

June 1, 2023

VIA ELECTRONIC TRANSMISSION

To:

Dr. Brett Geithman
Superintendent
Larkspur-Corte Madera School District
230 Doherty Drive
Larkspur, CA 94939

CC:

Larkspur-Corte Madera School District Board of Trustees

Annie Sherman, President
Eric Schmautz, Vice President
Amir Movafaghi, Clerk
Beth Blair
Natalie Medved

Subject: Concerns Regarding Efficiency, Reliability of Filings, Truthfulness of Marketing Claims, Governance, Compliance with 501(c)3 exemption requirements per the IRS, and Transparency at Spark

Dear Dr. Geithman,

We hope this letter finds you well. We are writing to express our concerns on a number of fronts at Spark. The matters are serious in nature and require your immediate attention as the Superintendent of the school district for which Spark solicits donations from the community. While legally separate entities, the two are inextricably linked and Spark's credibility and cause are directly derived from the Larkspur-Corte Madera School District. Therefore, it is with great concern and disappointment that upon further review of Spark's operations conducted in normal course as parents in the school district, community members and donors, we write to you today with serious questions and significant concerns regarding Spark's efficiency, the reliability of its filings, the truthfulness of its marketing claims, governance, compliance with 501(c)3 exemption requirements per the IRS, and transparency.

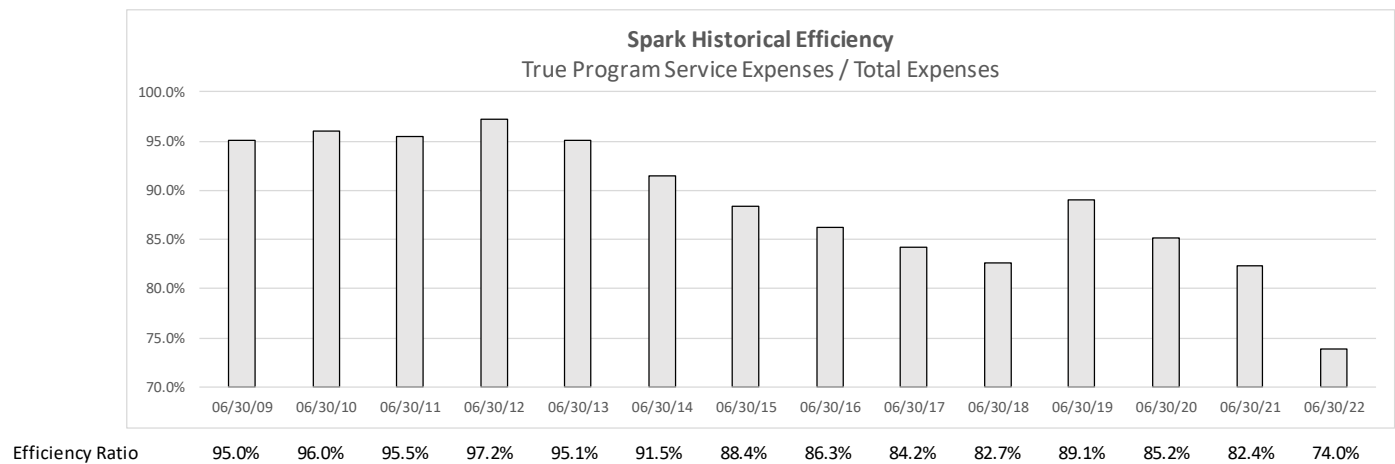
Further, this is an immediate call for the commissioning of an independent audit for each of the last five fiscal years. In addition, the Board of Trustees and the Superintendent must immediately launch and spearhead an independent comprehensive review of Spark operations, seek to address the issues and open questions presented here and commit to presenting findings and proposed action items to the public (or some independent committee, upon which we offer to serve) within a specified timeframe. It is crucial that this process is conducted with utmost integrity and impartiality. Trust must be restored.

As you are well aware, the Corte Madera Larkspur Foundation (dba Spark) is a 501(c)3 entity that exists to fundraise for a single institution: our local school district. The cause is both admirable and mission critical to our public schools' operations. The stakes are no less than the future of our very own community's next generation. One could be forgiven for assuming that the vehicle tasked with soliciting donations for the school district from the community would of course operate in a way that is worthy of the cause that it champions. In a review of 32 comparable 501(c)3 entities that raise funds solely for the benefit of their local school district, that is indeed largely the case, with well-run organizations typically contributing ~95 cents of every dollar raised to the beneficiary school district.¹ When well-run, these are largely passthrough entities. Furthermore, Spark historically operated at these same levels: from 6/30/2008 to 6/30/2013 Spark contributed 95.8 cents of every dollar donated on average as grants. Regrettably, this ratio has been on a sharp downward trend since Sara Ryba joined the organization and in the last fiscal year efficiency again dropped precipitously

¹ Defined here as the ratio of program service expenses to total operational expenses. It is less useful to compare grants directly against revenues in a given fiscal year given the nonprofit's cash balances can be built up or depleted. This ratio tells us when the nonprofit spends \$1, how much of that goes to the benefiting school district versus is spent on other expenses like management compensation.

once adjusted for misallocated expenses. Today, only 74 cents of every dollar donated to Spark makes its way to the district. The school district's fundraising arm has gone from best-in-class to worst-in-class when benchmarked against comparable school district nonprofits in less than a decade.

It is not just the efficiency levels of the organization that are cause for concern but also their trajectory. Below is a chart that displays Spark's efficiency ratio going back to 2009.



This is not a more broadly occurring phenomenon that is being similarly suffered by other school district charities. Other well-run nonprofits continue to operate with mid to high 90's efficiency, like Spark used to. This is true for both organizations bigger and smaller than Spark on a revenue basis.

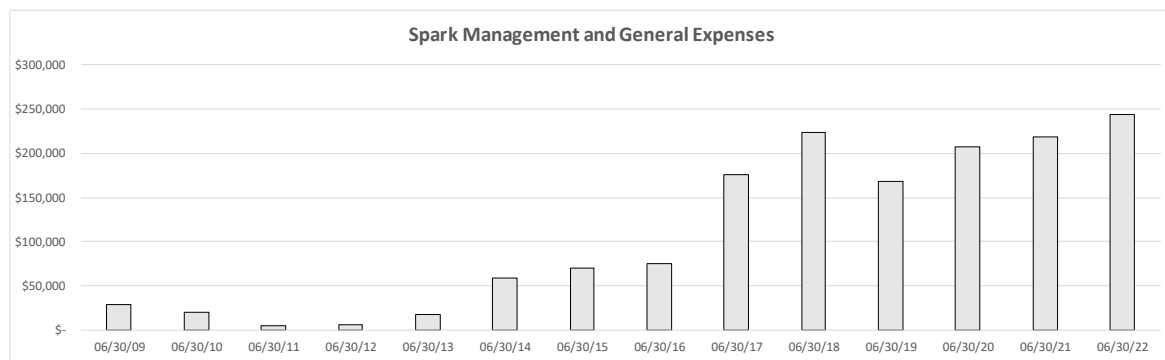
Comparable Analysis, Sorted by Efficiency Ratio

