Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

, **20** 2022

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

Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning

▶ 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.

, 2021, and ending

В	Check	if applicable:	C					י ען	Employ	er identif	fication number		
	Ad	ddress change	Schools,	Mentori	ng and R	esources Team	m,		94-	32874	168		
	Na	ame change	Inc. (SMA		_			E	Telepho	ne numb	er		
	In	itial return	1061_Mark			.e			(41	5) 86	55-5400		
	Fir	nal return/terminated	San Franc	isco, (A 94103				•	•			
	Ar	mended return						G	Gross r	eceipts 🕏	4,388,	.152.	
	Ar	oplication pending	F Name and add	ress of principa	al officer:		1	H(a) Is this a grou				X No	
	ш. т	- p	Same As C				I	H(b) Are all subor If "No," attac	dinates	included		No	
$\overline{\Gamma}$	Tax-	exempt status:	X 501(c)(3)	501(c) () ∢ (in	sert no.) 4947(a)(1) or 527	If "No," attac	h a list	. See inst	ructions.		
<u>.</u>			w.thesmar		, ,	3011 110.) 4047 (u)(H(c) Group exemp	otion n	ımbar 🕨			
K		n of organization:	X Corporation	Trust	Association	Other ►	L Year of formation				gal domicile: CA		
	rt I	Summar		Trust	Association	Otriei	L Teal of formation	DII. 1991	IVI	nate of le	gar dorniche. CA		
1 6	1	Briefly descri	y he the organiza	ation's miss	ion or most s	significant activities:	CMART cham	nione ad	1102	tion	equity by		
	'					g systemic ba							
ည		degree.	ing sedden	<u> </u>	<u>vercomin</u>	g systemic be	ILLICIS OII		Juli	icy c	0 4 00110	<u> </u>	
Governance													
š	2	Check this bo	ox ► if the	organizatio	on discontinue	ed its operations or	disposed of mo	re than 25% o	of its	net ass	sets.		
ၓ	3	Number of vo				Part VI, line 1a)				3		19	
•ජ ග						rning body (Part VI,				4		19	
Activities &	5					ar 2021 (Part V, line				5		35	
₹	6			•						6		150	
Ă					-	umn (C), line 12				7a		0.	
	b	Net unrelated	l business taxa	ble income	from Form 9	90-T, Part I, line 11				7b		0.	
		0 1 11 11			11.			Prior			Current Ye		
ē	8										4,355		
enr	9								32,0		31	<u>,552.</u>	
Revenue	10		•			, and 7d)				39.	1	201	
_	11 12					, 9c, 10c, and 11e). Part VIII, column (A				95.		,391.	
	13					A), lines 1-3)			93,3	000.	4,388	,152.	
	14				•), line 4)							
	15	•		-		art IX, column (A), I			- 0 0	0.0.4	1 500	005	
es	10								04,2	.04.	1,590	,805.	
èus	16a		fundraising fee										
Expenses	b		sing expenses (
ш	17					11f-24e)				317.	940	,124.	
	18	•		-		(, column (A), line 2	•		51,1	.01.	2,530	,929.	
	19	Revenue less	expenses. Sul	otract line	18 from line 1	2		. 24	12,4	65.	1,857	,223.	
. o								Beginning of			End of Ye		
sets											4,469		
Net Ass Fund Ba	21	Total liabilitie	es (Part X, line	26)				84	14,4	80.	126	, 372.	
ξŽ	22	Net assets or	fund balances	. Subtract I	ine 21 from li	ne 20		2,49	92,2	233.	4,343	,428.	
Pa	ırt II	Signatur	e Block										
Unde	er penal	Ities of perjury, I de	eclare that I have ex	amined this ret	urn, including acc	ompanying schedules and which preparer has any kr	statements, and to the	he best of my know	wledge	and belie	ef, it is true, correct	, and	
COIII	piete. D	I.	irer (other than office	is based on		willcii preparer nas any ki	lowledge.						
		Signatu	ire of officer	Lil	<u> </u>			Date	/27/	2023			
Siç	gn												
He	re		f Bar-Tura	l .				Executi	ve I	Direc	ctor		
		, ,	<u>'</u>	!	To		In .		14	, ,	TIMI .		
		, , ,	oreparer's name		Preparer's sign	/ (/ ,	Date	Chec		<u>.</u> "	PTIN		
Pa		Allan			Allan L	iu WM	3/28/20	self-e	employe	ed]	P01432586		
Pro	epare			•	PA								
US	e On	Ily Firm's addre		ILLOW A	VE			Firm'	s EIN	27-	1724652		
			MILLB	•	94030				ie no.	650-	692-1172		
Ma	v the I	IRS discuss th	is return with t	he prepare	r shown abov	e? See instructions					X Yes	No	

