

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	
	SPARK MICROGRANTS
	PO BOX 20435
	NEW YORK, NY 10001-9998
Prepared by	
	GELMAN, ROSENBERG & FREEDMAN
	4550 MONTGOMERY AVE SUITE 800N
	BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check	
payable to	NOT APPLICABLE
Mail tax return	
and check (if	
applicable) to	NOT APPLICABLE
Return must be	
mailed on	NOT APPLICABLE
or before	
Special	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN
Instructions	HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER
	ACTION IS REQUIRED.

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Form	Ч	Ч	U
Form	-	-	~

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 20 n / Open to Public Inspection

	nue Servic	

AF	or the	e 2020 calendar year, or tax year beginning and o	ending	_	
B C a	heck if oplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre chang				
]Name]chang	e Doing business as		45-22756	30
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	PO BOX 20/35		(860)805	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,582,699.
]Amen]return			H(a) Is this a group re	
				for subordinates	
L	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
.			or 527		
		empt status: $\[\] \] 501(c)(3) \[\] 501(c)(\]) \] (insert no.) \[\] 4947(a)(1) c$ te: $\[\] WWW \cdot SPARKMICROGRANTS \cdot ORG$	JI 3Z7		list. See instructions
				H(c) Group exemptio	
			L Year		State of legal domicile: DE
Pa	rt I				
e	1	Briefly describe the organization's mission or most significant activities: SEE 1	PART 1	II, LINE I.	
ano		. []			
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		-
٥ ک	3				9
	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $.			8
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	6
Activities &	6	Total number of volunteers (estimate if necessary)		6	8
lcti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,447,928.	3,574,855.
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50.	42.
Ж		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-10,610.	7,802.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,437,368.	3,582,699.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		560,839.	587,991.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		876,393.	1,170,710.
se		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) ► <u>68,50</u>	03.	•••	•••
EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		723,151.	484,265.
				2,160,383.	2,242,966.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	276,985.	1,339,733.
L's	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	•		Ве	ginning of Current Year	End of Year
sse Bala		Total assets (Part X, line 16)	······	2,127,339.	3,554,899.
et A nd I		Total liabilities (Part X, line 26)	······	245,272.	354,935.
Z ⁿ		Net assets or fund balances. Subtract line 21 from line 20		1,882,067.	3,199,964.
	rt II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer		
		log /		7/30/20	21

	2001	[//30/2021				
Sign	Signature of officer	Date				
Here	ALEXANDRA FISHER, EXECUTIVE DIRECTOR					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	Date Check PTIN				
Paid	RICHARD J. LOCASTRO, CPA Rectard p. Locastro	07/19/21 ^{if} self-employed P00288314				
Preparer	Firm's name 🕞 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008				
Use Only	Firm's address 50 MONTGOMERY AVE SUITE 800N					
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090				
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No				
000001 10 0	Earn 990 (2020)					

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments Indext Elschede Contains a regense on role to any line in this Part III Implext Elschede Contains a regense on role to any line in this Part III SPARK MICROGRANTS EMPOWERS COMMUNITIES TO WORK TOGETHER TO CREATE A WORLD WHERE EVERYONE LIVES WITH DIGNITY AND DETERMINES THEIR OWN POSITIVE FUTURE. 2 Od the organization underlaw any significant program services double the service on Schedule 0. 3 Did the organization cease conducting or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) arganizations are regiment to around of gunts and alcontions to other, the total expenses are required to a figure to the section of the section of the section of the section set regiment to the section of the section section 501(c)(3) and 501(c)(4) arganizations are required to a figure to the section of the section section 501(c)(3) and 501(c)(4) arganizations are required to a figure to the section section section section section 501(c)(3) and 501(c)(4) arganization are required to a figure to the section section section section section 501(c)(3) and 501(c)(4) arganization are required to the section of the section section 501(c)(4) arganization are required to the section 501(c)(5) and 501(c)(4) arganization are required to the section 501(c)(4) arganization are required to the section 501(c)(4) arganization are required to the section 501(c)(6) arganization are required to the section 501(c)(6) arganization are required to the section 501(c)(6) arganization are required to the sectin 500 contains 500 contains 500 contains 500		990 (2020) SPARK MICROGRANTS	45-2275630	Page
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SPARK MICROGRANTS EMPOWERS COMMUNITIES TO WORK TOGETHER TO CREATE A WORLD WHERE EVERYONE LIVES WITH DIGNITY AND DETERMINES THEIR OWN POSITIVE FUTURE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 280 E27 Ives. 7 3 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 280 E27 Ives. 7 4 Other organization cases conducting, or make significant changes in how it conducts, any program services? Ives. 7 4 Describe these changes on Schedule 0. It'res. 7 describe these changes on Schedule 0. It'res. 7 describe these changes on Schedule 0. 4 Describe these changes on Schedule 0. It'res. 7 describe these changes on Schedule 0. It'res. 7 describe these changes on Schedule 0. 4 Closer 5 1.7.55, C4.57. Incoding garts of 5 587, 991.) (Recents 1 SPARK HAS SO FAR WORKED WITH 32.0+ VILLAGES WHO HAVE USED THE SPARK PROCEESS TO COLLECTIVELY LAUNCH MORK. SPARK'S FACILITATED COLLECTIVELY LAUNCH MORK. SPARK'S FACILITATED COLLECTIVELY LAUNCH MORK. SPARK'S FACILITATED COLLECTIVELY LAUNCH MORK. SPARK'S FACILITATED COLLECTIVELY LAUNCH MORK. SPARK'S FACILITATED COLLECTIVE COUNTRIES THE SPROKES AND PUTTING OUR COMMUNITES' VILLAGE PLANNING. THROUGH THIS PROCESS, EACH VILLAGE DEMOGRANT CALLY SPARTICE AND INCLORESA PROJECT OF THEIR CHOICE, AND IMPLEMENTS THE	1			···· <u> </u>
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2 Did the organization undertake any significant program services during the year which were not listed on the prior form '980 or '980 E2' □ Ves □ If "Yes," describe these new services on Schedule 0. □ ves □ If "Yes," describe these new services and significant changes in how it conducts, any program services, as measured by expenses. Section to comparization * program service accomplishments for each of its three lingeat program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any for each program service reports. SPARK HAS SO FAR WORKED WITH 320+ VILLAGES WHO HAVE USED THE SPARK PROCESS TO COLLECTIVELY LAUNCH MORE THAN 450 LOCAL IMPACT PROTECTS. SPERFITING OVER 250,000 LIVES. OUR TEAM OF 50+ PEOPLE IS SPERAD ACRO FOUR CONUNTITS FILL BAST AFRICA AND THE US, ADVOCATING FOR COMMUNITY - DRIVEN DEVELOPMENT PRACTICES AND PUTTING OUR COMMUNITES THE WEEKLY MEETINGS, IN WHICH VILLAGE MEMBERS COME TOGETHER TO PARTICIPATED COLLECTIVE LEADERSHIP COMPRES AND INCLUSE SA VILLAGE SAVI ACCOUNT, AND DECIDES A PROJECT OF THEIR CHOICE, AND INFLUENCES AVIAL DEVELOPMENT PRACTICES (COME TO GETHER TO PARTICIPATE) IN VILLAGE SAVI ACCOUNT, AND DECIDES A PROJECT OF THEIR CHOICE, AND INFLEMENTS THE PROJECT WITH AN \$3,000 MICROGRANT, RESULTING IN STRONG, SELF-RELIANT BC (Cole				
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prior Form SB0 or 690-272				
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H 'Yes, 'describe these changes on Schedule 0. 4 Describe the organization's program service accompliablenents for each of its three largest program services, as measured by expenses. Section 501(6)[3] and 501(6)[0]		If "Yes," describe these new services on Schedule O.		
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BENEFITING OVER 250,000 LIVES. OUR TEAM OF 50+ PEOPLE IS SPREAD ACRO FOUR COUNTRIES IN EAST AFRICA AND THE US, ADVOCATING FOR COMMUNITY-DRIVEN DEVELOPMENT PRACTICES AND PUTTING OUR COMMUNITIES' NEEDS AT THE FOREFRONT OF ALL OUR WORK. SPARK'S FACILITATED COLLECT ACTION PROCESS (FCAP) CURATES VILLAGE 'TOWN-HALL' STYLE WEEKLY MEETINGS, IN WHICH VILLAGE MEMBERS COME TOGETHER TO PARTICIPATE IN VILLAGE PLANNING. THROUGH THIS PROCESS, EACH VILLAGE DEMOCRATICALLY MEETINGS AN INCLUSIVE LEADERSHIP COMMITTER, ESTABLISHES A VILLAGE SAVI ACCOUNT, AND DECIDES A PROJECT OF THEIR CHOICE, AND IMPLEMENTS THE PROJECT WITH AN \$8,000 MICROGRANT, RESULTING IN STRONG, SELF-RELIANT 40 (code)(Expenses \$ including gante of \$) (Revenue \$)				
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 Form 990 (2020)
 SPARK
 MICROGRANTS