Metric	Foundation_Name	Efficiency	Mgmt_Load	Fundraise_Expense_Load	Contrib_Rev_Pct	Total Revenue (Current Year)	Total_Functional_Expenses	Prog_Services_Total_Functional_Expenses	Mgmt_General_Total_Functional_Expenses	Fundraising_Total_Functional_Expenses
0	Millbrae Education Foundation	0.994957	0.005043	0.000000	0.721348	456648.0	484407.0	481964.0	2443.0	0.0
1	Novato Unified School District	0.973363	0.025236	0.001401	1.032606	297648.0	263472.0	256454.0	6649.0	369.0
2	Hermosa Beach Education Foundation	0.972617	0.005683	0.021700	0.723319	1117051.0	1106904.0	1076594.0	6290.0	24020.0
3	Educational Foundation Of Orinda	0.953803	0.012812	0.033385	0.992378	5169551.0	4520451.0	4311620.0	57914.0	150917.0
4	Palo Alto Unified School District	0.945155	0.023733	0.031112	0.999725	5220247.0	5381256.0	5086120.0	127716.0	167420.0
5	Reed Union School District	0.942090	0.022162	0.035748	0.888491	1700012.0	1770225.0	1667712.0	39231.0	63282.0
6	San Francisco Education Fund	0.940360	0.016853	0.042787	0.968167	8294452.0	6987153.0	6570438.0	117754.0	298961.0
7	Mountain View Whisman School	0.924173	0.052905	0.022922	0.921376	856151.0	1359128.0	1256070.0	71904.0	31154.0
8	Lafayette Partners In Education	0.923336	0.026936	0.049728	0.946538	3603232.0	3795592.0	3504606.0	102239.0	188747.0
9	Pleasanton Unified Sd	0.917075	0.082925	0.000000	0.989908	955420.0	950236.0	871438.0	87798.0	0.0
10	Piedmont Educational Foundation	0.916198	0.036867	0.046935	0.907469	3686859.0	3930418.0	3601042.0	144902.0	184474.0
11	Mvla High School District	0.915943	0.035074	0.048983	0.983301	2153601.0	2282894.0	2091000.0	80071.0	111823.0
12	Tamalpais Union High School Dist	0.910905	0.037471	0.051624	0.924035	920024.0	619787.0	564567.0	23224.0	31996.0
13	Walnut Creek School District	0.900499	0.072078	0.027423	0.987891	1297074.0	1205646.0	1085683.0	86901.0	33062.0
14	Menlo Park City School District	0.895446	0.008993	0.095561	0.971862	4787413.0	4785245.0	4284930.0	43032.0	457283.0
15	San Mateo-Foster City School District	0.893286	0.101178	0.005536	0.807782	1005313.0	869266.0	776503.0	87951.0	4812.0
16	Burlingame Community For Education Foundation	0.889074	0.061324	0.049602	1.009669	3152916.0	2710687.0	2410000.0	166231.0	134456.0
17	Mountain View Los Altos District	0.888648	0.033681	0.077671	0.957854	2821142.0	2936703.0	2609695.0	98910.0	228098.0
18	Ross Valley School District	0.886308	0.046412	0.067280	0.981062	727358.0	716992.0	635476.0	33277.0	48239.0
19	San Carlos Educational Foundation	0.879402	0.067901	0.052696	0.979063	4409865.0	3945768.0	3469918.0	267923.0	207927.0
20	Mill Valley School District	0.875352	0.100809	0.023839	0.896282	3143627.0	2764463.0	2419879.0	276682.0	65902.0
21	Associated Parents' Group Of Hillsborough	0.873602	0.004344	0.041973	0.835070	4453701.0	4044244.0	3533304.0	341109.0	169751.0
22	Kentfield School District	0.850107	0.063047	0.086846	0.888639	1247683.0	1260806.0	10771820.0	79490.0	109496.0
23	Los Gatos Union School Dist	0.845729	0.092377	0.061894	0.997734	1111012.0	1111467.0	940000.0	102674.0	68793.0
24	Los Alamitos Education Foundation	0.822394	0.117719	0.059887	0.403101	1106571.0	1099413.0	904151.0	129422.0	65840.0
25	Santa Barbara Education Foundation	0.815237	0.165804	0.018958	0.899942	2433593.0	2346341.0	1912825.0	389033.0	44483.0
26	Solana Beach School District	0.813160	0.186840	0.000000	0.877389	589189.0	536549.0	436300.0	100249.0	0.0
27	Redwood High Ptsa	0.806287	0.193713	0.000000	0.999924	1242632.0	897140.0	723352.0	173788.0	0.0
28	Corte Madera Larkspur School Foundation	0.800138	0.197960	0.001903	0.823652	1579221.0	1231978.0	985752.0	243882.0	2344.0
29	Tustin Public Schools Foundation	0.793657	0.115943	0.090400	0.352804	934652.0	723828.0	574471.0	83923.0	65434.0
30	The Foundation Of Palm Springs Unif	0.786924	0.108841	0.104235	0.574839	1243965.0	753061.0	592602.0	81964.0	78495.0
31	Sonoma Valley Unified School	0.700308	0.081373	0.218318	0.954203	1670523.0	1498217.0	1049214.0	121915.0	327088.0
32	Napa Valley Education Foundation	0.696617	0.190621	0.112762	0.516704	1075689.0	1189648.0	828729.0	226772.0	134147.0

The cost of this is real: below is an outline of the additional funds that would have gone to schools if Spark efficiency had remained at these prior levels since Sara Ryba joined Spark (6/30/13 to 6/30/22) and in the latest fiscal year.

	6/30/08 to 6/30/2013	6/30/13 to 6/30/2022	6/30/21 to 6/30/2022
Total Functional Expenses	\$ 5,224,257	\$ 12,043,704	\$ 1,231,978
True Program Service Expenses	\$ 5,004,534	\$ 10,226,218	\$ 911,202
<i>True Prog Service / Total Expenses</i>	95.8%	84.9%	74.0%
Sensitivity - if ratio were still 95.8%			
Add'l \$'s that would have gone to schools	\$ -	\$ 1,310,949	\$ 268,961

How did this happen? Spark revenue CAGR has remained constant from before Ryba (FYE'09 – '13) and after (FYE'13 – '22) at 3.9%, while management and general expenses have skyrocketed to 34.4% (per annum) since she joined the organization.

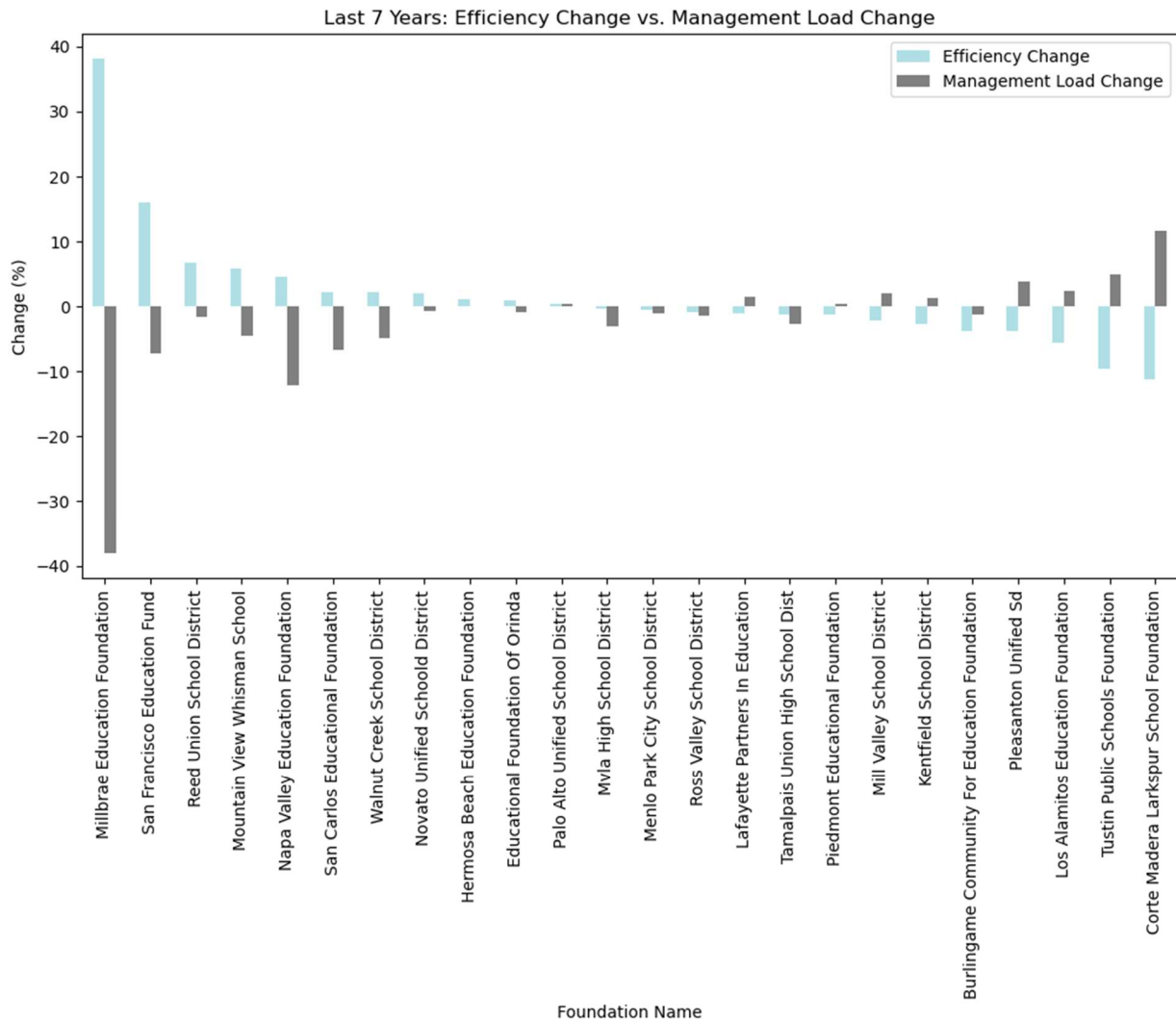


															CAGR	
															'09-'13	'13-'22
Grants (to schools)	\$ 827,888	\$ 972,341	\$ 1,088,369	\$ 1,039,716	\$ 964,191	\$ 1,021,926	\$ 990,000	\$ 769,990	\$ 1,075,794	\$ 1,123,820	\$ 1,649,309	\$ 1,400,977	\$ 1,161,758	\$ 910,448	3.9%	-0.6%
YoY Growth		17%	12%	-4%	-7%	6%	-3%	-22%	40%	4%	47%	-15%	-17%	-22%		
Mgmt Expense	\$ 28,180	\$ 19,552	\$ 4,463	\$ 5,724	\$ 17,055	\$ 59,453	\$ 70,854	\$ 75,031	\$ 176,087	\$ 223,511	\$ 168,093	\$ 207,687	\$ 218,327	\$ 243,882	-11.8%	34.4%
YoY Growth		-31%	-77%	28%	198%	249%	19%	6%	135%	27%	-25%	24%	5%	12%		
Mgmt Expense/ Grants	3.40%	2.01%	0.41%	0.55%	1.77%	5.82%	7.16%	9.74%	16.37%	19.89%	10.19%	14.82%	18.79%	26.79%		
Insider Comp												95,723	204,323	231,929		
% of Mgmt Expense												46.09%	93.59%	95.10%		
\$'s Raised - Revenues	\$ 957,798	\$ 1,002,114	\$ 960,088	\$ 1,097,366	\$ 1,116,762	\$ 1,155,422	\$ 1,223,576	\$ 1,219,982	\$ 1,204,357	\$ 1,310,598	\$ 1,365,208	\$ 1,493,756	\$ 1,399,437	\$ 1,579,221	3.9%	3.9%
YoY Growth		5%	-4%	14%	2%	3%	6%	0%	-1%	9%	4%	9%	-6%	13%		