If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others and revenue, if any, for each program service reported.	neasured by expenses. s, the total expenses,
4a (Code:) (Expenses \$ 666,818. including grants of \$) (Revenue	\$)
Middle School Achievement Program (MAP):	·
SMART's 32-week after school program equips Scholars with the skills to	succeed in
school and in life through tutoring, mentoring, and a curriculum design	ned to bolster
them academically, socially, and emotionally. Lesson plans address issu	
identity exploration, academic skills, social emotional learning and se	
school and college prep, career exposure, social justice and leadership	
Middle School Achievement Program: 100% of Scholars received social, em	
<u>academic support; 100% of eight grade Scholars received high school enr</u> support and graduated from middle school.Grades served 6th through 8th.	
support and graduated from middle school. Grades served oth through oth.	
4b (Code:) (Expenses \$ 596,121. including grants of \$) (Revenue	\$)
College Achievement Program (CAP):	
College Achievement Program: The College Achievement Program advances S	SMART Scholars
through high school graduation and towards a college education. Weekly	-
supports our Scholars through college and career exploration and assist	
college and financial aid application processes, while emphasizing comm	
engagement and self-advocacy. Since 2019, SMART has expanded student se	
include comprehensive college persistence support, including college an	
aid advising, college success support, and career and graduate school r	<u>eaumess.</u>
4c (Code:) (Expenses \$ 370,294. including grants of \$) (Revenue	\$)
Recruitment and School Enrollment:	
SMART identifies curious and motivated 4th grade students who have the	drive to
learn, but face barriers to opportunity. Students accepted into the pro	
low income households and will be the first generation in their family	to graduate
from_college.	
4d Other program services (Describe on Schedule O.) See Schedule O	
(Expenses \$ 166,245. including grants of \$) (Revenue \$)
4e Total program service expenses ► 1,799,478.	

Form **990** (2021) BAA TEEA0102L 09/22/21

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
ā	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	
ł	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
ď	I 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
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		X
	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d 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
ŀ	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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
(A 35% controlled entity of one or more individuals and/or organizations described in line 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
ŀ	a If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1 -	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ŀ	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
	(gambling) willings to prize williers:	- I C	Λ	

Form 990 (2021) Schools, Mentoring and Resources Team,

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

			Yes	No
2	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 35			
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	b If 'Yes,' enter the name of the foreign country► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 :	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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	X	
I	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).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
	Form 8282?	70		Λ
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	,,		- 11
,	as required?	7 g		
	h 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		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
١	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			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
•	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	j			
	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.75		
IJ	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? If 'Yes,' complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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 Q..... 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 on Schedule O the process, if any, used by the organization to review this Form 990. 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?..... 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 on 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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 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 (2021)	Schools	Mentoring	and	Resources	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relat	ed organiz	ation	con	npen	nsate	d any	/ cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and title	(B) Average hours per	thar	n one s both dir	box, an c ector	unles officer truste	eck mo is perso and a ee)	on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated 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	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Asaf Bar-Tura	40									
Executive Dir.	0			Χ				132,294.	0.	0.
(2) Lisa Farmer	5									_
Board Chair	0	Х		Χ				0.	0.	0.
(3) Sanford (Sandy) Zweifach	5									
Treasurer	0	Х		Χ				0.	0.	0.
(4) Carey Lifschultz	5									
Secretary	0	Х		Χ				0.	0.	0.
(5) Aroon Ramadoss	5									
Vice Chair	0	Х		Χ				0.	0.	0.
(6) Martin Encinas Leon	5									
Director	0	Х						0.	0.	0.
(7) Kate Garrett	5									
Director	0	Х						0.	0.	0.
(8) Eden Godsoe	5									
Director	0	Х						0.	0.	0.
(9) Roger Lee	5									
Director	0	Х						0.	0.	0.
(10) Jeffrey Gray	5									
Director	0	Х						0.	0.	0.
(11) Randy Seriguchi	5									
Director	0	Х						0.	0.	0.
(12) John Ball	5									
Director	0	Х						0.	0.	0.
(13) Mike Muscolino	5									
Director	0	Х					_	0.	0.	0.
(14) Laticia Erving	5									
Director	0	Х						0.	0.	0.

