Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Same As C Above Total status: X 301(c)(3) 301(c) * (insert no.) 4947(a)(1) or 527 ** Website: * www.thesmartprogram.org ** Separation: * www.thesmartprogram.org ** Website: * www.thesmartprogram.org ** Website: * www.thesmartprogram.org ** Website: * www.thesmartprogram.org ** Website: * www.thesmartprogram.org ** Website	Α	For th	he 2020 calen	dar year, or tax year beginning 7/01 , 2020, and end	ding (6/30	,	20 2021
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Part Summary	J				H(c) Gro	oup exemption r	umber 🕨	•
Breitly 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. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of violing members of the governing body (Part VI, line 1a). 3 Number of violing members of the governing body (Part VI, line 1a). 3 Number of violing members of the governing body (Part VI, line 1a). 4 Number of violing members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2020 (Part VI, line 1b). 6 Total number of violinders (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (O, line 12). 7b Net unrelated business taxable income from Form 999-T. Part I, line 11). 7b Not unrelated business taxable income from Part VIII, column (O, line 12). 7a Total number of violinders (estimate if necessary). 7b Not unrelated business taxable income from Form 999-T. Part I, line 11). 7c Unrent Year 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, column (A), lines 2). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 13). 13 Grants and similar amounts paid (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 17 Other expenses (Part IX, column (A), line 12). 18 Total expenses. Add lines 13-17 (must equal Part VIII, column (A), lines 5-10). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 26). 30 (Septime Part Viii (Charles (Part X), line 26). 30 (Septime Part Viii (Charles (Part X), line 26). 30 (Septime Part Viii (K	Form			mation: 19	997 M	State of I	egal domicile: CA
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supporting students in overcoming systemic barriers on their journey to a college degree. 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 1 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 1 5 Total number of individuals employed in calendar year 2020 (Part VI, line 2a). 5 3 6 Total number of volunteers (estimate if necessary). 6 6 1.5 7a Total unrelated business revenue from Part VIII, column (O), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 1,125, 391 2,257, 432 8 Contributions and grants (Part VIII, line 1b). 1,125, 391 2,257, 432 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d). 1,125, 391 2,257, 432 10 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 1,125, 391 2,257, 432 11 Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,854,092 2,293,566 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 1,143,473 1,252,284 16 Professional fundraising ese (Part IX, column (A), line 1a). 1,143,473 1,252,284 16 Professional fundraising eses (Part IX, column (A), lines 1-3). 1,143,473 1,252,284 16 Professional fundraising eses (Part IX, column (A), lines 5-10). 1,143,473 1,252,284 16 Professional fundraising eses (Part IX, column (A), lines 5-10). 1,143,473 1,252,284 16 Professional fundraising eses (Part IX, column (A), lines 1-3). 1,143,473 1,252,284 17 Other expenses (Part IX, column (A), lines 1-3). 1,143,473 1,252,284 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5-10). 1,143,473 1,252,284 19 Revenue less expenses (Part IX, li		1			nampior	ns educa	tion	equity by
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				MILLBRAE, CA 94030		Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions

No

Pari	. 111	Statement of Program Service Accomplishments Chack if Cabadula O cartains a response or mate to apply line in this Bart III	X
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1		y describe the organization's mission:	
		RT_champions_education_equity_by_supporting_students_in_overcoming_systemic	_
	<u>bar</u>	riers on their journey to a college degree.	_
			_
	D: 4 H	a supprimation contacted and aircriff and programs are incomplying the construction to the first of an the primary	
		e organization undertake any significant program services during the year which were not listed on the prior	
		990 or 990-EZ?	
		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No s," describe these changes on Schedule O.	
		•	
	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	and r	evenue, if any, for each program service reported.	
4 a	(Code	e:) (Expenses \$ 498,568. including grants of \$) (Revenue \$)
	Col	lege Achievement Program (CAP):	
	Col	lege Achievement Program: The College Achievement Program advances SMART Scholars	
		ough high school graduation and towards a college education. Weekly programming	
	sup	ports our Scholars through college and career exploration and assists with the	
	col	lege and financial aid application processes, while emphasizing community	_
	eng	agement and self-advocacy. Since 2019, SMART has expanded student services to	_
	inc	lude comprehensive college persistence support, including college and financial	_
	<u>aid</u>	advising, college success support, and career and graduate school readiness.	_
			_
			_
4 b	•	e:) (Expenses \$453, 925. including grants of \$) (Revenue \$)
	Mid	dle School Achievement Program (MAP):	_
	SMA	RT's 32-week after school program equips Scholars with the skills to succeed in	
		ool and in life through tutoring, mentoring, and a curriculum designed to bolster	_
		m academically, socially, and emotionally. Lesson plans address issues related to	_
		ntity exploration, academic skills, social emotional learning and self-care, high	_
		ool and college prep, career exposure, social justice and leadership. Through the	_
		dle School Achievement Program: 100% of Scholars received social, emotional and	_
		demic support; 100% of eight grade Scholars received high school enrollment	_
	sup	port and graduated from middle school.Grades served 6th through 8th.	_
			_
			_
			_
4 c	(Code)
		ruitment and School Enrollment:	_
		RT identifies curious and motivated 4th grade students who have the drive to	_
		rn, but face barriers to opportunity. Students accepted into the program come from	1_
		<u>income households and will be the first generation in their family to graduate</u>	_
		m_college. Once accepted	_
		o the program, SMART guides our families through the middle school and high school	-
	<u>enr</u>	ollment processes.	_
			_
			_
			_
			_
اء 1/	Othor	program services (Describe on Schedule O.) See Schedule O	
	(Expe		
	• •	program service expenses \(\bigs\) 1,386,487.	_
→ €	ivial	program service expenses - 1,300,407.	

			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? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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? If 'Yes,' complete Schedule D, Part II	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.			
a	a 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	
k	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	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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	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	
Ł	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		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	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		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

			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	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			
Ŀ	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					
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d					
25 a	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		Х			
Ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	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	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):						
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х			
k	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	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	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		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х			
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х			
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
k	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х				
Part V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V						
1 -	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No			
	b Enter the number reported in Box 3 of Form 1090. Enter 40-11 not applicable						
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		•••				
D A A	(gambling) winnings to prize winners?	1 c	X				

Form 990 (2020) Schools, Mentoring and Resources Team,

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

			Yes	No
	a 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 32			
ı	f 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		Х
	b If '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		
	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
١	b If 'Yes,' enter the name of the foreign country ►			
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5 a		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	$\overline{}$	21
		30		
	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	
	b If '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).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_	V	
	services provided to the payor?	7 a	X	
	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Λ	
	Form 8282?	7с		Х
	d 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		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	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		
	b 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			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 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
.0	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..... 19 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.... 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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?..... 8 b 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?..... 10 a Χ 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? 10b 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 > CA 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

Asaf Bar-Tura 1061 Market St, Mezzanine San Francisco CA 94103 (415) 865-5400

Form 990 (202	0) Schools	. Mentoring	and I	Ragniircag	Team
01111 220 (202	o acmoura	, Menrorina	anu i	resonres	Team.

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Page 7

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.

		(C)								
(A) Name and title	(B) Average hours per	thar	n one s both	box, an c	unles officer trust		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Asaf Bar-Tura	40									
Executive Dir.	0			Χ				129,327.	0.	0.
(2) Lisa Farmer	5									
Board Chair	0	Χ		Χ				0.	0.	0.
(3) Jennifer Jarrett	5									
Director	0	X						0.	0.	0.
(4) Carey Lifschultz	5									
Secretary	0	X		Χ				0.	0.	0.
(5) David Cannon	5									
Director	0	X						0.	0.	0.
<u>(6) Martin Encinas Leon</u>	5									
Director	0	X						0.	0.	0.
(7) Kate Garrett	5									
Director	0	X						0.	0.	0.
(8) Eden Godsoe	5									
Director	0	X						0.	0.	0.
_(9)_Roger_Lee	5									
Director	0	X						0.	0.	0.
(10) Jeffrey Gray	5									
Director	0	X						0.	0.	0.
(11) Randy Seriguchi	5									
Director	0	X						0.	0.	0.
(12) John Ball	5									
Director	0	X						0.	0.	0.
(13) Mike Muscolino	5									
Director	0	X						0.	0.	0.
(14) Laticia Erving	5									
Director	0	X						0.	0.	0.

Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
		(B)			(C	•						
	(A) Name and title		box	, unles	ss pe	erson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ated amount of other
		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)	compe the o an	in other insation from irganization d related anizations
	acy Perry Tector	<u>5</u> 0	Х						0.	0.		0.
	chele Williams	<u>5</u>	Х						0.	0.		0.
(17) Ann	ne Berger Tector	<u>5</u>	Х						0.	0.		0.
	oon Ramadoss ce Chair	<u>5</u> 0	Х		Х				0.	0.		0.
(19) May	va Segal Tector	5	Х						0.	0.		0.
(20) San	nford (Sandy) Zweifach easurer	5	Х		Х				0.	0.		0.
(21)			=									
(22)			=									
(23)												
(24)												
(25)			-									
1 b Subt	otal								129,327.	0.	Į	0.
	I from continuation sheets to Part VII, Section							>	0.	0.		0.
	l (add lines 1b and 1c).								129,327.	0.		0.
	number of individuals (including but not limited the organization $\begin{tabular}{l} \end{tabular}$	to those I	isted	abov	/e) v	who i	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n
3 5:11												Yes No
3 Did t on lii	he organization list any former officer, direc ne 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor, truste h individu	e, ke al	ey er	nplo	oyee	e, or	high	nest compensated	employee	. 3	Х
the c	any individual listed on line 1a, is the sum of organization and related organizations greate individual	er than \$1	50,00	00?	If 'Y	′es,'	corr	ıple	te Schedule J for		. 4	X
5 Did a for s	any person listed on line 1a receive or accruervices rendered to the organization? If 'Yes	e comper s,' comple	satio	n fro	om a	any <i>J fo</i> i	unre r suc	late ch p	ed organization or person	individual	. 5	Х
	B. Independent Contractors											
1 Com	plete this table for your five highest compen pensation from the organization. Report compen	sated indestantion for	epen the c	dent alenc	cor dar y	ntrac year	ctors endi	tha ng v	at received more the vith or within the or	าan \$100,000 of ganization's tax yeaเ		
	(A) Name and business add	ress							(B) Description of	of services	Compe	C) ensation
	number of independent contractors (including b,000 of compensation from the organization		ited to	o tho	se I	isted	labo	ve)	who received more	than		
φ100	,,000 or compensation from the organization	U									_	000 (2020)

Schools, Mentoring and Resources Team, Form 990 (2020) 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 624,037 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 1,633,395 **q** Noncash contributions included in h Total. Add lines 1a-1f 2,257,432 Program Service Revenue **Business Code** 2a Family Tuition & other 900099 32,000 32,000 **f** All other program service revenue. . . g Total. Add lines 2a-2f 32,000 Investment income (including dividends, interest, and other similar amounts) 3,539 3,539 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 \$_ 624,037. of contributions reported on line 1c). See Part IV, line 18 8a 10,500 **b** Less: direct expenses..... 8b 29,942 c Net income or (loss) from fundraising events -19,4429 a Gross income from gaming activities. 9a See Part IV, line 19...... **b** Less: direct expenses..... 9 b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. 10a **b** Less: cost of goods sold.... 10b

	3				
	c Net income or (loss) from sales of inve	entory			
		Business Code			
300	11a <u>Miscellaneous</u>	900099	20,037.	20,037.	
	b				
Š	c				
ž	d All other revenue				
	e Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	20,037.		

293

566.