We have benchmarked Spark against 22 peer nonprofits where filing information was available in machine readable format going back 6 years from today to better understand if these trends were idiosyncratic to Spark or reflective of more general trends at these organizations. **The takeaway is simple: this is a Spark issue.**

Key Operating Metric % Change: From 6 Years Ago to Most Recent Filing

	Foundation_Name	Rev_Pct_Chg	Mgmt_Expense_Pct_Chg	Rev_Less_Mgmt_Expense_Pct_Chg	Efficiency_Chg	Mgmt_Load_Chg
0	San Francisco Education Fund	4.046285	-0.061130	4.107415	0.159172	-0.072021
1	Educational Foundation Of Orinda	2.154966	0.640252	1.514715	0.010094	-0.008251
2	Napa Valley Education Foundation	1.997826	0.751311	1.246515	0.045075	-0.120477
3	Millbrae Education Foundation	0.403555	-0.579952	0.983507	0.380889	-0.380889
4	Walnut Creek School District	0.898252	0.003325	0.894927	0.021078	-0.048501
5	San Carlos Educational Foundation	0.545133	-0.250074	0.795208	0.022176	-0.066585
6	Tamalpais Union High School Dist	0.163624	-0.526080	0.689704	-0.011900	-0.027507
7	Mvla High School District	0.261682	-0.304746	0.566429	-0.003242	-0.031089
8	Menlo Park City School District	0.084826	-0.435313	0.520139	-0.004472	-0.010057
9	Novato Unified Schoold District	0.177661	-0.285054	0.462715	0.020120	-0.006817
10	Burlingame Community For Education Foundation	0.604057	0.169241	0.434816	-0.037536	-0.012066
11	Reed Union School District	-0.311158	-0.567841	0.256682	0.066758	-0.015784
12	Ross Valley School District	-0.426387	-0.553143	0.126756	-0.009629	-0.014267
13	Mountain View Whisman School	0.157083	0.080240	0.076843	0.058377	-0.045829
14	Mill Valley School District	-0.116902	0.022634	-0.139536	-0.022468	0.019459
15	Palo Alto Unified School District	-0.103865	0.115161	-0.219025	0.004254	0.004319
16	Hermosa Beach Education Foundation	0.026336	0.249503	-0.223167	0.010652	0.000490
17	Kentfield School District	-0.179323	0.089606	-0.268928	-0.026614	0.012605
18	Tustin Public Schools Foundation	-0.079338	0.236562	-0.315901	-0.095442	0.049274
19	Los Alamitos Education Foundation	0.814182	1.265196	-0.451015	-0.056706	0.023843
20	Piedmont Educational Foundation	2.359285	3.231209	-0.871924	-0.012864	0.004641
21	Pleasanton Unified Sd	0.402890	1.699486	-1.296596	-0.038199	0.038199
22	Lafayette Partners In Education	0.306952	2.188989	-1.882037	-0.011420	0.015111
23	Corte Madera Larkspur School Foundation	0.294463	2.250416	-1.955954	-0.111887	0.116745



While the magnitude of the leakage from funds that the community generously provided, leakage that represents funds that the school district has effectively missed out on, is already sizable looking backwards, the more concerning point is current efficiency levels and the much greater impact prospectively. The 74% efficiency level reported in 2022 is one of the very worst that we can find when benchmarking against 32 other comparable entities. Furthermore, the cost to the district with some simple assumptions can be forecast below and is both upsetting and alarming.

<u>Illustrative Impact Going Forward</u>		
<u>Metric</u>	<u>Forecast</u>	<u>Notes</u>
\$'s Raised Per Annum	\$ 1,500,000	Spark average for the last 3 years
Total Functional Expenses	\$ 1,500,000	Should equal revenues if not building cash reserves
'09-'13 Efficiency Ratio	95.8%	Spark reported for that time period
[A] Implied \$'s to School District	\$ 1,436,913	Consistent with well-run peers today
Forecast Efficiency Ratio	74.0%	2022 reported Spark levels
[B] Implied \$'s to School District	\$ 1,109,438	
[C = A - B] School District Misses Out On	\$ 327,475	Per Year
<u>Impact Over:</u>		
1 Years	\$ 327,475	
2 Years	\$ 654,950	
3 Years	\$ 982,424	
4 Years	\$ 1,309,899	
5 Years	\$ 1,637,374	
6 Years	\$ 1,964,849	
7 Years	\$ 2,292,324	
8 Years	\$ 2,619,799	
9 Years	\$ 2,947,273	
10 Years	\$ 3,274,748	

This is all very upsetting and alarming, especially when one considers the true victims: i) the families in our community that have mistakenly thought that reaching deeper into their pocketbooks each year would naturally translate to greater resources to the district; and ii) the kids that desperately need the resources that these additional dollars could fund in a district that already compares poorly vs. neighboring areas in total expenditure per student.² Of course none of this is news to you; we have discussed this very topic in the past and it also is a frequent topic in board meeting minutes for the Board of Trustees. It is this context and our deep desire to see this school district thrive that has driven our engagement on this matter. We simply must do better. The kids deserve it.

All of this analysis relies upon information provided in Form 990s for Spark and comparable organizations as well as other information in the public domain, though we also note our concerns around the reliability of Spark's filings given we have already identified multiple misstatements and omissions that simply don't make sense. These include (but are likely not limited to):

- **Material Misstatements (FY21 & FY22) - Executive Director Compensation Disclosure** - Ryba compensation has been disclosed as \$0 in Part VII Section A in fiscal years ending 6/30/21 and 6/30/22. This is incorrect, and this misstatement makes no sense (if not purposeful) given this compensation was disclosed as required in the prior year's filings that she also signed and Mrs. Ryba is the one who signs the Form 990, with an attestation that "Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete."
- **Material Misstatements (since FY18) – Employee Count** – Listed as zero but again Mrs. Ryba signs the document and is herself an employee.
- **Material Omission – Schedule I** – The Schedule I is required for Spark and comparable entities and provides details about the recipients of the grants or assistance, including their names, addresses, and the purpose of the

² Available at: <https://www.cde.ca.gov/ds/fd/ec/currentexpense.asp>

support provided. The organization must also report the total amount of grants and assistance given during the reporting period. While we all assume the grants reported in Part IX (1) in Spark's Form 990s are funds that are entirely going directly to the Larkspur-Corte Madera School District, this disclosure is still important to provide the assurance that this is so (and even more critical if our assumption here is incorrect and some funds are going elsewhere).

An Example from the Redwood High School Foundation

efile Public Visual Render ObjectID: 20221179349300302 - Submission: 2022-04-27 TIN: 68-0396973							
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.							
Schedule I (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.						
OMB No. 1545-0047 <div style="font-size: 24pt; font-weight: bold; color: green;">2020</div> Open to Public Inspection							
Name of the organization REDWOOD HIGH SCHOOL FOUNDATION							
Employer identification number 68-0396973							
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.							
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Benchwarmers 395 Doherty Dr Larkspur, CA 94939	20-0315109	501(c)(3)	190,000	0			Athletics
(2) Redwood High School 395 Doherty Dr Larkspur, CA 94939	68-0194361	501(c)(3)	322,475	0			Education
(3) Redwood High PTSA 3945 Doherty Dr Larkspur, CA 94939	20-5987365	501(c)(3)	11,014	0			Various school purposes
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.							3
3 Enter total number of other organizations listed in the line 1 table.							0
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2020							

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Schedule I (Form 990) 2020

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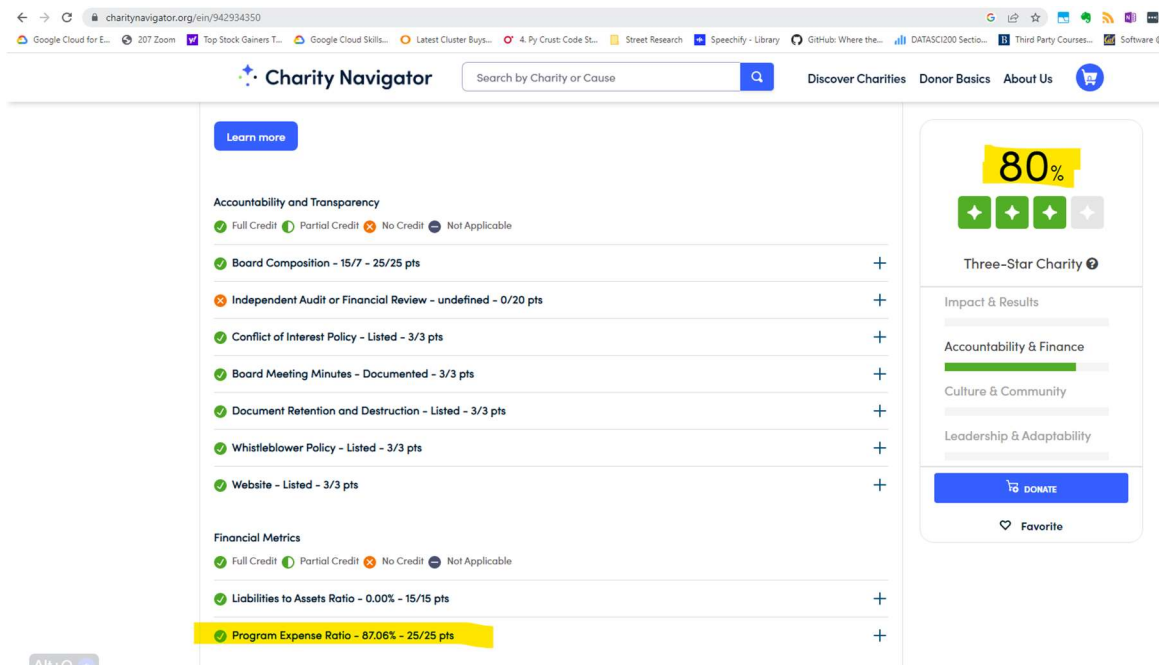
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) College Scholarships	34	133,301	0		
(2)		0	0		
(3)		0	0		
(4)		0	0		
(5)		0	0		
(6)		0	0		
(7)		0	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					
Return Reference	Explanation				