 Part IV
 Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
e	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		x
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		x
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	21	
IZd		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	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,"			x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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 Form 990 (2020)
 SPARK
 MICROGRANTS

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		_ A
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	000		x
29	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Roy 3 of Form 1006 Enter 0 if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
032004	(gambing) withings to prize withors:		990	(2020)
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2020.04001 SPARK MICROGRANTS

Form 990	(2020)
Part V	Sta

020) SPARK MICROGRANTS Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
	b If "Yes," enter the name of the foreign country ► RWANDA, UGANDA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
	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?	6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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? N/A	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b		
	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		x
		14a 14b		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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Form 990	(2020)
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SPARK MICROGRANTS

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

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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.

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a .	2		
	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		<u>B</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	-	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $_{\rm}$		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY			· ·	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-1 (Section 501(c)(3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo SIBETI MSARIRI - (860) $805-6478$	oks and records 🕨			
	PO BOX 20435, NEW YORK, NY 10001-9998				
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_	7		_		
90	719 745960 31230 2020.04001 SPARK MICROGRAM	ITS	31	230	1

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent 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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALEXANDRA FISHER EXECUTIVE DIRECTOR AND CO-FOUNDER	50.00	x		x				136,000.	0.	7,074.
(2) LISA JACKSON	2.00								• •	.,
CHAIR		x		x				0.	0.	0.
(3) JONATHAN JACKSON	2.00									
FINANCE CHAIR		x		x				0.	0.	0.
(4) SAM BONSEY	2.00									
VICE CHAIR		X						0.	0.	0.
(5) KARA WEISS	2.00									
BOARD MEMBER		X						0.	0.	0.
(6) ANGELA RUGAMBWA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) AMOL JAIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JIM MEEKS	2.00									
BOARD MEMBER		х						0.	0.	0.
(9) STACEY FAELLA	2.00								•	•
BOARD MEMBER		X						0.	0.	0.
		-								
		ŀ								
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition ^{more} rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org an	pensa rom the anizati d relate anizatio	e ion ed
1h	Subtotal								136,000.		0.		7,0	74.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	·····	· · · · · · ·	· · · · · · · ·	·····			0. 136,000.		0.		7,0	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	lose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 of reportab	le		Vee	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-	•	-		Ŭ	ghest compensated emp	2		3	Yes	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d otl ə <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest co										npens	ation	from	
	the organization. Report compensation for (A) Name and business			endi DNE		vith	or w	ithir	n the organization's tax (B) Description of s		C	(C	C) nsatio	n
								_						
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to		se lis D	stec	d above) who received n	nore than		Farrer	000 //	2000
												⊢orm	990 (2	2020)