576

Miscellaneous

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).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		охроносо	gonoral expenses	СХРОПОСС
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	129,327.	23,279.	60,784.	45,264.
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	967,367.	716,589.	78,111.	172,667.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3077307.	7107303.	707111.	172,007.
9	Other employee benefits	67,689.	51,529.	4,461.	11,699.
10	Payroll taxes	87,901.	61,122.	10,124.	16,655.
11	Fees for services (nonemployees):	•			•
a	Management				
b) Legal				
c	Accounting				
C	I Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	133,611.	101,063.	10,287.	22,261.
13	Office expenses	2,438.	89.	2,334.	15.
14	Information technology	2,1001	03.	2,001.	10.
15	Royalties				
16	Occupancy	406,752.	279,356.	38,398.	88,998.
17	Travel	666.	121.	504.	41.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	323.			
19	Conferences, conventions, and meetings	7,912.	1,053.	6,510.	349.
20	Interest	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,671.	16,570.	2,130.	4,971.
23	Insurance	7,095.	4,760.	707.	1,628.
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.)				
	School expense	48,855.	48,855.		
t	Special events	30,942.		1,000.	29,942.
	Recruitment	24,769.	16,824.	2,776.	5,169.
	Dues, fees and subscription	23,661.	2,766.	9,970.	10,925.
	All other expenses	88,445.	62,511.	12,565.	13,369.
25	Total functional expenses. Add lines 1 through 24e	2,051,101.	1,386,487.	240,661.	423,953.
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	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		L	1,627,483.	2	2,426,112.
	3	Pledges and grants receivable, net			686,102.	3	612,972.
	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		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net			7		
G	8	Inventories for sale or use		<u> </u>		8	
set	9	Prepaid expenses and deferred charges		-	21 051	9	10 745
Assets	-				31,051.	9	12,745.
r.		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	120,813.			
	b	Less: accumulated depreciation		73,066.	51,279.	10 c	47,747.
	11	Investments — publicly traded securities		-	106,719.	11	123,192.
	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)		2,616,579.	16	3,336,713.
	17	Accounts payable and accrued expenses			38,865.	17	309,562.
	18	Grants payable		18			
	19	Deferred revenue	4,012.	19	1,754.		
	20	Tax-exempt bond liabilities			20		
ies	21	Escrow or custodial account liability. Complete Part I		L.		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	utor, or	35%		22	
_	23	Secured mortgages and notes payable to unrelated the		<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third	parties		201,968.	24	433,821.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rel plete P	ated third parties, art X of Schedule D.	121,966.	25	99,343.
	26	Total liabilities. Add lines 17 through 25			366,811.	26	844,480.
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	, -	X			
ă	27	•			1,516,768.	27	1,994,233.
Bal	28	Net assets with donor restrictions		<u> </u>	733,000.	28	498,000.
ᅙ	20	Organizations that do not follow FASB ASC 958, che			733,000.	20	490,000.
Net Assets or Fund Balance		and complete lines 29 through 33.					
Ö	29	Capital stock or trust principal, or current funds				29	
ě	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the				30	
455	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
et,	32	Total net assets or fund balances		<u></u>	2,249,768.	32	2,492,233.
Z	33	Total liabilities and net assets/fund balances			2,616,579.	33	3,336,713.

Pa	rt 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	2,2	93,5	666.
2	Total expenses (must equal Part IX, column (A), line 25)	2		51,1	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	42,4	165.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		49,7	
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	2.4	92,2	233.
Pa	ort XII Financial Statements and Reporting	J	,_	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check it ochedule o contains a response of note to any line in this r art Air.			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			163	NO
	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?		2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	l on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	е			
	X Separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
3A/	A TEEA0112L 10/19/20		Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Schools, Mentoring and Resources Team, (SMART) 94-3287468 **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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			•	•		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,109,197.	1,691,481.	2,994,063.	1,810,260.	2,237,990.	9,842,991.
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	1,109,197.	1,691,481.	2,994,063.	1,810,260.	2,237,990.	9,842,991.
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						9,842,991.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,109,197.	1,691,481.	2,994,063.	1,810,260.	2,237,990.	9,842,991.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	785.	4,840.	10,754.	11,292.	3,539.	31,210.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		2,010.	20,7621		0,000	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.	20,038.	22,557.
	Total support. Add lines 7 through 10						9,896,758.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	207,846.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	fifth tax year as a	section 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	020 (line 6, colum	n (f), divided by li	ne 11, column (f))	14	99.46%
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	99.66%
16a	33-1/3% support test—2020. If t and stop here. The organization	the organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	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	nd-circumstances	test, check this	box and stop here	e. Explain in Part \	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a	nd-circumstances	test, check this l	box and stop here	. Explain in Part	/I how the
18	Private foundation. If the organi	ization did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►