Schedule I (Form 990) 2020

- **Material Misstatements (applicable for multiple years' filings, commentary details issues with the 2022 Form 990) – Misclassification of Expenses to Inflate Program Service Expenses** – The ratio of program services expenses to total functional expenses is a common metric that is used by donors and third-party platforms that score nonprofits to assess efficiency. See below from one such platform (Charity Navigator). In the 2022 Form 990, Spark misclassifies Entertainment, Auction Equipment and Credit Card Processing expenses as program service expenses. Below is a historical bridge from reported program service expenses to a true program service expense figure and the impact it has on efficiency metrics. Overstating program service expenses has the effect of inflating the efficiency ratio of an organization.

	Fiscal Year Ending													
	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018	6/30/2019	6/30/2020	6/30/2021	6/30/2022
True Program Service Expenses														
Stated	834,038	1,035,607	1,148,068	1,086,299	1,012,953	1,063,505	1,054,555	842,579	1,121,870	1,133,921	1,701,576	1,426,052	1,186,268	985,752
Less:														
Bank Charges / Credit Card Processing	(14,386)	(19,529)	(27,420)	(24,953)	(26,143)	(23,562)	(33,248)	(35,424)	(28,332)	0	(18,428)	(18,534)	(18,569)	(21,448)
Printing and Publication	0	0	0	0	0	0	(17,871)	(10,044)	0	(7,548)	0	0	0	0
Design & Production Services	0	0	0	0	0	0	0	0	0	0	0	0	(3,750)	0
Entertainment	0	0	0	0	0	0	0	0	0	0	0	0	0	(41,199)
Auction Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,903)
Adjustments	(14,386)	(19,529)	(27,420)	(24,953)	(26,143)	(23,562)	(51,119)	(45,468)	(28,332)	(7,548)	(18,428)	(18,534)	(22,319)	(74,550)
True Program Service Expenses	819,652	1,016,078	1,120,648	1,061,346	986,810	1,039,943	1,003,436	797,111	1,093,538	1,126,373	1,683,148	1,407,518	1,163,949	911,202
Efficiency Ratios:														
Reported Prog Service / Total Expenses	96.7%	97.9%	97.8%	99.5%	97.6%	93.5%	92.9%	91.2%	86.4%	83.2%	90.1%	86.3%	84.0%	80.0%
True Prog Service / Total Expenses	95.0%	96.0%	95.5%	97.2%	95.1%	91.5%	88.4%	86.3%	84.2%	82.7%	89.1%	85.2%	82.4%	74.0%
Delta	-1.67%	-1.85%	-2.34%	-2.29%	-2.52%	-2.07%	-4.50%	-4.92%	-2.18%	-0.55%	-0.98%	-1.12%	-1.58%	-6.05%

Spark Profile on Charity Navigator³



- **Potential Misstatement – Voting Members & Independent Voting Members** – In Part I (2,3), Spark indicates total voting members of the governing body to be 7 while independent voting members of the governing body to be 15. This is likely wrong, as the independent voting members should be a subset of the total voting members.
- **An Unanswered Question – How much cash was actually gifted to the school district in the 12 months ending 6/30/22?** – The Spark website serves as an important source of information about Spark to the community from which it solicits donations. It states that Spark gave \$1.2 million to the district in the 12 months ending 6/30/22. Spark's Form 990 for that same time period only indicates \$910,448 of total grants made (presumably to the district, though unconfirmed given no required Schedule I was included in the filing). **Why are these two numbers so different? How much was actually given to the District from Spark in that time period? The Spark website can be deemed marketing materials, and as such it is important that the information be accurate on how much it gives to the schools as donors will incorporate such information into decisions on whether and how much to give.**

³ Available at: <https://www.charitynavigator.org/ein/942934350>. Other platforms like this include Guidestar and CharityWatch.



District Support 2021-2022

Revenue from the Foundation makes up nearly 6% of the overall District operating budget. In 2021-2022, with its \$1.2M gift to the District, SPARK helped fund salaries and benefits for 13 teachers to support MAST programs:

- 4 Music specialists
- 3 Art specialists
- 2 Technology specialists
- 3 Counselors
- 1 Reading specialist (funded by SchoolsRule grant)

SPARK also funded materials and supplies for MAST+Wellness programs at all three schools. The breakdown was: \$393K for Music; \$231K for Art; \$70K for Science; \$108K for Technology; \$338K for Counselors; \$10K for Reading Specialist; \$15K for Next Generation Science Standards/Project Lead the Way (Cove/Neil Cummins); \$17K for materials and supplies for MAST programs at Hall funded by SchoolsRule grant; \$20K for Discretionary Budgets for Principals use towards MAST+Wellness programs.

Form 990 – 12 months ending 6/30/22

Form 990 (2021) CORTE MADERA LARKSPUR SCHOOL FOUNDATION 94-2934350 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	910,448.	910,448.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				

- **An Unanswered Question – True Operating Costs in FY21 and FY22:** On Page 1 of the California 199 Tax Summary for Spark, total expenses for FY21 and 22 are listed as \$287,633 and \$335,069, respectively. These expenses are reported in a form for Spark prepared by a third party (Morling and Company). They are significantly higher than the expenses for Spark as reported in the entity's Form 990 filings for the same periods. It is possible the differences stem from different accounting methods being employed in the two filings (Form 990 states it is using cash accounting method; California tax filing is likely GAAP). It remains an important question given other issues with the reliability of Spark's Form 990 filings: Are the expenses in Spark Form 990s (excluding program service expense, which form 199 seems to exclude in this line item) correct or being understated? It is noteworthy that the Spark website financials page reports an expense profile that is well above that reported in the Form 990 and consistent with the Form 199. Secondly, what is the nature of these accrued expenses (if that is the difference) and when will Spark have to fund those in the future?

⁴ Available at: <https://sparkschools.org/financials/>

Form 199 Expenses

2021	CALIFORNIA 199 TAX SUMMARY CORTE MADERA LARKSPUR SCHOOL FOUNDATION DBA SPARK LARKSPUR SCHOOLS FOUNDATION		PAGE 1 94-2934350
	2021	2020	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	292,032	175,477	116,555
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	1,300,728	1,260,525	40,203
TOTAL GROSS RECEIPTS.....	1,592,760	1,436,002	156,758
TOTAL COSTS.....	0	0	0
TOTAL GROSS INCOME.....	1,592,760	1,436,002	156,758
EXPENSES			
TOTAL EXPENSES.....	335,069	287,633	47,436
EXCESS RECEIPTS OVER EXPENSES.....	1,257,691	1,148,369	109,322

Spark Website -- Financials⁵



ABOUT SPARK • OUR IMPACT • SUPPORT SPARK • EVENTS • SPARK BIZ •

Operating Expenses

As a non-profit foundation, SPARK strives to keep its fundraising and operation costs to a minimum. **Overhead expenses totaled \$250K**, which includes advertising/promotional costs, legal and professional fees (ie., accountant/external auditor), insurance, software, bank fees, dues and subscriptions, bookkeeping expenses plus staffing costs for one full-time and three part-time employees (Executive Director, Operations Director, Marketing Director and Bookkeeper). This accounts for 16% of net revenues.

Fundraising expenses totaled \$84K, which included all costs associated with event production (catering, venue rental, decor, entertainment, and marketing assets).

Last year, SPARK voted to support the Measure B Parcel Tax campaign with a \$15k donation. As a 501(c)(3) organization, SPARK is permitted to make a contribution to a ballot measure. This contribution was made utilizing event revenue and was part of a coordinated effort, along with The Cove PTO, Neil Cummins PTO, and Hall PTA, to support this measure which directly benefitted the Larkspur-Corte Madera School District.

Of the \$1.5M, raised in 2021-2022, just over \$1.2M went directly to the District to pay for programs, teacher salaries and benefits, and materials at the three schools.

Form 990 Expenses

- Non-Program Service Expenses approximate \$226k and \$246k for FY21 and FY22, respectively.