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Part VII	Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Emp	loyees	5 (contir	าued)
		(B)			•	C)							
	(A) Name and title	Average hours per	box	i, unle	ess pe	erson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) ated amo	ount
		week (list any hours	or di	Instit	Officer	Key	Highest co	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compe the o	of other ensation f organizati	ion
		for related organiza	individual trustee or director	Institutional trustee	ĕ	Key employee	est co	ner	·			id related anization	
		- tions below	isnu	n l		yee	mper						
		dotted line)	ee	stee			Highest compensated employee						
	ria_Lukens	5	v						0	0			
	ector chele Williams	5	X						0.	0.			0.
	rector	3	X						0.	0.			0.
	ne Berger	5	21						0.	<u> </u>			<u> </u>
	rector	0-	X						0.	0.			0.
	ri Hamilton Durbin	5	1										
	rector	0	Χ						0.	0.			0.
	ry Mickels	5							<u> </u>				
	rector	0	X						0.	0.			0.
	va Segal	5											
	rector	0	Х						0.	0.			0.
(21) Jen	nifer Jarrett	5											
Dir	ector	0	Х						0.	0.			0.
(22) Fra	ink Mong	5											
Dir	rector	0	Χ						0.	0.			0.
(23)													
(24)													
(25)													
(25)		 −−−−	-										
1 b Subt	otal	<u> </u>							132,294.	0.			0.
	I from continuation sheets to Part VII, Secti	on A						▶	0.	0.			0.
	I (add lines 1b and 1c).								132,294.	0.			0.
	number of individuals (including but not limited							ved			ensatio	n	
from	the organization ► 1												
												Yes	No
3 Did t	he organization list any former officer, direc	tor, truste	e. ke	ev ei	olam	ove	e. or	hiał	nest compensated	emplovee			
on lir	ne 1a? If 'Yes,' compléte Schedule J for suc	h individu	ıaİ								. 3		X
4 For a	any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	ation	and	oth	er compensation	from			
	organization and related organizations greate individual										. 4		X
5 Did a	any person listed on line 1a receive or accruervices rendered to the organization? If 'Yes	e comper	satio	on fr	om	anv	unre	late	ed organization or	individual			X
	B. Independent Contractors	o, compre		crica	iaic	3 10	7 540	,,, p	C13011		- 1 -	<u> </u>	
1 Com	plete this table for your five highest compen pensation from the organization. Report compen	sated ind	epen the c	dent	t cor	ntra vear	ctors	tha	It received more to	nan \$100,000 of ganization's tax year			
						,		3	(B)			C)	
(A) Name and business address (B) Description of services Compensa											eńsatio	n	
	number of independent contractors (including b		ited t	o tho	ose I	liste	d abo	ve)	who received more	than			
\$100	,000 of compensation from the organization	0											