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Ра	rt V							[]
			Check if Schedule O contains a response of	or note to any lin	ie in this Part VIII (A)	(B)	(C)	[] (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					rotarrovondo		business revenue	from tax under
(0. (0								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a					
Gra	1	b	Membership dues 1b					
An ((с	Fundraising events 1c					
lar Iar	(d	Related organizations 11					
i, s	(е	Government grants (contributions) 1e					
rsi	1	f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1 f 3 ,	574,855.				
ĘÓ			Noncash contributions included in lines 1a-1f					
aŭ	I '	-	Total. Add lines 1a-1f		3,574,855.			
				Business Code				
Ð	2 8	2						
<u>vi</u> č								
Ser		b						
εj		c						
gra Re		d						
Program Service Revenue		е						
ш	1		All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere		4.0			4.0
			other similar amounts)	►	42.			42.
	4		Income from investment of tax-exempt bond p	roceeds 🕨 🕨				
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6 8	а	Gross rents 6a					
	1	b	Less: rental expenses 6b					
	(с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	▶				
	7 :		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	1	b	Less: cost or other basis					
ē			and sales expenses 7b					
ēn			Gain or (loss) 7c					
Revenue			Net gain or (loss)					
e.			Gross income from fundraising events (not					
đ								
0			<u> </u>					
			contributions reported on line 1c). See					
	Ι.		Part IV, line 18					
			Less: direct expenses 8b					
				🕨				
	9 8		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
				🕨				
	10 ;		Gross sales of inventory, less returns					
			and allowances 10a					
	'	b	Less: cost of goods sold 10b					
	<u> </u>	с	Net income or (loss) from sales of inventory	>				
s				Business Code				
in e	11 :	а	FOREIGN CURRENCY GAIN	900099	7,802.	7,802.		
ane		b						
eve eve		c						
Miscellaneous Revenue		-	All other revenue					
2			Total. Add lines 11a-11d		7,802.			
	12	-	Total revenue. See instructions		3,582,699.	7,802.	0.	42.
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 SPARK
 MICROGRANTS

 Part IX
 Statement of Functional Expenses

-	Check if Schedule O contains a response	(A) se or note to any line in		(^)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	E07 001	E 0 7 0 0 1		
	individuals. See Part IV, lines 15 and 16	587,991.	587,991.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	112 071	104 444	24 220	1 202
_	trustees, and key employees	143,074.	104,444.	34,338.	4,292
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	869,650.	634,844.	208,716.	26,090
7	Other salaries and wages	.000,000	034,044.	200,/10.	20,090
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	95,956.	70,048.	23,029.	2 870
9	Other employee benefits	62,030.	45,282.	14,887.	2,879 1,861
10 1	Payroll taxes Fees for services (nonemployees):	04,030.	= J, 202 •	<u> </u>	±,001
	-				
	Management	236.		152.	84
		38,717.		24,905.	13,812
	Accounting	50,717.		21,5050	13,012
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	122,529.	75,317.	38,422.	8,790
12	Advertising and promotion				
13	Office expenses	83,485.	59,031.	21,302.	3,152
14	Information technology	7,553.	5,513.	1,813.	227
15	Royalties				
16	Occupancy	24,771.	5,945.	18,083.	743
17	Travel	39,541.	28,865.	9,490.	1,186
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	16,368.	11,049.	3,633.	1,686
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,398.		4,398.	
23		3,764.	2,748.	903.	113
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 0.)				
а	PROGRAM TRAIN. & PART.	95,664.	95,664.		
b	STAFF DEVELOPMENT	35,868.	26,184.	8,608.	1,076
c	EQUIPMENT & MAINTENANCE	3,571.	2,607.	857.	107
d	LOCAL & REGISTRA. FEES	3,021.	925.	1,572.	524
	All other expenses	4,779.		2,898.	1,881
25	Total functional expenses. Add lines 1 through 24e	2,242,966.	1,756,457.	418,006.	68,503
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 Figure if following SOP 98-2 (ASC 958-720)				

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Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. Add lines 1 through 15 (must equal line 33)	(A) Beginning of year 453,024. 1,610,295. 16,172. 25,713. 22,135. 2,127,339.	1 2 3 4 5 5 6 7 8 9 9 10c 11 12 13 14	(B) End of year 1,096,525. 3,869. 2,392,828. 20,980. 21,314.
Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. Add lines 1 through 15 (must equal line 33)	(A) Beginning of year 453,024. 1,610,295. 16,172. 25,713. 22,135.	1 2 3 4 5 5 6 7 8 9 9 10c 11 12 13 14	(B) End of year 1,096,525. 3,869. 2,392,828. 20,980.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	Beginning of year 453,024. 1,610,295. 16,172. 25,713. 22,135.	2 3 4 5 6 7 8 9 9 10c 11 12 13 14	End of year 1,096,525. 3,869. 2,392,828. 2,392,928. 20,980.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	453,024. 1,610,295. 16,172. 25,713. 22,135.	2 3 4 5 6 7 8 9 9 10c 11 12 13 14	1,096,525. 3,869. 2,392,828. 2,392,828.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	1,610,295. 16,172. 25,713. 22,135.	2 3 4 5 6 7 8 9 9 10c 11 12 13 14	3,869. 2,392,828. 20,980.
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets	16,172. 25,713. 22,135.	3 4 5 6 7 8 9 9 10c 11 12 13 14	2,392,828.
Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	16,172. 25,713. 22,135.	4 5 6 7 8 9 9 10c 11 12 13 14	20,980.
Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	5 6 7 8 9 10c 11 12 13 14	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	6 7 8 9 10c 11 12 13 14	
controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	6 7 8 9 10c 11 12 13 14	
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	6 7 8 9 10c 11 12 13 14	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	7 8 9 10c 11 12 13 14	
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	7 8 9 10c 11 12 13 14	
Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	8 9 10c 11 12 13 14	
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	9 10c 11 12 13 14	
Land, buildings, and equipment: cost or other 10a 40,668. basis. Complete Part VI of Schedule D 10b 19,354. Less: accumulated depreciation 10b 19,354. Investments - publicly traded securities 10a 10a Investments - other securities. See Part IV, line 11 11 Investments - program-related. See Part IV, line 11 11 Intangible assets 0ther assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	25,713.	10c 11 12 13 14	
basis. Complete Part VI of Schedule D 10a 40,668. Less: accumulated depreciation 10b 19,354. Investments - publicly traded securities 10b 19,354. Investments - other securities. See Part IV, line 11 11 Investments - program-related. See Part IV, line 11 11 Intangible assets 0ther assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	22,135.	11 12 13 14	21,314.
Less: accumulated depreciation 10b 19,354. Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Total assets. Add lines 1 through 15 (must equal line 33)	22,135.	11 12 13 14	21,314.
Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	22,135.	11 12 13 14	
Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)		12 13 14	
Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)		13 14	
Intangible assets		14	
Other assets. See Part IV, line 11			
Total assets. Add lines 1 through 15 (must equal line 33)		15	19,383.
	, ,		3,554,899.
	245,272.		300,435.
Grants payable		18	
Deferred revenue		19	
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other 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		22	
Secured mortgages and notes payable to unrelated third parties		23	
Unsecured notes and loans payable to unrelated third parties		24	54,500.
Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D		25	
Total liabilities. Add lines 17 through 25	245,272.	26	354,935.
Organizations that follow FASB ASC 958, check here 🕨 🗴			
and complete lines 27, 28, 32, and 33.			
Net assets without donor restrictions		27	569,054.
Net assets with donor restrictions	1,582,381.	28	2,630,910.
Organizations that do not follow FASB ASC 958, check here			
- , , , ,			
and complete lines 29 through 33.		29	
and complete lines 29 through 33. Capital stock or trust principal, or current funds		30	
and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund			
and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	1 000 075		
and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	1,882,067. 2,127,339.	31 32 33	3,199,964. 3,554,899.
	of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	of Schedule D 245,272. Total liabilities. Add lines 17 through 25 245,272. Organizations that follow FASB ASC 958, check here ▶ X 299,686. and complete lines 27, 28, 32, and 33. 299,686. Net assets without donor restrictions 1,582,381. Organizations that do not follow FASB ASC 958, check here ▶ □ 1,582,381. Organizations that do not follow FASB ASC 958, check here ▶ □ 1,582,381. Organizations that do not follow fasb asc 958, check here ▶ □ 1,582,381. Paid-in or capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	of Schedule D25Total liabilities. Add lines 17 through 25245,272.Organizations that follow FASB ASC 958, check here ▶ X245,272.and complete lines 27, 28, 32, and 33.299,686.Net assets without donor restrictions299,686.Net assets with donor restrictions1,582,381.Organizations that do not follow FASB ASC 958, check here ▶and complete lines 29 through 33.299Capital stock or trust principal, or current funds299Paid-in or capital surplus, or land, building, or equipment fund30