<u>Spark Expenses By Type</u>	<u>6/30/2021</u>	<u>6/30/2022</u>
Prog_Services_Total_Functional_Expenses	1,186,268	985,752
Mgmt_General_Total_Functional_Expenses	218,327	243,882
Fundraising_Total_Functional_Expenses	8,231	2,344
Total_Functional_Expenses	1,412,826	1,231,978

- Note: Depending upon the total compensation being awarded to Mrs. Ryba, there is potentially a requirement for Spark to also file a Schedule J. While Mrs. Ryba has indicated to us that her compensation levels are below the regulatory threshold for this requirement, it remains something that should be looked into given other provided information from Spark in the course of our correspondence has proven inaccurate and unreliable (the true level of Mrs. Ryba's compensation and the efficiency ratio of the organization) and the fact that she did not initially answer the question the first two times it was asked over email (despite being obligated to).

Moving on to governance. In addition to excessive insider compensation, we wish to highlight questions around seemingly exorbitant spending levels on entertainment in the latest Form 990 filing. Indeed, this is an unusual expense item to find in a 501(c)3 Form 990 for Spark or any of its peers. The operations behind these entities are usually comprised of a direct mail donation campaign and a couple events where tickets are sold, and money is raised from an auction. **In a review of the most recent Form 990s from 33 school district charities, we could not find another nonprofit where entertainment is a significant enough expense that it requires reporting in Part IX (24).** Similarly, until

⁵ Available at: <https://sparkschools.org/financials/>

this last year it was never a reportable expense for Spark. This leads to questions on what expense reimbursement policies are, what this money is actually being spent on, the appropriateness of these expenses being paid for with donor money, and merits much more detailed transparency and disclosures.

We have requested a breakout of all expenses for travel and for food / drink by date and vendor and would appreciate your facilitation in making this information available.

With respect to governance, Spark again compares poorly vs. peers. We are the only nonprofit above \$1.5m in revenues that does not have an independent audit, and one of the very few that “do not have a process for determining compensation for the CEO nor for other officers or key employees that includes a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.”

Metric	Foundation_Name	Total Revenue (Current Year)	BOOL_Independent_Audit	BOOL_CEO_Comp_Independently_Determined	BOOL_Other_Comp_Independently_Determined
0	San Francisco Education Fund	8294452	True	True	True
1	Palo Alto Unified School District	5220247	True	True	True
2	Educational Foundation Of Orinda	5169551	True	True	True
3	Menlo Park City School District	4787413	True	True	True
4	Associated Parents' Group Of Hillsborough	4453701	True	True	True
5	San Carlos Educational Foundation	4409865	True	True	False
6	Piedmont Educational Foundation	3686859	True	False	False
7	Lafayette Partners In Education	3603232	True	True	True
8	Burlingame Community For Education Foundation	3152916	True	True	False
9	Mill Valley School District	3143627	False	True	True
10	Mountain View Los Altos District	2821142	True	True	False
11	Santa Barbara Education Foundation	2433593	True	True	True
12	Mvla High School District	2153601	True	False	True
13	Reed Union School District	1700012	True	True	True
14	Sonoma Valley Unified School	1670523	True	True	True
15	Corte Madera Larkspur School Foundation	1579221	False	False	False
16	Walnut Creek School District	1297074	False	True	False
17	Kentfield School District	1247683	False	False	False
18	The Foundation Of Palm Springs Unif	1243965	True	False	False
19	Redwood High Ptsa	1242632	False	False	False
20	Hermosa Beach Education Foundation	1117051	False	False	False
21	Los Gatos Union School Dist	1111012	False	True	False
22	Los Alamitos Education Foundation	1106571	False	False	False
23	Napa Valley Education Foundation	1075689	False	False	False
24	San Mateo-Foster City School District	1005313	False	False	False
25	Pleasanton Unified Sd	955420	True	True	False
26	Tustin Public Schools Foundation	934652	False	True	True
27	Tamalpais Union High School Dist	920024	False	False	False
28	Mountain View Whisman School	856151	False	False	False
29	Ross Valley School District	727358	False	True	True
30	Solana Beach School District	589189	True	False	False
31	Millbrae Education Foundation	456648	False	False	False
32	San Rafael City Schools	391891	False	False	False
33	Novato Unified School District	297648	False	False	False

And the reality of the situation appears worse still. Out of the 17 fundraising arms that raise over \$1.25m, Corte Madera Larkspur is one of only 3 that does not independently determine CEO compensation. The point of all this is simply to ensure that compensation levels to insiders aren't being set at excessive levels to the detriment of additional grants to the school district. Below is a review of compensation (\$'s per year and as a % of total expenses) for Spark as well as the two others that aren't setting CEO compensation independently and with benchmarked data: Piedmont Educational Foundation and Mountain View Los Altos High School District.

Metric	Foundation_Name	Efficiency	Mgmt_Load	Total_Functional_Expenses	Mgmt_General_Total_Functional_Expenses
0	Mvla High School District	0.915943	0.035074	2282894.0	80071.0
1	Piedmont Educational Foundation	0.916198	0.036867	3930418.0	144902.0
2	Corte Madera Larkspur School Foundation	0.800138	0.197960	1231978.0	243882.0

The other two are running ~3.5% management loads (management expense / total functional expenses) vs. Corte Madera Larkspur at 19.8%, and this assumes that the improperly classified entertainment, auction and credit card processing expenses in program service expenses all get reclassified as fundraising expenses, not management expenses (while in reality a large number of entities in the benchmarked data, including Redwood High School, call credit card processing a management expense).⁶ In summary, while oversight is lacking at all three, the issue the oversight is intended to protect from seems only an issue at one: Spark.

Finally, moving to transparency. Again, Spark falls woefully short. As we conducted this analysis, parts of it were indeed alarming, but we have sought to refrain from inferring anything beyond what the reported data tells us. Rather, as questions presented themselves, we have subsequently reached out to the organization to ask questions, (hopefully) get answers and address concerns. To say that we have been under-impressed with the nature of our correspondence so far with the Executive Director Sara Ryba as we have sought answers would itself be very much an understatement. She has seemed to both intentionally mislead us in seeking answers (directing us to the IRS website to access the Form 1023 when surely knowing it isn't there) and phoned us unprompted in response to simple and direct questions regarding compensation history (which, while she has elected not to disclose in recent years, is still a legally required disclosure for Spark) to instead shame us for "monopolizing her time and distracting her from raising money for the kids." Further, we have submitted a request for Spark's Form 1023 and supporting documentation. The organization is legally required to provide this per the IRS as a 501(c)3 organization, and further Sara Ryba has represented that Spark will each year in its Form 990 "upon request" (see Part VI, Section C). Despite that, she has indicated that no one knows where it is, and as such, it is therefore unavailable. A subsequent request for the components of the initial request that the organization does have on hand (such as bylaws, an important document that can help us all understand how governance is conducted in the organization today) has been left unanswered.

It would be fair to say this has taken more of our time than we would have liked, and that so far, our attempts to engage the organization and advocate for positive change have fallen flat. As it stands today, Spark appears more interested in opacity in lieu of transparency and in seeking to protect the status quo. No doubt it is a status quo that has tangible benefit for certain parties, but we continue to advocate for change because the status quo is unacceptable, and it is really just supposed to be about benefit to one specific party: the kids. As such, we remain committed to seeing this through.

Non-profit organizations receive tax benefits for serving the public and donations from that same public. The social contract is clear: in return these organizations must offer transparency via required disclosures and act in good faith. Spark must do better. This is an immediate call for the commissioning of an independent audit for each of the last five fiscal years. In addition, the Board of Trustees and the Superintendent must immediately launch and spearhead an independent comprehensive review of Spark operations, seek to address the issues and open questions presented here and commit to presenting findings and proposed action items to the public (or some independent committee, upon which we offer to serve) within a specified timeframe. It is crucial that this process is conducted with utmost integrity and impartiality to restore public trust and ensure accountability.

Moreover, the Board of Trustees and the Superintendent should proactively engage with stakeholders, including major donors, to foster an open and transparent dialogue. This includes addressing concerns and actively soliciting feedback and suggestions for improvement.

Note: Efficiency in the above table shows Spark's efficiency ratio in '22 before reclassifying these expenses out of program service expenses.

Furthermore, to demonstrate a commitment to transparency, the organization should make all relevant financial and operational information easily accessible to the public. This includes promptly filing corrected historical Form 990s, disclosing executive compensation details and entertainment expense details, program impact reports, board meeting minutes and governance structure. By doing so, Spark can rebuild trust and demonstrate its dedication to fulfilling its mission in the most effective and responsible manner.

The trust of the community, Spark's ability to continue to raise much needed funds at the district level, and ultimately, the kids, depend upon it.

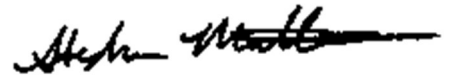
These things must happen. It is our preference that this process be conducted in a way to minimize lasting reputational risk to the organization and its ability to perform its stated mission, and we are open to engaging on what that might look like. It is our hope that today's letter to you in private provides enough motivation to effect change, but from here that becomes a decision that you and the Board of Trustees must make.

We understand that this letter may take some time to digest. We are available to discuss its contents and ask that you promptly acknowledge its receipt and additionally seek to provide a response by June 10th.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matt Kirk', with a stylized, flowing script.

Matt Kirk

A handwritten signature in black ink, appearing to read 'Stephen Marotto', with a stylized, flowing script.