		0 (2021) School			rinc	g and Resourc	ces Team,		94-3287468	Page 9
ı aı	(V I				a resp	oonse or note to an	y line in this Part VII	l		
					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, ts	1 a	Federated campaig	gns .		1 a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues.			1 b					
s, G Am	c	: Fundraising events			1 c					
	C	Related organization			1 d					
ns, Sim	6	 Government grants (con All other contributions, 			1 e	421,767.				
ig ig	'	similar amounts not inc			1 f	3,933,442.				
Ę B	ç	Noncash contributions in			1					
and Dire	.	lines 1a-1f			1 g		4 255 200			
		Total. Add lines Ta	1 ⁻11			Business Code	4,355,209.			
ᇜ	2 a	Family Tuit:	ion	& oth	er	900099	31,552.	31,552.		
₽	Ŀ	_				30003	01,001	01,001		
Program Service Revenue	c	:								
Šer	c									
Ē	e	· 								
bo		All other program s								
<u>ā</u>		Total. Add lines 2a					31,552.			
	3	Investment income (other similar amou	(inclu ınts)	ding divid	ends, i	interest, and ▶				
	4	Income from inves	,							
	5	Royalties				·				
				(i) R	leal	(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)								
	C	Net rental income	or (lo			•				
	7 a	Gross amount from sales of assets		(i) Secu	unities	(ii) Other				
		other than inventory	7a							
	t	 Less: cost or other basis and sales expenses 	7b							
		Gain or (loss)	7 c							
	c	Net gain or (loss).								
ø	8 a	Gross income from fund	Iraisin	a events						
Other Revenue		(not including \$		-						
eve		of contributions reported								
Ē.	١.	See Part IV, line 18			_	a				
the the		Less: direct expens				b syents				
0		: Net income or (los			alsing	events				
	9 a	Gross income from gam See Part IV, line 19	ing ac	tivities.	9	a				
	Ŀ	Less: direct expens			_	b				
	c	: Net income or (los	s) fro	om gamin	ıg acti	vities				
	10 a	Gross sales of inventory	. less							
		returns and allowances.			10					
	b	Less: cost of goods	s sol	d)b				
	C	: Net income or (los	s) fro	m sales	of inve					
STO	11 ~	Net income or (los: Miscellaneou All other revenue.				Business Code	1 201	1 201		
₹	1118	мтгсеттаиеол	<u>us</u> _			900099	1,391.	1,391.		
<u>a</u>	,	´								
Miscellaneous Revenue	,	, All other revenue								
Σ	6	• Total. Add lines 11	a-11	d			1,391.			
		Total revenue. See				•		32 9/13	0	0

	Business Code			
11a <u>Miscellaneous</u>	900099	1,391.	1,391.	
b				
с				
d All other revenue				
e Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	1 391		

32,943

12

Total revenue. See instructions......

0.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse or note to any			
	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		·		·
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	164,521.	116,812.	9,872.	37,837.
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	1,226,429.	922,754.	119,368.	184,307.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,220,423.	<i>J22,13</i> 4.	113,300.	104,307.
9	Other employee benefits	90,096.	67,137.	6,768.	16,191.
10	Payroll taxes	109,759.	84,497.	8,650.	16,612.
11	Fees for services (nonemployees):	,	,	,	
á	Management				
ŀ	Legal				
	: Accounting				
	Lobbying				
•	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.)	154,229.	113,383.	18,711.	22,135.
13	Office expenses	14,528.	6,803.	3,179.	4,546.
14	Information technology	14,520.	0,005.	3,173.	4,540.
15	Royalties.				
16	Occupancy	323,866.	227,261.	28,212.	68,393.
17	Travel	1,338.	55.	1,048.	235.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,330.	33.	1,010.	200.
	Conferences, conventions, and meetings	6,461.	275.	5,883.	303.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,260.	16,282.	2,093.	4,885.
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	6,256.	4,194.	624.	1,438.
á	Special events	109,449.	302.	243.	108,904.
	Transportation	69,965.	69,965.		
	Other program costs	65,124.	62,289.	1,467.	1,368.
	School expense	39,425.	39,425.		
	All other expenses	126,223.	68,044.	28,287.	29,892.
25	Total functional expenses. Add lines 1 through 24e	2,530,929.	1,799,478.	234,405.	497,046.
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 line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing				1	
	2	Savings and temporary cash investments			2,426,112.	2	3,218,327.
	3	Pledges and grants receivable, net			612,972.	3	1,021,601.
	4	Accounts receivable, net			•	4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, contribut	director, or, or 35%		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	
ţ	8	Inventories for sale or use		_		8	
Assets	9	Prepaid expenses and deferred charges		<u>-</u>	12,745.	9	29,137.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1	123,970.			23, 23.1
		Less: accumulated depreciation		64,013.	47,747.	10 c	59,957.
	11	Investments — publicly traded securities			123,192.	11	102,795.
	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	37,983.	
	16	Total assets. Add lines 1 through 15 (must equal line			3,336,713.	16	4,469,800.
	17	Accounts payable and accrued expenses	309,562.	17	66,266.		
	18	Grants payable			18		
	19	Deferred revenue	1,754.	19	1,275.		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part I	V of Sche	edule D		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	itor, or 35	5%		22	
⊐	23	Secured mortgages and notes payable to unrelated th		<u> </u> _		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>	433,821.	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		99,343.	25	58,831.
	26	Total liabilities. Add lines 17 through 25			844,480.	26	126,372.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			,		,
ā	27	Net assets without donor restrictions			1,994,233.	27	3,257,428.
Ba	28	Net assets with donor restrictions			498,000.	28	1,086,000.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here 🟲		,		,
ក	29	Capital stock or trust principal, or current funds				29	
ध	30	Paid-in or capital surplus, or land, building, or equipm	_		30		
SS	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
t A	32	Total net assets or fund balances			2,492,233.	32	4,343,428.
£	33	Total liabilities and net assets/fund balances			3,336,713.	33	4,469,800.
DΛ			TEFΔ01111		2,230,713.		Earm 900 (2021)

