanation and de	. If you a	answer "yes" to any of the quest r each "yes" response. Please re	ions below, you	u must attach a separate page tructions for information required.	Yes	No		
1 During this reporting period, were the officer, director or trustee thereof, either d	ere any o	contracts, loans, leases or other financial r with an entity in which any suc	transactions betw h officer, director or	een the organization and any r trustee had any financial interest?		Х		
2 During this reporting period, was then	e any th	neft, embezzlement, diversion or	misuse of the o	organization's charitable property or funds?		Χ		
3 During this reporting period, were any	y organi	zation funds used to pay any pe	nalty, fine or jud	dgment?		Χ		
4 During this reporting period, were the coventurer used?	service	es of a commercial fundraiser, fundrai	sing counsel for	r charitable purposes, or commercial		Χ		
5 During this reporting period, did the o	organiza	tion receive any governmental fu	ınding?			Χ		
6 During this reporting period, did the o	organiza	tion hold a raffle for charitable p	urposes?			Х		
7 Does the organization conduct a vehi						Χ		
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?								
9 At the end of this reporting period, di	d the or	ganization hold restricted net assets,	while reporting	negative unrestricted net assets?		Χ		
	I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.							
	ASAI	F BAR-TURA	EXECUTIVE	DIRECTOR				
Signature of Authorized Agent	Printed		Title	Date				