Stephen Marotto

Appendix I – Spark Historical Financials

Spark Historical Financials

	Fiscal Year Ending													
	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018	6/30/2019	6/30/2020	6/30/2021	6/30/2022
Metrics														
BOOL_CEO_Independently_Determined	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BOOL_Independent_Audit	1	0	0	0	0	0	0	0	0	0	0	0	0	0
BOOL_Other_Comp_Independently_Determined	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GoverningBodyVotingMembersCnt	14	14	14	14	14	14	15	15	15	15	7	7	7	7
IndependentVotingMemberCnt	14	14	14	14	14	14	15	15	15	15	15	15	15	15
Num_of_Employees	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BOOL_Filed Schedule I	1	1	1	1	1	0	0	0	0	0	0	0	0	0
Sara Ryba Hours/Week						20	20	35	35	40	40	40	40	40
Ryba Comp						NA	NA	44,209	38,517	87,500	91,875	95,723	0	0
Gross to Net Other Revenues														
Fundraising Gross Income Amt	241,056	265,800	285,613	332,097	313,947	204,746	272,729	304,541	309,215	295,460	280,499	214,126	175,458	291,948
(-) Fundraising Direct Expense Amt	98,909	114,797	131,499	151,544	145,490	59,302	65,830	135,623	127,709	94,179	140,426	28,084	36,565	13,539
Other Revenue	142,147	151,003	154,114	180,553	168,457	145,444	206,899	168,918	181,506	201,281	140,073	186,042	138,893	278,409
Financials														
Contributions Grants	781,057	841,046	799,958	914,721	946,698	1,008,999	1,015,988	1,050,336	1,022,425	1,109,155	1,224,985	1,307,623	1,260,525	1,300,728
Program Service Revenue				0	0	0	0	0	0	0	0	0	0	0
Investment Income	34,594	10,065	6,016	2,092	1,607	979	689	728	426	162	150	91	19	84
Other Revenue	142,147	151,003	154,114	180,553	168,457	145,444	206,899	168,918	181,506	201,281	140,073	186,042	138,893	278,409
Total Revenue	957,798	1,002,114	960,088	1,097,366	1,116,762	1,155,422	1,223,576	1,219,982	1,204,357	1,310,598	1,365,208	1,493,756	1,399,437	1,579,221
Prog_Services_Total_Functional_Expenses	834,038	1,035,607	1,148,068	1,086,299	1,012,953	1,063,505	1,054,555	842,579	1,121,870	1,133,921	1,701,576	1,426,052	1,186,268	985,752
Mgmt_General_Total_Functional_Expenses	28,180	19,552	4,463	5,724	17,055	59,453	70,854	75,031	176,087	223,511	168,093	207,687	218,327	243,882
Fundraising_Total_Functional_Expenses	425	3,048	20,995	0	7,850	13,878	9,810	6,245	59	5,338	19,823	18,973	8,231	2,344
Total_Functional_Expenses	862,643	1,058,207	1,173,526	1,092,023	1,037,858	1,136,836	1,135,219	923,855	1,298,016	1,362,770	1,889,492	1,652,712	1,412,826	1,231,978
Check	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ratios														
Prog Service / Total Expenses	96.7%	97.9%	97.8%	99.5%	97.6%	93.5%	92.9%	91.2%	86.4%	83.2%	90.1%	86.3%	84.0%	80.0%
True Prog Service / Total Expenses	95.0%	96.0%	95.5%	97.2%	95.1%	91.5%	88.4%	86.3%	84.2%	82.7%	89.1%	85.2%	82.4%	74.0%
Mgmt & General / Total Expenses	3.3%	1.8%	0.4%	0.5%	1.6%	5.2%	6.2%	8.1%	13.6%	16.4%	8.9%	12.6%	15.5%	19.8%
Fundraising / Total Expenses	0.0%	0.3%	1.8%	0.0%	0.8%	1.2%	0.9%	0.7%	0.0%	0.4%	1.0%	1.1%	0.6%	0.2%
Grants Schedule														
Total_GrantsToDomesticOrgsGrp	827,888	972,341	1,088,369	1,039,716	964,191	1,021,926	990,000	769,990	1,075,794	1,123,820	1,649,309	1,400,977	1,161,758	910,448
Total_GrantsToDomesticIndividualsGrp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total_ForeignGrantsGrp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Grants	827,888	972,341	1,088,369	1,039,716	964,191	1,021,926	990,000	769,990	1,075,794	1,123,820	1,649,309	1,400,977	1,161,758	910,448

Spark Historical Financials

	Fiscal Year Ending													
	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018	6/30/2019	6/30/2020	6/30/2021	6/30/2022
Expense Breakdown														
Total Grants	827,888	972,341	1,088,369	1,039,716	964,191	1,021,926	990,000	769,990	1,075,794	1,123,820	1,649,309	1,400,977	1,161,758	910,448
Total_BenefitsToMembersGrp				0	0	0	0	0	0	0	0	0	0	0
Total_CompCurrentOfcrDirectorsGrp				0	0	0	0	0	0	0	0	95,723	204,323	231,929
Total_CompDisqualPersonsGrp				0	0	0	0	0	0	0	0	0	0	0
Total_OtherSalariesAndWagesGrp				0	0	0	0	0	0	0	0	0	0	0
Total_PensionPlanContributionsGrp				0	0	0	0	0	0	0	0	0	0	0
Total_OtherEmployeeBenefitsGrp				0	0	0	0	0	0	0	0	0	0	0
Total_PayrollTaxesGrp				0	0	0	0	0	0	0	0	0	0	0
Total_FeesForServicesManagementGrp				0	0	0	0	0	0	0	0	0	0	0
Total_FeesForServicesLegalGrp				0	0	0	0	0	0	0	0	0	20	3,010
Total_FeesForServicesAccountingGrp	11,306	10,963	14,961	12,575	13,292	14,705	9,480	15,705	11,422	3,512	2,057	0	0	0
Total_FeesForServicesLobbyingGrp				0	0	0	0	0	0	0	0	0	0	0
Total_FeesForServicesProfFundraising				0	0	0	0	0	0	0	0	0	0	0
Total_FeesForSrvclnvstMgmtFeesGrp				0	0	0	0	0	0	0	0	0	0	0
Total_FeesForServicesOtherGrp		11,014	13,639	0	0	0	0	0	0	0	0	0	0	529
Total_AdvertisingGrp		4,541		0	5,567	8,987	13,030	11,853	2,269	5,338	36,794	18,973	8,231	2,344
Total_OfficeExpensesGrp		2,232		6,441	5,195	1,463	6,956	2,987	12,874	0	0	0	0	0
Total_InformationTechnologyGrp	6,074	13,115	8,128	5,196	4,121	5,883	922	7,141	1,736	0	0	0	0	0
Total_RoyaltiesGrp				0	0	0	0	0	0	0	0	0	0	0
Total_OccupancyGrp				0	883	898	0	0	0	0	0	0	0	0
Total_TravelGrp				0	0	0	6,243	3,144	381	188	3,537	5,160	0	0
Total_PymtTravelEntrtnmntPubOfclGrp				0	0	0	0	0	0	0	0	0	0	0
Total_ConferencesMeetingsGrp				0	0	0	0	0	0	0	0	0	0	0
Total_InterestGrp				0	0	0	0	0	0	0	0	0	0	0
Total_PaymentsToAffiliatesGrp				0	0	0	0	0	0	0	0	0	0	0
Total_DepreciationDepletionGrp	1,344			0	0	0	0	0	0	0	0	0	0	0
Total_InsuranceGrp	1,226	1,226	1,326	1,879	1,979	2,216	2,166	2,265	2,340	2,290	2,290	2,290	3,148	0
Operations Director						33,460	44,209	56,549						
Entertainment														41,199
Auction Equipment														11,903
Office/General Admin Expense									82,761	208,342	154,320	89,754		
General Admin Expense									47,926		4,857	7,531	6,611	6,343
Postage & Shipping			722		986									
Miscellaneous				141	3,532	2,048								
Printing and Publications		10,274	7,131		11,819	18,409	18,621	10,044		7,548				
Bank Charges / Credit Card Processing	14,386	19,529	27,420	24,953	26,143	23,562	33,248	35,424	28,332		18,428	18,534	18,569	21,448
Dues & Subscriptions	113	859		1,122										
All Other Expenses	146	1,671	(457)		150	3,279	1,837	199	22,177	2,103	11,072	13,770	4,731	2,825
Supplies		7,942	6,836											
Tickets		2,500	5,451											
Baseball Tickets							8,507	8,554	10,004	7,704				
Registration Fees	160													
Design & Production Services													3,750	
Outside Services										1,925	6,828		1,685	
Total_Functional_Expenses	862,643	1,058,207	1,173,526	1,092,023	1,037,858	1,136,836	1,135,219	923,855	1,298,016	1,362,770	1,889,492	1,652,712	1,412,826	1,231,978
Check	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Spark Historical Financials