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	,	picase complete	,			
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,			, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•		1	,	
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	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 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	•		-		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv						
	Investment income percentage for	•		-	***		00
	Investment income percentage fi						%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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?	5c		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	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)? If 'Yes,' answer line 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		

Pai	rt 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 lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		nily member of a person described in line 11a above?	11b		
		s controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	Yes	No
2	Did the that of the benear	the tax year. The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations		l l	
				Yes	No
1	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 l	D. All Type III Supporting Organizations			
1	D:4 th	he experiention provide to each of its supported experientions, by the last day of the fifth month of the		Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the 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 nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	ilzation's governing documents in effect on the date of notification, to the extent not previously provided:	•		
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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	voice all tin	ason of the relationship described in line 2, above, 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 mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion l	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).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	H	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	H	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
i	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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 consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ı	more reaso	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
ı		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		

Schedule A (Form 990 or 990-EZ	2020	Schools	Mentoring	and	Resources	Team
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Page 6

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See 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):			
- 6	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization
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Schedule A (Form 990 or 990-EZ) 2020

Pai	ተ V $\;\;$ Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

94-3287468

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, 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			2020		2019		2018	 2017	 2016
Other	Total	\$ \$	20,038. 20,038.	\$ \$	1,256. 1,256.	\$ \$	1,263. 1,263.	\$ 0.	\$ 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Schools, Mentoring and Resources Team, Inc. (SMART) 94-3287468 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Maintaining Col	iections of Art, HISTO	ricai i reasures, or	Other Similar Ass	ets (continuea)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check ar	ny of the following that ma	ake significant use of its	collection
a Public exhibition	d Loan o	or exchange program		
b Scholarly research	e Other			
c Preservation for future generations	<u>—</u>			
Provide a description of the organization's colle Part XIII.	ctions and explain how they	further the organization's	exempt purpose in	
5 During the year, did the organization solicit to be sold to raise funds rather than to be m	naintained as part of the o	rganization's collection?		Yes No
Part IV Escrow and Custodial Arrange line 9, or reported an amount of	ements. Complete if to In Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1a Is the organization an agent, trustee, custod on Form 990, Part X?	lian or other intermediary	for contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:		
				Amount
c Beginning balance			1c	
d Additions during the year			1 d	
e Distributions during the year			1e	
f Ending balance			1f	
2 a Did the organization include an amount on F	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 explan	ation has been provided	d on Part XIII	
Part V Endowment Funds. Complete				
(a) Curre	ent year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years 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 cur	rent year end balance (lin	e 1g, column (a)) held a	as:	
a Board designated or quasi-endowment ►	<u> </u>			
b Permanent endowment ►	%			
c Term endowment ►%				
The percentages on lines 2a, 2b, and 2c should	equal 100%.			
3a Are there endowment funds not in the possession organization by:	on of the organization that a	re held and administered	for the	Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organize	ations listed as required o	on Schedule R?		3b
4 Describe in Part XIII the intended uses of th	e organization's endowme	ent funds.		1 1
Part VI Land, Buildings, and Equipme	nt.			
Complete if the organization an		n 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		(2.2.2.)		
b Buildings				
c Leasehold improvements		39,880.		39,880.
d Equipment		80,933.	73,066.	7,867.
e Other		00, 333.	75,000.	7,007.
Total. Add lines 1a through 1e. (Column (d) must		column (B). line 10c.)	>	47,747.
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Investments - Other Securities. Complete if the organization answered	l 'Yes' on Form 990	N/A) Part IV line 11b S	See Form 990 Part X line 1:
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives	.,	,	
(2) Closely held equity interests			
(3) Other			
(A)			
 (B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G) 			
(H) 			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	•		
Part VIII Investments – Program Related. Complete if the organization answered	l 'Vac' on Form 991	N/A Deart IV line 11c 9	See Form 990 Part Y line 1