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Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI.	<u>.</u>			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,3	88,1	52.
2	Total expenses (must equal Part IX, column (A), line 25).	2	2,5	30,9	€29.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,8	57,2	223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,4	92,2	233.
5	Net unrealized gains (losses) on investments.	5	_	18,6	529.
6	Donated services and use of facilities	6		63,3	399.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	9	_	50,7	198.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1 3	43,4	128
Pa	rt XII Financial Statements and Reporting		4,5	43,5	120.
ı u					
	Check if Schedule O contains a response or note to any line in this Part XII				
_	A 15 H 4 H 5 200 DO 1 WA 1 DOH			Yes	No
- 1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a			
1	b Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and 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?		2c	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?		За		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		3b		
BAA				990 ((2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

vame	oi trie	organization	Schools, Me Inc. (SMAR)		Resources Team,			94-32		auon number Q	
Pai	rt I	Reason		- <i>,</i>	rganizations must	comple	ete this				
				<u> </u>	For lines 1 through 12,			<u>'</u>			
1		A church, c	onvention of church	es, or association of ch	nurches described in sect	tion 1 70 (b)(1)(A)(i).			
2		A school d	lescribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)					
3		A hospital	or a cooperative h	ospital service organi	ization described in sec	ction 170)(b)(1)(A	A)(iii).			
4			research organiza , and state:	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)	(iii). E	nter the h	ospital's
5		An organiz section 17	 zation operated for 7 0(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or opera	ated by	a governmental	unit de	escribed in	
6		A federal,	state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b) (1)	(A)(v).			
7	Χ	An organizatin section	ation that normally r 1 70(b)(1)(A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the gene	eral pul	olic describ	ed
8		A commun	nity trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9					tion 170(b)(1)(A)(ix) oper						
				nt college of agriculture	(see instructions). Enter	the nam	ne, city, a	and state of the co	ollege o	or	
		university:									
10	Ш	from activi investment	ties related to its of income and unre	exempt functions, sub	nan 33-1/3% of its supp vject to certain exceptio e income (less section Part III.)	ns; and	(2) no r	nore than 33-1/3	% of it	ts support	from gross
11		An organiz	zation organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).			
12		or more pu	ublicly supported o	rganizations describe	ely for the benefit of, to d in section 509(a)(1) outporting organization	r sectio	n 509(a))(2). See section	509(a	ut the purp)(3). Checl	ooses of one k the box on
i	а 🗌	Type I. A su	upporting organizati	on operated, supervise	d. or controlled by its sur	ported o	rganizati	ion(s), typically by	aivina	the suppo	rted
		organization	n(s) the power to re Part IV, Sections A	gularly appoint or elect	a majority of the directo	rs or trus	tees of t	he supporting org	anizatí	on. You mu	ıst
I	o 📙	manageme	supporting organiz nt of the supporting plete Part IV. Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(the supported org	s), by ganizat	having cor ion(s). You	ntrol or
•		Type III fun	ctionally integrated	. A supporting organizat	ion operated in connection	n with, an	nd functio	onally integrated w	ith, its	supported	
(d 🗌	Type III nor	n-functionally integ	rated. A supporting org	anization operated in cor must satisfy a distribu	nection	with its s	supported organiza	ation(s`	that is no	t ent (see
	e 🗆	instruction	s). You must com	plete Part IV, Section	s A and D, and Part V. en determination from					·	•
	ш	integrated,	, or Type III non-fu	inctionally integrated:	supporting organization	١.			ii, iyp		
				n about the supported							
	_		ed organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of mor	netary	(vi) Am	nount of other
				'	(described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning	support (see instruc	ctions)		see instructions)
						Yes	No				
(A)											
. 7											
(B)											
(C)											
(D)											
(E)											
<u>-, </u>											
F											