Form **990** (2020)

	1 990 (2020) SPARK MICROGRANTS	45-22	/5630	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			а г ас		~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,582		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,242		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,339		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,882		
5	Net unrealized gains (losses) on investments	5	-21	.,8	36.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,199	9,9	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	2020
	Open to Public Inspection
-	identification number

OMB No. 1545-0047

L

Name	of the	organization

Nam	e of t	he organization							identification number	
			K MICROGRA						5-2275630	
Pa	τI	Reason for Public (Charity Status.	(All organizations must o	omplete th	his part.) S	See instruction	ıs.		
The c	organi	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organiz)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental i	unit describ	bed in	
		section 170(b)(1)(A)(iv). (C		v		, ,				
6		A federal, state, or local gov	-	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that norma						he general	public described in	
	section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe		(1)(A)(vi), (Complete Par	E II)					
9		An agricultural research org				ed in conii	inction with a	land-grant	college	
•		or university or a non-land-g				-		-	-	
	university:									
10										
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
	See section 509(a)(2). (Complete Part III.)									
11		An organization organized a	•	ively to test for public sa	fetv See	section 50)9(a)(4).			
12		An organization organized a	-	•	•			arry out the	e purposes of one or	
				-				-		
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		Type I. A supporting orga				-		-	aivina	
	-	the supported organization	-	-	•					
		organization. You must c			a majority .				supporting	
b		Type II. A supporting org	-		tion with it	ts sunnort	ed organizatio	on(s) by ha	ivina	
		control or management o	-				-		-	
		organization(s). You mus						igo ino oup	ported	
c		Type III functionally inte			in connec	tion with	and functiona	llv integrati	ed with	
U		its supported organization						iny integration	ca with,	
d		Type III non-functionally					-	rted organi	zation(s)	
u		that is not functionally int						-		
		requirement (see instruct			-		-	u an alleni	10011035	
~		Check this box if the orga		-						
е	L	-					а турет, туре	п, туре п		
f	Ento	functionally integrated, or or the number of supported of								
י מ		vide the following information								
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other	
		organization		(described on lines 1-10	Yes	ng document?	support (see ir	,	support (see instructions)	
				above (see instructions))						
Tete										
Tota									1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.04001 SPARK MICROGRANTS

45-2275630 Page 2

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.)

Sa	tails to qualify under the tests	ilsted below, pleas	e complete i alt il	1.)						
		(=) 2010	(b) 0017	(a) 0010	(4) 0010	(a) 2000				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not	1 526 640	2 010 076	1 0 9 9 9 4 5	2 447 029	2 574 955	10 659 244			
~	include any "unusual grants.")	1,526,640.	2,019,976.	1,088,945.	2,447,928.	3,574,855.	10,658,344.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to or expended on its behalf									
2	The value of services or facilities									
3	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1,526,640.	2,019,976.	1,088,945.	2,447,928.	3,574,855.	10,658,344.			
	The portion of total contributions	1,520,040.	2,019,970.	1,000,949.	2,117,520.	3,371,000.	10,030,344.			
5										
	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)						5,616,924.			
6	Public support. Subtract line 5 from line 4.						5,010,924			
	ction B. Total Support						5,011,120.			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	1,526,640.	2,019,976.	1,088,945.	2,447,928.	3,574,855.	10,658,344.			
	Gross income from interest,			,,	_,,					
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	59.	135.	44.	50.	42.	330.			
9	Net income from unrelated business									
-	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)		6,055.	-9,934.	-10,610.	7,802.	-6,687.			
11	Total support. Add lines 7 through 10			·	-	-				
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	10,651,987. 5,854 .			
13	First 5 years. If the Form 990 is for th	,	,		vear as a section 5	01(c)(3)				
	organization, check this box and stop	-								
Sec	ction C. Computation of Publi		centage							
14	Public support percentage for 2020 (li	ine 6, column (f), div	vided by line 11, c	olumn (f))		14	47.33 %			
15	Public support percentage from 2019	Schedule A, Part II	, line 14			15	48.92 %			
	33 1/3% support test - 2020. If the o					ore, check this bo	x and			
	stop here. The organization qualifies a	as a publicly suppo	rted organization				►X			
b	33 1/3% support test - 2019. If the o									
	and stop here. The organization quali	fies as a publicly su	upported organiza	tion						
17a	10% -facts-and-circumstances test									
	and if the organization meets the facts									
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	organization					
b	10% -facts-and-circumstances test									
	more, and if the organization meets th	e facts-and-circum	stances test, cheo	k this box and st	op here. Explain in	Part VI how the				
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization									
						dule A (Form 990				