(a) Description of investment	(b) Book value		: Cost or end-of-year market value
(1)	(b) Book Value	(b) Mothod of Valuation	. Cost of one of your marrier value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(8)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	N/A	Dort IV line 11d S	Can Form 900 Part V Jing 16
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	N/A d 'Yes' on Form 990	o, Part IV, line 11d. S	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De	N/A	D, Part IV, line 11d. S	See Form 990, Part X, line 15
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De	N/A d 'Yes' on Form 990), Part IV, line 11d. S	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De	N/A d 'Yes' on Form 990	D, Part IV, line 11d. S	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	N/A d 'Yes' on Form 990), Part IV, line 11d. S	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. S	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. S	
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(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. S	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. S	
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(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (N/Ad 'Yes' on Form 990	O, Part IV, line 11d. S	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (N/Ad 'Yes' on Form 990 scription	D, Part IV, line 11d. S	(b) Book value
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(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Complete if the organization answered 'Yes' on Factorial income taxes (2) Deferred rent	N/Ad 'Yes' on Form 990 escription B) line 15.)	D, Part IV, line 11d. S	(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Complete if the organization answered 'Yes' on Factorial income taxes (2) Deferred rent (3)	N/Ad 'Yes' on Form 990 escription B) line 15.)	D, Part IV, line 11d. S	(b) Book value Part X, line 25. (b) Book value
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(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Complete if the organization answered 'Yes' on Fart X (a) Description of the Column (b) must equal Form 990, Part X, column (Column (b) Federal income taxes (2) Deferred rent (3) (4) (5) (6)	N/Ad 'Yes' on Form 990 escription B) line 15.)	D, Part IV, line 11d. S	(b) Book value Part X, line 25. (b) Book value
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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	2,428,255.
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.	. 2e	134,689.
3 Subtract line 2e from line 1	. 3	2,293,566.
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.)		
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.).	. 5	2,293,566.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Dotu	
reconciliation of Expenses per Addited I maneral statements with Expenses per	Retui	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Ketui	rn.
		2,185,790.
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	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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. 2 a 134,689	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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 I 134, 689 2 b 2 c	. 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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.).	1). 2 e	2,185,790.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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). 2 e	2,185,790. 134,689.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	1). 2 e	2,185,790. 134,689.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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 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 b Other (Describe in Part XIII.) 4 b	. 1). 2e . 3	2,185,790. 134,689.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	. 1 . 2e . 3	2,185,790. 134,689.

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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) 2020

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.

Mentoring and Resources Team,

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Schools, 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) 2020 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..... 634,537 634,537. 2 Less: Contributions..... 624,037 624,037. **3** Gross income (line 1 minus line 2)..... 10,500 10,500. Direct Expenses Rent/facility costs..... 16,500. 16,500. **7** Food and beverages 3,655. 3,655 7,500 7,500. **9** Other direct expenses..... 2,287. 2,287. 29,942. Net income summary. Subtract line 10 from line 3, column (d)..... -19,442. 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 Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes..... 4 Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 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:

Sche	edule G (Form 990 or 990-EZ) 2020 Schools, Mentoring and Resources Team, 94	4-32874	68	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13 a		%
ŀ	a An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name ►			
	Address ►			
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization s \$ and the of gaming revenue retained by the third party s \$ and the organization s \$ _ and the organization s \$ and the organization s	ne?	Yes	No
	Name ►			
	Address •			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	the	Yes	No
Paı	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	umns (iii y additio) and (nal	v);

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

OMB No. 1545-0047

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 March 2021. Main revisions include: adding the Equity, Inclusion, and Diversity Committee as a standing committee, along with a committee description and description of the Equity, Inclusion, and Diversity Committee Chair role; further clarifying the role of the Treasurer.

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.

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

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 feedback from other Board members and staff, as well as outside resources.

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.