94-3287468 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,691,481.	2,994,063.	1,810,260.	2,237,990.	4,355,209.	13,089,003.
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.
	Total. Add lines 1 through 3 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)	1,691,481.	2,994,063.	1,810,260.	2,237,990.	4,355,209.	13,089,003.
6	Public support. Subtract line 5 from line 4						13,089,003.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,691,481.	2,994,063.	1,810,260.	2,237,990.	4,355,209.	13,089,003.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,840.	10,754.	11,292.	3,539.	5,445.	35,870.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,020	20,100	==,===	3,3331	- J, 2222	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.	1,391.	23,948.
	Total support. Add lines 7 through 10						13,148,821.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	221,675.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from						99.55%
	33-1/3% support test—2021. If t	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, checl	99.46 % k this box
b	and stop here. The organization 33-1/3% support test—2020. If the and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check 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	s test, check this I	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part d organization	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

	fails to qualify under the te	ooto notou bolow,	p					
Sec	tion A. Public Support							
	lar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(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							
7a	Amounts included on lines 1, 2, and 3 received from							
	disqualified persons							
b	Amounts included on lines 2				1			
_	and 3 received from other than							
	disqualified persons that exceed the greater of \$5,000 or							
	1% of the amount on line 13							
	for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							_
Sec	tion B. Total Support							
	•	(-) 0017	41.0010	(-) 2010	(d) 2020	(e) 2021		(f) Total
Caleni	dar vear (or tiscal vear heainning in)	(a)/U)/	(h) 2018	(C) /() 19				
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(1) Total
9	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(i) Fotoi
9	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(i) Fotos
9	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(e) 2021		(1)
9 10a	Amounts from line 6	(a) 2017	(b) 2018	(C) 2019	(u) 2020	(e) 2021		(y rotal
9 10a	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(e) 2021		(y rotal
9 10a	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(y rotal
9 10a b	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(y rotal
9 10a b	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(y rotal
9 10a b	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(y rota.
9 10a b	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(y rota.
9 10a b c 11	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(y rota.
9 10a b c 11	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(y rotal
9 10a b c 11	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(€) 2021		(y rotal
9 10a b c 11	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(€) 2021		(y rotal
9 10a b c 11	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(6) 2021		(ly rotal
9 10a b c 11	Amounts from line 6	for the organizati	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(d	c)(3)	
9 10a b c 11 12 13	Amounts from line 6	for the organizati	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(d	c)(3)	
9 10a b c 11 12 13 14 Sec	Amounts from line 6	for the organizati stop hereblic Support F	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	<u>> []</u>
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	for the organizati stop here blic Support F	on's first, second, Percentage n (f), divided by li	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	for the organizati stop here blic Support F 121 (line 8, colum 2020 Schedule A	on's first, second, Percentage n (f), divided by li, Part III, line 15.	third, fourth, or f	ifth tax year as a	section 501(c)(3)	<u>> []</u>
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	for the organizati stop here blic Support F 121 (line 8, colum 2020 Schedule A	on's first, second, Percentage n (f), divided by li, Part III, line 15.	third, fourth, or f	ifth tax year as a	section 501(15 16	
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	for the organizati stop here blic Support F 121 (line 8, colum 2020 Schedule A estment Incol	on's first, second, Percentage n (f), divided by li , Part III, line 15 me Percentage	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	for the organizati stop hereblic Support F 121 (line 8, colum 2020 Schedule A restment Incolor or 2021 (line 10c	on's first, second, Percentage n (f), divided by li , Part III, line 15 me Percentage , column (f), divided	third, fourth, or f	ifth tax year as a	section 501(c	15 16	
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	for the organizati stop hereblic Support F 121 (line 8, colum 2020 Schedule A restment Incor or 2021 (line 10c rom 2020 Schedule the organization of the organiz	on's first, second, Percentage n (f), divided by li , Part III, line 15. me Percentage , column (f), divided lile A, Part III, line lile did not check the lile lile and lil	third, fourth, or f	ifth tax year as a	section 501(c	15 16 17 18 %, and	▶ [] % % line 17
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	for the organizati stop hereblic Support F 121 (line 8, colum 2020 Schedule A restment Incor or 2021 (line 10c rom 2020 Schedule the organization of this box and sto	on's first, second, Percentage n (f), divided by li , Part III, line 15 me Percentage , column (f), divided le A, Part III, line lid not check the let phere. The organism of the let organism of the le	third, fourth, or f	ifth tax year as a	section 501(c	15 16 17 18 %, and zation .	► [] % % % line 17
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	for the organizati stop here	on's first, second, Percentage n (f), divided by li , Part III, line 15 me Percentage , column (f), divided le A, Part III, line lid not check the leter. The organish ont check a bo	third, fourth, or f	ifth tax year as a	section 501(c	15 16 17 18 %, and zation . an 33-1/	