032022 01-25-21

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	check this box and stop here						▶∟
	ction C. Computation of Publ		-			, , , , , , , , , , , , , , , , , , , 	
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20		'			17	%
	Investment income percentage from	•		on line 14 and lin		18	%
198	33 1/3% support tests - 2020. If the	-					
F	more than 33 $1/3\%$, check this box a						►
D	33 1/3% support tests - 2019. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
	23 01-25-21						n 990 or 990-EZ) 2020
JJ204				16	301		

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2020.04001 SPARK MICROGRANTS

31230__1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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

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

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17 2020.04001 SPARK MICROGRANTS Part IV Supporting Organizations (continued)

1

2

1.4

...

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

2 Did the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type I	I 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 of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test du	ring the yea(see instructions)

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

18 2020.04001 SPARK MICROGRANTS Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	1		
ns	2		
ons)	3		
	4		
	5		
d or incurred for production or			
nanagement, conservation, or			
production of income (see instructions)	6		
	7		
nes 5, 6, and 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
non-exempt-use assets (see			
ssets held for part of year):			
es	1a		
	1b		
mpt-use assets	1c		
	1d		
other factors			
ble to non-exempt-use assets	2		
	3		
e. Enter 0.015 of line 3 (for greater amount,			
	4		
ts (subtract line 4 from line 3)	5		
	6		
ns	7		
e 7 to line 6)	8		
			Current Year
(from Section A, line 8, column A)	1		
	2		
ear (from Section B, line 8, column A)	3		
	4		
	5		
ine 5 from line 4, unless subject to			
see instructions).	6		
	d or incurred for production or nanagement, conservation, or production of income (see instructions) nes 5, 6, and 7 from line 4) non-exempt-use assets (see ssets held for part of year): es empt-use assets other factors other factors ole to non-exempt-use assets e. Enter 0.015 of line 3 (for greater amount, ets (subtract line 4 from line 3) ons e 7 to line 6) r (from Section A, line 8, column A) ear (from Section B, line 8, column A) ine 5 from line 4, unless subject to see instructions). ar is the organization's first as a non-functional	4 4 5 d or incurred for production or nanagement, conservation, or production of income (see instructions) 6 7 nes 5, 6, and 7 from line 4) 8 non-exempt-use assets (see ssets held for part of year): es 1a 1b empt-use assets 1c 1d other factors 1d other factors 2 3 e. Enter 0.015 of line 3 (for greater amount, 4 ets (subtract line 4 from line 3) 5 6 ons 7 e 7 to line 6) 8 r (from Section A, line 8, column A) 1 2 ear (from Section B, line 8, column A) 4 5 ine 5 from line 4, unless subject to see instructions).	4 5 d or incurred for production or nanagement, conservation, or production of income (see instructions) 6 7 nes 5, 6, and 7 from line 4) 8 (A) Prior Year non-exempt-use assets (see ssets held for part of year): as 1b mpt-use assets 1c 1d other factors 1d other factors 2 as 1d other factors 2 as 1d other factors 2 3 e. Enter 0.015 of line 3 (for greater amount, 4 tts (subtract line 4 from line 3) 5 ons r(from Section A, line 8, column A) 1 2 ear (from Section B, line 8, column A) 4 5 ine 5 from line 4, unless subject to

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued	<u>// </u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS S	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			3
9	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
с	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Section D, lines 5, 6, and 8; a (See instructions.)	3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Pa es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informa-	ation.
32028 01-25-21	Schedule A (Form 21	990 or 990-EZ)
90719 745960 31230	2020.04001 SPARK MICROGRANTS	31230_

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

45-2275630

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o <i>n</i> (
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

45-2275630

SPARK MICROGRANTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>1,165,498</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>605,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turne of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>200,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>269,815.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$ <u>125,010.</u>	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

SPARK MICROGRANTS

45-2275630

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>110,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

SPARK MICROGRANTS

45-2275630

Part II Noncash Property (see instructions). Use duplicate	e copies of Part II if additional space is needed.
--	--

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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2020.04001 SPARK MICROGRANTS

Page 4

	MICROGRANTS			275630
art III	from any one contributor. Complete columns (a) th	rough (e) and the following line e	ntry For organizations	
	completing Part III, enter the total of exclusively religious, cha	ritable, etc., contributions of \$1,000 o	less for the year. (Enter this info. once.) > \$	
	Use duplicate copies of Part III if additional sp	ace is needed.		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held
Part I		(, 0		
Γ		(e) Transfer of g	it i	
ŀ	Transferee's name, address, and	ZIP + 4	Relationship of transferor to tr	ansferee
		[
		[
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow aift is hold
Part I				Star Annual Incid
	-			
F	I	(e) Transfer of g	/ ft	
Ļ	Transferee's name, address, and	ZIP + 4	Relationship of transferor to tr	ansferee
a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held
f		(e) Transfer of g	 ft	
Ļ	Transferee's name, address, and	ZIP + 4	Relationship of transferor to tr	ansferee
Γ				
a) No.	(h) Duwnoog of sift	(a) Line of sift	(d) Deceriminan of he	au sift is hold
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	ow gift is held
a) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	ow gift is held
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held
a) No. from Part I	(b) Purpose of gift			ow gift is held
a) No. from Part I	(b) Purpose of gift	(c) Use of gift (c) Use of gift (e) Transfer of g		ow gift is held
a) No. from Part I	(b) Purpose of gift	(e) Transfer of g		
a) No. irom Part I		(e) Transfer of g		
a) No. from Part I		(e) Transfer of g		
i) No. irom Part I		(e) Transfer of g		

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.