	Fiscal Year Ending													
	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018	6/30/2019	6/30/2020	6/30/2021	6/30/2022
<u>Bank Charges / Credit Card Processing</u>														
Program Service	14,386	19,529	27,420	24,953	26,143	23,562	33,248	35,424	28,332	0	18,428	18,534	18,569	21,448
Mgmt & General														
Fundraising														
Total	14,386	19,529	27,420	24,953	26,143	23,562	33,248	35,424	28,332	0	18,428	18,534	18,569	21,448
<u>Printing and Publication</u>														
Program Service							17,871	10,044		7,548				
Mgmt & General							750							
Fundraising														
Total							18,621	10,044		7,548				
<u>Design & Production Services</u>														
Program Service													3,750	
Mgmt & General														
Fundraising														
Total													3,750	
<u>Entertainment</u>														
Program Service														41,199
Mgmt & General														
Fundraising														
Total														41,199
<u>Auction Equipment</u>														
Program Service														11,903
Mgmt & General														
Fundraising														
Total														11,903
True Program Service Expenses														
Stated	834,038	1,035,607	1,148,068	1,086,299	1,012,953	1,063,505	1,054,555	842,579	1,121,870	1,133,921	1,701,576	1,426,052	1,186,268	985,752
Less:														
Bank Charges / Credit Card Processing	(14,386)	(19,529)	(27,420)	(24,953)	(26,143)	(23,562)	(33,248)	(35,424)	(28,332)	0	(18,428)	(18,534)	(18,569)	(21,448)
Printing and Publication	0	0	0	0	0	0	(17,871)	(10,044)	0	(7,548)	0	0	0	0
Design & Production Services	0	0	0	0	0	0	0	0	0	0	0	0	(3,750)	0
Entertainment	0	0	0	0	0	0	0	0	0	0	0	0	0	(41,199)
Auction Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	(11,903)
Adjustments	(14,386)	(19,529)	(27,420)	(24,953)	(26,143)	(23,562)	(51,119)	(45,468)	(28,332)	(7,548)	(18,428)	(18,534)	(22,319)	(74,550)
True Program Service Expenses	819,652	1,016,078	1,120,648	1,061,346	986,810	1,039,943	1,003,436	797,111	1,093,538	1,126,373	1,683,148	1,407,518	1,163,949	911,202

Appendix II – Spark Latest Financials Filing

2021 Exempt Org. Return
prepared for:

CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION
230 DOHERTY DRIVE
LARKSPUR, CA 94939

Morling & Company
7049 Redwood Blvd, Ste 205
Novato, CA 94945

CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

94-2934350

	2021	2020	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	1,300,728	1,260,525	40,203
INVESTMENT INCOME.....	84	19	65
OTHER REVENUE.....	278,409	138,893	139,516
TOTAL REVENUE.....	1,579,221	1,399,437	179,784
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	910,448	1,161,758	-251,310
SALARIES, OTHER COMPEN., EMP. BENEFITS...	231,929	204,323	27,606
OTHER EXPENSES.....	89,601	46,745	42,856
TOTAL EXPENSES.....	1,231,978	1,412,826	-180,848
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	347,243	-13,389	360,632
TOTAL ASSETS AT END OF YEAR.....	922,035	574,792	347,243
TOTAL LIABILITIES AT END OF YEAR.....	0	0	0
NET ASSETS/FUND BALANCES AT END OF YEAR.	922,035	574,792	347,243

2021

CALIFORNIA 199 TAX SUMMARY
CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

PAGE 1**94-2934350**

	2021	2020	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	292,032	175,477	116,555
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	1,300,728	1,260,525	40,203
TOTAL GROSS RECEIPTS.....	1,592,760	1,436,002	156,758
TOTAL COSTS.....	0	0	0
TOTAL GROSS INCOME.....	1,592,760	1,436,002	156,758
EXPENSES			
TOTAL EXPENSES.....	335,069	287,633	47,436
EXCESS RECEIPTS OVER EXPENSES.....	1,257,691	1,148,369	109,322
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

2021

GENERAL INFORMATION

PAGE 1

**CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION**

94-2934350

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH G, SCH O, 8868

CALIFORNIA: 199, SCH B, 8453-EO, E-FILE INSTRUCTIONS, RRF-1

CARRYOVERS TO 2022

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

THE ENTITY'S 2021 CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ENTITY SHOULD REVIEW THEIR 2021 CALIFORNIA EXEMPT INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ENTITY SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO E-FILEING THE RETURN.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

FORM 8453-EO

FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531

CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

94-2934350

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	985,752.	985,752.	PART IX, LINE 25, COL. B
GRANTS	0.	910,448.	PART IX, LINES 1-3, COL. B
REVENUE	1,579,137.	0.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
ACCOUNTING SOFTWARE FEES	529.		529.	
TOTAL	\$ 529.	\$ 0.	\$ 529.	\$ 0.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	917.		917.	
BANNERS/SIGNS	1,111.	1,111.		
BOOKKEEPING	150.		150.	
CONSIGNMENT	172.		172.	
DECORATIONS	130.	130.		
DUES & SUBSCRIPTIONS	82.		82.	
FOOD AND BEVERAGES	245.	245.		
OTHER EXPENSE	18.	18.		
TOTAL	\$ 2,825.	\$ 1,504.	\$ 1,321.	\$ 0.

2021

FEDERAL FILING INSTRUCTIONS
CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

94-2934350

ELECTRONICALLY FILED:

FORM 990 - 2021 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL
REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE - IRS E-FILE
SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 202022▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879TE for the latest information.****2021**Name of filer **CORTE MADERA LARKSPUR SCHOOL FOUNDATION**
DBA SPARK LARKSPUR SCHOOLS FOUNDATIONEIN or SSN
94-2934350

Name and title of officer or person subject to tax

SARA RYBA EXECUTIVE DIR.**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,579,221.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize MORLING & COMPANY to enter my PIN 21133 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

94240352550**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 5/15/2023

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

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	CORTE MADERA LARKSPUR SCHOOL FOUNDATION DBA SPARK LARKSPUR SCHOOLS FOUNDATION		94-2934350
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	230 DOHERTY DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
LARKSPUR, CA 94939			

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ► CORTE MADERA LARKSPUR SCHOOLS

Telephone No. ► 415-927-7273 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
 ► ☒ tax year beginning 7/01, 20 21, and ending 6/30, 20 22.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION
230 DOHERTY DRIVE
LARKSPUR, CA 94939

D Employer identification number

94-2934350

E Telephone number

(415) 927-7273

G Gross receipts \$ 1,592,760.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.SPARKSCHOOLS.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL AID AND SUPPORT BY WAY OF GIFTS, GRANTS, OR LOANS FOR SELECTED PROGRAMS TO BE PROVIDED BY SCHOOL DISTRICTS OR OTHER PUBLIC OR PRIVATE ORGANIZATIONS OR GROUPS WHICH FURTHER EDUCATIONAL AND RELATED NEEDS OF MINORS AND ADULTS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,260,525.	Current Year 1,300,728.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19.	84.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,893.	278,409.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,399,437.	1,579,221.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,161,758.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	204,323.	231,929.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,344.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,745.	89,601.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,412,826.	1,231,978.
19	Revenue less expenses. Subtract line 18 from line 12	-13,389.	347,243.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 574,792.	End of Year 922,035.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	574,792.	922,035.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	SARA RYBA		EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00052550
	RICHARD F. LIMMER			
	Firm's name	MORLING & COMPANY		Firm's EIN ▶ 94-2989774
	Firm's address	7049 REDWOOD BLVD, STE 205 NOVATO, CA 94945		Phone no. 415 956-9500

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/22/21

Form 990 (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

PROVIDE FINANCIAL AID AND SUPPORT BY WAY OF GIFTS, GRANTS, OR LOANS FOR SELECTED PROGRAMS TO BE PROVIDED BY SCHOOL DISTRICTS OR OTHER PUBLIC OR PRIVATE ORGANIZATIONS OR GROUPS WHICH FURTHER EDUCATIONAL AND RELATED NEEDS OF MINORS AND ADULTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 985,752. including grants of \$) (Revenue \$ 1,579,137.)

RAISED FUNDS TO BRIDGE THE GAP BETWEEN PUBLIC FUNDING AND THE TRUE COSTS OF A WELL-ROUNDED EDUCATION FOR THE STUDENTS IN THE CORTE MADERA LARKSPUR SCHOOL DISTRICT. HELPED TO EDUCATE PARENTS, BUSINESSES, AND CONCERNED RESIDENTS ABOUT THE FINANCIAL REQUIREMENTS OF PROVIDING A STRONG PUBLIC EDUCATION SYSTEM AND THE BENEFITS SHARED BY THE COMMUNITY.