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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.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 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		

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Par	t IV	Supporting Organizations (continued)			
11	Hac f	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	governing body of a supported organization?	11a		
b	A far	mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	ion	B. Type I Supporting Organizations		1	
1	Did ti	the governing heady members of the governing heady officers esting in their official capacity or membership of one		Yes	No
1	or mo office organ than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's eres, 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			
		ng the tax year.	1		
2	that of bene	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 stift carried out the purposes of the supported organization(s) that operated, supervised, or controlled the norting organization.	2		
Sec	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	supp	ach of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1	organ	the 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			
	year, orgar	, (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		
2	\Moro	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organ	reflections or distributions 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		eason of the relationship described on line 2, above, did the organization's supported organizations have a significant			
3	voice	e 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			
	in thi	is regard.	3		
Sec	ion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Пт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
2	Activ	vities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	suppo orga respo	orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted	2-		
	subs	tantially all of its activities.	2a		
b	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e 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	Pare	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did to each	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		
b		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2021 Schools, Mentoring and Resource	s Te	am, 94-32	87468 Page
Par				
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 ir st complete Sections A	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

BAA Schedule A (Form 990) 2021

4 5

6

10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ıed)	
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 2021 from Section C, line 6	9	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			
DAA			I- A /F 000\ 2021

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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			2021		2020		2019		2018	 2017
Other	Total	\$ \$	1,391. 1,391.	\$ \$	20,038. 20,038.	\$ \$	1,256. 1,256.	\$ \$	1,263. 1,263.	\$ 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. 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..... 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 are the organization's property, subject to the organization's exclusive legal control?... No 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 Mainta	ining Colle	ections of Ar	t, Historica	l Treasures, or	Other Similar Ass	sets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other records	s, check any of	the following that ma	ake significant use of its	collection	
a Public exhibition		d	Loan or ex	change program			
b Scholarly research		е	Other				
c Preservation for future gener	rations	_					
4 Provide a description of the organize Part XIII.	zation's collect	ions and explain	how they furth	er the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather t	han to be ma	intained as par	t of the organ	ization's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an	al Arrangen amount on	nents. Comp Form 990, f	lete if the o Part X, line	organization ans 21.	swered 'Yes' on Fo	orm 990, Pa	ırt IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n or other inter	rmediary for c	ontributions or othe	r assets not included	□Yes	□No
b If 'Yes,' explain the arrangement						□	
, ,		•	J			Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an a	amount on Fo	rm 990, Part X	, line 21, for e	scrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII.	Check here if the	he explanatio	n has been provided	d on Part XIII	<u> </u>	П
Part V Endowment Funds. C	complete if	the organiza	ation answe	red 'Yes' on Fo	rm 990, Part IV, li	ne 10.	
	(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars 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 percentag	e of the curre	nt year end ba	lance (line 1g	, column (a)) held a	as:		
a Board designated or quasi-endown		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5				
b Permanent endowment ▶	%						
c Term endowment ►	%						
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.					
3 a Are there endowment funds not in	the possession	of the organiza	tion that are he	eld and administered	for the		
organization by:	·	-				Yes	No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	•					3b	
4 Describe in Part XIII the intender	d uses of the	organization's	endowment fu	inds.			
Part VI Land, Buildings, and	Equipmen	t.					
Complete if the organ	ization ans	wered 'Yes'	on Form 99	00, Part IV, line	11a. See Form 99	90, Part X, I	ine 10.
Description of property		(a) Cost or othe (investme		Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land							
b Buildings							
c Leasehold improvements				39,880.		39	9,880.
d Equipment				84,090.	64,013.		0,077.
e Other				, , , , , , , ,	- ,		
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Form 990,	Part X, colun	nn (B), line 10c.)	·····	5.9	9,957.
BAA			-	, ,		dule D (Form 9	