31230_1

Name of the organization

11390719 745960 31230

SPARK	ΜI	CROGE	RAN	гs

Employer identification number 45-2275630

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fu	unds or A	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advised funds		(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor	advised fur	nds		
	are the organization's property, subject to the organization's	exclusive legal control?				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds ca	an be used	only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other pur	pose confe	rring		
				Yes No		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form S	990, Part IV	/, line 7.		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education)	on of a histo	orically important land area		
	Protection of natural habitat	Preservation	on of a cert	ified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the	form of a co	onservation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
с	Number of conservation easements on a certified historic str	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated b	by the orgai	nization during the tax		
	year ►					
4	Number of states where property subject to conservation east	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handlin	ig of			
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	l conservati	ion easements during the year		
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing con	servation ea	asements during the year		
	► \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial st	atements th	hat describes the		
Der	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	Art Historical Tracquires	or Other	Cimilar Acasta		
Fai	t III Organizations Maintaining Collections or Complete if the organization answered "Yes" on Form			Similar Assets.		
10	If the organization elected, as permitted under FASB ASC 95		ant and ha	lance aboat works		
Id	of art, historical treasures, or other similar assets held for put	, ,				
	service, provide in Part XIII the text of the footnote to its finar					
h				a sheet works of		
5	 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:		riuntificiane			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
				x .		
2	If the organization received or held works of art, historical tre					
-	the following amounts required to be reported under FASB A		anciai gain,	provide		
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$		
				N A		
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020		
	12-01-20					
		27				

2020.04001 SPARK MICROGRANTS

Sche	dule D (Form 990) 2020 SPARK M	ICROGRANTS					4	45-22	75630) _{Pa}	age 2
Par	rt III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures, c	or Othe	er Simila	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	any of the	following that	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	ım					
b	Scholarly research	e	01	ther							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	y further t	ne organizatio	on's exe	mpt purpc	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical trea	sures, or othe	er similai	rassets		-		
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ble:			— —				
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T 00	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds. Complete i									L	1
		(a) Current year	(b) Pric		(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourront your	(6)110	or your	(0) 1110 your	o suon	(u) 11100 y	ouro suon	(0) + our	jouro	buon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	red for t	he organiz	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm					D 1 V					
	Complete if the organization answere							. 1	()) .		
	Description of property	(a) Cost or o basis (investr		(b) Cost basis		. ,	ccumulate preciation	d	(d) Book	value	9
1a	Land										
	Buildings										
С	Leasehold improvements										~ -
d	Equipment				961.			96.			65.
	Other				9,707.		19,25	<u>. 8 c</u>),44	
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	n (B), line 1	0c.)	<u></u>			21	.,31	14.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, lin	e 25.
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 SPARK MICROGRANTS			45-	2275630 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per F	Return	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,560,863.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-21,836.	,	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-21,836.
3	Subtract line 2e from line 1			3	3,582,699.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,582,699.
_				-	
Ра	rt XII Reconciliation of Expenses per Audited Financial Stater			Retu	
Ра		nents Wit		Retu	irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit ^{a.}	h Expenses per	^r Retu	
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wit ^{a.}	h Expenses per		irn.
1	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements	nents Wit a.	h Expenses per		irn.
1 2	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 2a	h Expenses per		irn.
1 2	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a 2b	h Expenses per		irn.
1 2	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents Wit a. 2a 2b 2c	h Expenses per		irn.
1 2 a b c	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents Wit a. 	h Expenses per		rn. 2,242,966. 0.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	nents Wit a. 2a 2b 2c 2c 2d	h Expenses per	1	rn. 2,242,966.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	nents Wit a. 2a 2b 2c 2c 2d	h Expenses per	1 2e	rn. 2,242,966. 0.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit a. 2a 2b 2c 2d	h Expenses per	1 2e	rn. 2,242,966. 0.
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit a. 2a 2b 2c 2d 2d	h Expenses per	1 2e	rn. 2,242,966. 0.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit a. 2a 2b 2c 2d 2d	h Expenses per	1 2e	rn. 2,242,966. 0. 2,242,966. 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per	1 2e 3	rn. 2,242,966. 0. 2,242,966.

SPARK MICROGRANTS

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2020, SPARK HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES, AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

032054 12-01-20

11390719 745960 31230

45-2275630 Dage 4

SCHEDULE	F
(Form 990)	

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

OMB No. 1545-0047
2020
Open to Public
Inspection

Internal Revenue Service Name of the organization

SPARK MICROGRANTS

Employer identification number

		7	20
15	- / /	756	30
		1	20

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Region.	(The following Part I, line 3	table can be duplicated if ad	dditional space is needed.)
---	------------------------	-------------------------------	-------------------------------	-----------------------------

(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0		GRANTS TO RECIPIENTS IN REGION		587,991.
SUB-SAHARAN AFRICA	4	50	PROGRAM SERVICE ACTIVITIES	COMMUNITY FACILITATION	1,168,465.
3 aSubtotalbTotal from continuationsheets to Part I	4				1,756,456.
c Totals (add lines 3a and 3b)	4	50			1 756 456.

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

Schedule F (Form 990) 2020

032071 12-03-20

SPARK MICROGRANTS

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	LIVELIHOOD	7,261.	WIRE	0.		
		SUB-SAHARAN AFRICA	LIVELIHOOD	7,261.	WIRE	0.		
				, .				
		SUB-SAHARAN AFRICA	LIVELIHOOD	7,186.	WIDE	0.		
		AFRICA		7,100.	WIKE			
		SUB-SAHARAN AFRICA	LIVELIHOOD	7,186.	WIRE	0.		
				,				
		SUB-SAHARAN AFRICA	LIVELIHOOD	7,186.	WIRE	0.		
		SUB-SAHARAN		- 105				
		AFRICA	LIVELIHOOD	7,186.	WIRE	0.		
		SUB-SAHARAN AFRICA	LIVELIHOOD	7,179.	WIRE	0.		
				.,				
		SUB-SAHARAN AFRICA	LIVELIHOOD	7,179.	WIRE	0.		
	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country,	, recognized as a tax			
			or counsel has provided a sec			🕨 .		0 62
Enter total number of	other organizations of	or entities				🕨		62

45-2275630 SPARK MICROGRANTS Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (h) Description (i) Method of (g) Amount of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA LIVELIHOOD 7,179.WIRE 0. SUB-SAHARAN AFRICA 7,179.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA 7,186.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA LIVELIHOOD 7,186.WIRE 0 SUB-SAHARAN AFRICA LIVELIHOOD 7,186.WIRE 0. SUB-SAHARAN AFRICA LIVELIHOOD 7,186.WIRE 0. SUB-SAHARAN AFRICA LIVELIHOOD 7,524.WIRE 0. SUB-SAHARAN AFRICA LIVELIHOOD 6,999.WIRE 0. SUB-SAHARAN AFRICA 6,999.WIRE LIVELIHOOD 0.

45-2275630 SPARK MICROGRANTS Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (h) Description (i) Method of (g) Amount of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA LIVELIHOOD 6,999.WIRE 0. SUB-SAHARAN AFRICA 6,999.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA 7,001.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA LIVELIHOOD 7,001.WIRE 0 SUB-SAHARAN AFRICA LIVELIHOOD 6,975.WIRE 0. SUB-SAHARAN AFRICA 6,975.WIRE LIVELIHOOD 0.

45-2275630 SPARK MICROGRANTS Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (h) Description (i) Method of (g) Amount of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA LIVELIHOOD 6,975.WIRE 0. SUB-SAHARAN AFRICA 6,975**.**WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA 6,975.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA LIVELIHOOD 7,013.WIRE 0 SUB-SAHARAN AFRICA LIVELIHOOD 7,013.WIRE 0. SUB-SAHARAN AFRICA 7,013.WIRE LIVELIHOOD 0.

45-2275630 SPARK MICROGRANTS Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (h) Description (i) Method of (g) Amount of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA LIVELIHOOD 7,013.WIRE 0. SUB-SAHARAN AFRICA 6,988.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA 6,988.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA LIVELIHOOD 6,988.WIRE 0 SUB-SAHARAN AFRICA LIVELIHOOD 7,026.WIRE 0. SUB-SAHARAN AFRICA 7,026.WIRE LIVELIHOOD 0.

45-2275630 SPARK MICROGRANTS Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (h) Description (i) Method of (g) Amount of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA LIVELIHOOD 7,026.WIRE 0. SUB-SAHARAN AFRICA 7,026.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA 7,026.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA LIVELIHOOD 7,026.WIRE 0 SUB-SAHARAN AFRICA LIVELIHOOD 7,026.WIRE 0. SUB-SAHARAN AFRICA 6,981.WIRE LIVELIHOOD 0.

45-2275630 SPARK MICROGRANTS Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (h) Description (i) Method of (g) Amount of (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA LIVELIHOOD 6,981.WIRE 0. SUB-SAHARAN AFRICA 6,998.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA 6,998.WIRE LIVELIHOOD 0. SUB-SAHARAN AFRICA LIVELIHOOD 6,998.WIRE 0 SUB-SAHARAN AFRICA LIVELIHOOD 6,985.WIRE 0. SUB-SAHARAN AFRICA LIVELIHOOD 6,985.WIRE 0. SUB-SAHARAN AFRICA LIVELIHOOD 7,008.WIRE 0. SUB-SAHARAN AFRICA LIVELIHOOD 7,008.WIRE 0. SUB-SAHARAN AFRICA 6,992.WIRE LIVELIHOOD 0.

Schedule F (Form 990) 2020

SPARK MICROGRANTS

45-2275630

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner</i> (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 SPARK MICROGRANTS

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL GRANTS ARE DISBURSED IN INSTALLMENTS. PRIOR TO DISBURSING AN INSTALLMENT, A COMMUNITY MUST REQUEST THE EXACT AMOUNT ACCOMPANIED WITH A BUDGET (WHICH MUST MATCH THE AGREED BUDGET). THIS MONEY IS TRANSFERRED TO COMMUNITY BANK ACCOUNTS AND AN ACKNOWLEDGMENT SIGNED. SPARK STAFF ACCOMPANY THE COMMUNITY DURING INITIAL PROCUREMENT PROCEDURES AND THE COMMUNITY MUST PROVIDE RECEIPTS (EITHER ORIGINAL RECEIPTS OR RECEIPTS WRITTEN IN A "SPARK RECEIPT BOOK" FOR VENDORS THAT DON'T HAVE OFFICIAL RECEIPTS, WHICH INCLUDE VENDOR DETAILS AND CONTACT TELEPHONE NUMBERS) FOR THE ENTIRE INSTALLMENT. THE INSTALLMENT MUST BE FULLY ACCOUNTED FOR BEFORE A SUBSEQUENT INSTALLMENT CAN BE REQUESTED/DISBURSED. ALL DISBURSEMENT INFORMATION IS STORED IN SPARK'S ACCOUNTING SOFTWARE AND ALL PROGRAMMATIC FINANCIAL INFORMATION (INCLUDING AGREEMENTS, DISBURSAL REQUESTS, DISBURSALS, TRANSACTIONS AND RECEIPTS) ARE STORED ON SPARK'S CLOUD BASED PROGRAMMATIC MANAGEMENT SYSTEM AND IN COMMUNITY FILES WITHIN OFFICES. SPARK ALSO HAS A MOBILE APP FOR COLLECTING RECEIPTS IN THE FIELD. IF FUNDS ARE NOT FULLY ACCOUNTED FOR, DASHBOARDS AND REPORTS FLAG THIS TO MANAGERS AND SENIOR MANAGERS, AND AN INVESTIGATION IS LAUNCHED, UP TO AND INCLUDING LOCAL LAW ENFORCEMENT AUTHORITIES.