(a) Description of security or category (including name of security)	(b) Book value		e Form 990, Part X, line 12 Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) B) (C) D) (E)			
- <u>-</u>			
´`			
<u></u>			
(F) 			
<u>(4)</u> (H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	•	37 / 7	
Part VIII Investments – Program Related. Complete if the organization answered	Yes' on Form 991	N/A N Part IV line 11c See	Form 990 Part X line 13
(a) Description of investment	(b) Book value		ost or end-of-year market value
	(2) 2001. 70100	Communication of valuation of	2. 2. 3. 3. 3. Joan Market Value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets.	N/A	Part IV line 11d See	Form 990 Part X line 15
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	D, Part IV, line 11d. See	
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), Part IV, line 11d. See	Form 990, Part X, line 15
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. See	
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)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
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)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
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	D, Part IV, line 11d. See	
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)	N/A d 'Yes' on Form 990	, Part IV, line 11d. See	
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/A d 'Yes' on Form 990	D, Part IV, line 11d. See	
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) 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), Part IV, line 11d. See	(b) Book value
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on Factor (a) Description (b) Federal income taxes	N/Ad 'Yes' on Form 990 scription (B) line 15.)	O, Part IV, line 11d. See	(b) Book value ▶ X, line 25. (b) Book value
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) Other Liabilities. Complete if the organization answered 'Yes' on Factor (a) Description (b) Description (c) Deferred rent	N/Ad 'Yes' on Form 990 scription (B) line 15.)	O, Part IV, line 11d. See	(b) Book value ▶ X, line 25. (b) Book value
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) Other Liabilities. Complete if the organization answered 'Yes' on File. (a) Description (Column (B) Description (Column (B) Must equal Form (B)	N/Ad 'Yes' on Form 990 scription (B) line 15.)	O, Part IV, line 11d. See	(b) Book value ▶ X, line 25. (b) Book value
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on Facility (Column (b) Part X) (1) Federal income taxes (2) Deferred rent (3) (4) (5) (6) (7) (8) (9)	N/Ad 'Yes' on Form 990 scription (B) line 15.)	O, Part IV, line 11d. See	(b) Book value X, line 25. (b) Book value
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
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	4,432,922.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	44,770.
3 Subtract line 2e from line 1	3	4,388,152.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	4,388,152.
B. JVII B. TILL OF A PLANE TO MANUE		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	rn.
	Retui	2,581,728.
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 50,799.	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 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 5 Donated Services and Use of facilities. 5 Donated Services and Use of facilities.	1	2,581,728.
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	2,581,728. 50,799.
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.	1 2 e	2,581,728.
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.	1 2 e	2,581,728. 50,799.
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. b Other (Describe in Part XIII.). 4 b Other (Describe in Part XIII.).	1 2 e	2,581,728. 50,799.
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. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e 3	2,581,728. 50,799. 2,530,929.
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. b Other (Describe in Part XIII.). 4 b Other (Describe in Part XIII.).	2 e 3	2,581,728. 50,799.

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) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

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

Employer identification number

94-3287468

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

Summer Academic Enrichment Program:

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

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

The organization approved a revision to the bylaws in March 2022. The change to the document was noting that the Board Secretary is always a member of the Governance Committee.

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

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

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

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

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

The Chairman of the Board of Directors leads the evaluation process, collecting feedback from other Board members and staff, as well as outside resources.

Schedule O (Form 990) 2021 Page 2

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

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

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

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

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

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

inkind	expense	used	\$ -50,798.
	_	Total	\$ -50,798.

TEEA4902L 08/10/21