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



45-2275630

SPARK MICROGRANTS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITIES WITH IMPROVED LIVELIHOODS AND SOCIAL COHESION. AFTER YEARS OF REFINING THIS COMMUNITY ORGANIZING AND SEED FUNDING MODEL FOR VILLAGE ACTION, WE ARE NOW TRAINING AND SUPPORTING INSTITUTIONS AND LOCAL CIVIL SOCIETY ORGANIZATIONS TO ADOPT AND IMPLEMENT OUR APPROACH FOR GLOBAL REPLICATION. IN 2020, SPARK QUICKLY RESPONDED TO THE RAPID EMERGENCE OF THE COVID-19 PANDEMIC BY PIVOTING QUICKLY TO ENSURE THE MOST VULNERABLE RECEIVED THE SUPPORT THEY NEEDED IN EAST AND WEST AFRICA. SPARK INITIALLY IMPLEMENTED REMOTE FCAP SUPPORT TO COMMUNITIES VIA SMS MESSAGING AND PHONE CALL TREES FOLLOWED BY SMALL GROUP MEETINGS TO ENSURE WE WERE PROVIDING RESOURCES, WHILE ALSO ABIDING BY COVID-19 HEALTH GUIDELINES. SPARK ALSO DISPERSED TWO ROUNDS OF \$500 TOP-UPS TO ALL 176 ACTIVE COMMUNITIES ENGAGED IN THE FCAP TO BE USED TO MITIGATE THE IMPACTS OF COVID-19. DESPITE THE DIFFICULTIES OF 2020, SPARK COMMUNITIES REMAINED RESILIENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE COMPLETED FORM 990 WAS PROVIDED TO THE MEMBERS OF THE GOVERNING BODY FOR REVIEW BEFORE THE RETURN WAS FILED WITH THE IRS.

 FORM 990, PART VI, SECTION B, LINE 12C:

 ANNUALLY, EACH COVERED PERSON WILL COMPLETE A DISCLOSURE STATEMENT. A

 COVERED PERSON DISCLOSES IN WRITING TO THE COMMITTEE HIS OR HER KNOWLEDGE

 OF A PROPOSED TRANSACTION OR ARRANGEMENT BETWEEN A RELATED PARTY (RELATED

 TO THE COVERED PERSON) AND THE ORGANIZATION. THE COVERED PERSON MAKES THIS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SPARK MICROGRANTS	Employer identification number $45 - 2275630$
DISCLOSURE AT HIS OR HER FIRST KNOWLEDGE OF THE PROPOSED	TRANSACTION OR
ARRANGEMENT AND DESCRIBES HIS OR HER UNDERSTANDING OF THE	RELATED PARTY'S
INTEREST IN THE PROPOSED TRANSACTION OR ARRANGEMENT. IF A	NY COVERED PERSON
BECOMES AWARE OF A CONCLUDED TRANSACTION OR ARRANGEMENT E	ETWEEN THE
ORGANIZATION AND A RELATED PARTY, THE COVERED PERSON DISC	LOSES IN WRITING
FULLY AND PROMPTLY TO THE COMMITTEE THE COVERED PERSON'S	KNOWLEDGE OF THE
RELATED PARTY'S INTEREST IN THE CONCLUDED TRANSACTION OR	ARRANGEMENT. IF A
COVERED PERSON IS UNCERTAIN ABOUT THE EXISTENCE OF A POSS	IBLE CONFLICT OF
INTEREST IN ANY MATTER, THE COVERED PERSON REQUESTS THAT	THE COMMITTEE
DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS OR COULD	REASONABLY BE
CONSTRUED TO EXIST.	

A RELATED PARTY MAKES A PRESENTATION TO THE COMMITTEE AT A MEETING OF THE COMMITTEE CALLED FOR THE PURPOSE OF CONSIDERING THE TRANSACTION OR ARRANGEMENT AND THE RELATED PARTY'S INTEREST, BUT AFTER THE PRESENTATION, THE RELATED PARTY LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, SUCH TRANSACTION OR ARRANGEMENT. IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DUE CONSIDERATION OF THE RELEVANT FACTORS, THE COMMITTEE DETERMINES BY MAJORITY VOTE OF THE DISINTERESTED MEMBERS OF THE COMMITTEE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR THE ORGANIZATION'S OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE, AND THEREFORE WHETHER THE ORGANIZATION MAY OR MAY NOT ENTER INTO SUCH TRANSACTION OR ARRANGEMENT.

 IF
 THE
 COMMITTEE
 HAS
 REASONABLE
 CAUSE
 TO
 BELIEVE
 A
 COVERED
 PERSON
 HAS

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SPARK MICROGRANTS	Employer identification number $45 - 2275630$
FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERE	ST, IT INFORMS THE
COVERED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD TH	E COVERED PERSON

AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE COVERED PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE COMMITTEE DETERMINES THE COVERED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE COMMITTEE MAY AT ITS DISCRETION TAKE, OR RECOMMEND THAT THE ORGANIZATION TAKE, THE FOLLOWING MEASURES:

- APPROPRIATE CORRECTIVE ACTION INCLUDING RATIFYING OR NULLIFYING THE TRANSACTION OR ARRANGEMENT;

- APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION AGAINST THE RELATED PARTY AND THE COVERED PERSON, INCLUDING FOR EXAMPLE TERMINATION OF EMPLOYMENT; AND

- ANY OTHER ACTION THE COMMITTEE REASONABLY DEEMS TO BE IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

SPARK MICROGRANTS HAS DEVELOPED A TRANSPARENT PAY SCALE THAT TAKES INTO ACCOUNT AN INDIVIDUAL'S RESPONSIBILTIES, INDEPENDENCE AND IMPACT ON THE ORGANIZATION ALONG WITH PRIOR EXPERIENCE AND TIME WITH THE ORGANIZATION TO SET COMPENSATION. THE BOARD SETS THE EXECUTIVE DIRECTOR SALARY AND THE INTERNAL PAY-SCALE IS PEGGED TO SALARY RESEARCH ON SIZE OF ORGANIZATION, SECTOR, REGION, AND SCOPE OF WORK. THE EXECUTIVE DIRECTOR'S COMPENSATION IS DECIDED AND APPROVED BY THE MEMBERS OF THE GOVERNING BODY. THIS PROCESS WAS DOCUMENTED IN THE BOARD MINUTES. THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR TOOK PLACE JANUARY 2020. Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 44

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Name of the organization

SPARK MICROGRANTS

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART X, LINE 24:

ON MAY 6, 2020, SPARK ENTERED INTO A TWO-YEAR PROMISSORY NOTE AGREEMENT

IN THE AMOUNT OF \$54,000 (WITH A 1% FIXED INTEREST RATE) UNDER THE

PAYCHECK PROTECTION PROGRAM (PPP). THE PROMISSORY NOTE REQUIRED MONTHLY

PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE

PROMISSORY NOTE BEGINNING NOVEMBER 2020, UNLESS OTHERWISE FORGIVEN.

UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES

ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS

ADMINISTRATION IN WHOLE OR IN PART.

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