THERE WERE APPROXIMATELY 1500 STUDENTS SERVED FROM HALL MIDDLE SCHOOL, NEIL CUMMINS ELEMENTARY SCHOOL, AND THE COVE SCHOOL.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 985,752.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		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		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
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		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
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		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X

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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	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? <i>If 'Yes,' complete Schedule J.</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....	24d	
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? <i>If 'Yes,' complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</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? <i>If 'Yes,' complete Schedule L, Part II.</i>	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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' 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 sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1 a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X

Part V 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 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 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		
4a 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		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a 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
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 7		
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. 1 b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. 15 a		X
b Other officers or key employees of the organization. 15 b		X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

CORTE MADERA LARKSPUR SCHOOLS 230 DOHERTY DRIVE LARKSPUR CA 94939 415-927-7273

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLINE SEARLE SECRETARY	1 0	X						0.	0.	0.
(2) JAIME HEAPS VICE PRESIDENT	5 0	X		X				0.	0.	0.
(3) CASEY ROBERTS VICE PRESIDENT	5 0	X		X				0.	0.	0.
(4) SARA RYBA EXECUTIVE DIR.	40 0	X						0.	0.	0.
(5) KRISTINA WILSON VICE PRESIDENT	5 0	X		X				0.	0.	0.
(6) BEN ROBERTS TREASURER	2 0	X		X				0.	0.	0.
(7) STACEY BYRNE VICE PRESIDENT	5 0	X		X				0.	0.	0.
(8) JAMI KATZ VICE PRESIDENT	5 0	X		X				0.	0.	0.
(9) DANIELA KRATZ VICE PRESIDENT	5 0	X		X				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1 b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual.*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f 1,300,728.					
	g Noncash contributions included in lines 1a-1f.	1 g					
	h Total. Add lines 1a-1f		1,300,728.				
Program Service Revenue	Business Code						
	2 a -----						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue ...						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		84.	84.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		6 a					
		b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7 a					
		b Less: cost or other basis and sales expenses	7 b				
	c Gain or (loss)	7 c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 a	291,948.				
		b Less: direct expenses	8 b	13,539.			
	c Net income or (loss) from fundraising events		278,409.			278,409.	
	9 a Gross income from gaming activities. See Part IV, line 19						
9 a							
b Less: direct expenses		9 b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
	10 a						
	b Less: cost of goods sold.	10 b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
	11 a -----						
	b -----						
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,579,221.	84.	0.	278,409.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	910,448.	910,448.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	231,929.	0.	231,929.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (nonemployees):				
a Management.				
b Legal.	3,010.		3,010.	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	529.		529.	
12 Advertising and promotion.	2,344.			2,344.
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT	41,199.	40,449.	750.	
b CREDIT CARD PROCESSING FEE	21,448.	21,448.		
c AUCTION EQUIPMENT	11,903.	11,903.		
d GENERAL ADMIN EXP	6,343.		6,343.	
e All other expenses.	2,825.	1,504.	1,321.	
25 Total functional expenses. Add lines 1 through 24e.	1,231,978.	985,752.	243,882.	2,344.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	573,807.	2	921,047.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	985.	9	988.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	574,792.	16	922,035.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	574,792.	31	922,035.
	32 Total net assets or fund balances	574,792.	32	922,035.
	33 Total liabilities and net assets/fund balances	574,792.	33	922,035.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,579,221.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,231,978.
3	Revenue less expenses. Subtract line 2 from line 1	3	347,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	574,792.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	922,035.

Part XII Financial Statements and ReportingCheck 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

BAA

TEEA0112L 09/22/21

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

Employer identification number

94-2934350

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	991,539.	1,224,985.	1,307,623.	1,260,525.	1,300,760.	6,085,432.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	991,539.	1,224,985.	1,307,623.	1,260,525.	1,300,760.	6,085,432.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						6,085,432.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	991,539.	1,224,985.	1,307,623.	1,260,525.	1,300,760.	6,085,432.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	162.	150.	91.	19.	84.	506.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						6,085,938.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	99.99 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	99.98 %
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
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.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 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.						
11 Net income from unrelated business activities not included on 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
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.)		

Part IV Supporting Organizations (continued)

	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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees 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	

Section 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 on 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 during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
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.	2a		
b Did the activities described on 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.	2b		
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 .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ 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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

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

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization **CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION**

Employer identification number
94-2934350

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

Employer identification number

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BETTOR, MEGAN AND CHAD [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCHRUMPF, LISA AND ERIC [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WINSHIP, CINDY & CHRIS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HOUTKOOPER, JULIE AND KURT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHNS, LUCY AND TODD [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MENDOZA, ELIZABETH AND DAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

Employer identification number

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ABBE, ADRIANA & RYAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GRIFFITHS, JULIE & JOHN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ELLENZWEIG, KRISTI & ROBERT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HIELSCHER, LISA & ROBERT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INGRAHAM, MEGAN & DAVID [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MATZA, EMILY & ALAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MCGOVERN, JESSICA FOLEY & CASEY [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MILLSPAUGH, KATHLEEN & JACOB [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SANKARAN, CAMILLA & KARTHIK [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	SEVIER, CONSTANCE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SLOWE, KRISTEN & CHRISTOPHER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	VOILES, SARAH & LUKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	WAGNER, SARAH & RYAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	FARROW, AMY & NICHOLAS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ANGLEMAN, PAULINE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BATLIN, TAYLOR & PHILIP [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BLETNITSKY, KATIE & GABE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	BUSH, NANCY ANN OBERHEIM & JEFFREY [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CLIFFORD, SARAH & PATRICK [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CORREA, JENNIFER COCHRAN & ADAM [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DRULLINGER, REBECCA O'NEILL & KYLE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ECONOMAKIS, TARA [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	GALEA, MIKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	GARLAND, KATE LOWE & SCOTT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	GHIA, SHANNON & RAJEEV [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	JACKSON, STEPHANIE & TYLER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	KIRK, KATHRYN & MATTHEW [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	KROPF, KATE & JON [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MILLER, KATY & CLARKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	MOSS, JENNIFER & JORDAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MOSSMAN, CATHERINE & ALEXANDER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	PASHA, DAWNIELE & MICHAEL [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	SAGE EDUCATORS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	SCALES, KRISTIN & PETER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	STRASSER, ELLIE & MIKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	TRIPP, KIMBERLY & OWEN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part II **Noncash Property** (see instructions). Use duplicate 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
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

Employer identification number

94-2934350

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION**

Employer identification number
94-2934350

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AUCTION, GOLF (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
Revenue	1 Gross receipts	291,948.			291,948.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	291,948.			291,948.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,539.			13,539.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,539.
	11 Net income summary. Subtract line 10 from line 3, column (d)				278,409.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|-------------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

Employer identification number

94-2934350

FORM 990 - ADDITIONAL DBAS

SPARK - LARKSPUR SCHOOLS FOUNDATION

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFTS CIRCULATED TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

COMPLIANCE REVIEWED AT EACH MEETING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE BOARD OF DIRECTORS HAS AVAILABLE UPON REQUEST ANY APPROPRIATE INFORMATION.

2021

CALIFORNIA FILING INSTRUCTIONS
CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

94-2934350

ELECTRONICALLY FILED:

FORM 199 - 2021 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION
RETURN WILL BE ELECTRONICALLY FILED UPON RECEIPT OF A SIGNED FORM
8453-E0.

PAYMENT:

NO PAYMENT IS REQUIRED.

2021

CALIFORNIA FILING INSTRUCTIONS
CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

94-2934350

FORM TO FILE:

FORM RRF-1 - REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

SIGNATURE:

SIGN AND DATE FORM RRF-1.

PAYMENT:

THERE IS A FEE DUE OF \$200 WHICH IS PAYABLE BY MAY 15, 2023. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "DEPARTMENT OF JUSTICE" AND WRITE THE CALIFORNIA CHARITY REGISTRATION NUMBER ON THE PAYMENT.

WHEN TO FILE:

ON OR BEFORE MAY 15, 2023.

WHERE TO FILE:

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

2021

California Exempt Organization
Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022.

Corporation/Organization name CORTE MADERA LARKSPUR SCHOOL FOUNDATION DBA SPARK LARKSPUR SCHOOLS FOUNDATION		California corporation number 0957574
Additional information. See instructions.		FEIN 94-2934350
Street address (suite or room) 230 DOHERTY DRIVE		PMB no.
City LARKSPUR	State CA	Zip code 94939
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input type="checkbox"/></p> <p>E Check accounting method: 1 <input checked="" type="checkbox"/> Cash 2 <input type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption If "Yes," what is the parent's name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? ... If "Yes," enter the gross receipts from nonmember sources. \$ <input type="checkbox"/></p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS <input type="checkbox"/></p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	292,032.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.	3	1,300,728.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	1,592,760.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	1,592,760.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	335,069.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	1,257,691.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Penalties and interest. See General Information J.	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.	16	0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	Title EXECUTIVE DIR.	Date	Telephone (415) 927-7273
	Preparer's signature	RICHARD F. LIMMER	Date	PTIN P00052550
	Firm's name (or yours, if self-employed) and address	MORLING & COMPANY 7049 REDWOOD BLVD, STE 205 NOVATO, CA 94945		Firm's FEIN 94-2989774
				Telephone 415 956-9500
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	•	1	
	2	Interest	•	2	84.
	3	Dividends	•	3	
	4	Gross rents	•	4	
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See instructions)	•	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	•	7	291,948.
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	292,032.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	•	9	
	10	Disbursements to or for members.	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.	•	11	231,929.
	12	Other salaries and wages.	•	12	
	13	Interest	•	13	
	14	Taxes	•	14	
	15	Rents	•	15	
	16	Depreciation and depletion (See instructions)	•	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 2	•	17	103,140.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	335,069.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		573,807.	•	921,047.
2	Net accounts receivable			•	
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans			•	
9	Other investments. Attach schedule.			•	
10 a	Depreciable assets.				
b	Less accumulated depreciation.				
11	Land			•	
12	Other assets. Attach schedule. STM 3		985.	•	988.
13	Total assets		574,792.		922,035.
Liabilities and net worth					
14	Accounts payable			•	
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule.				
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation.			•	
21	Retained earnings or income fund.		574,792.	•	922,035.
22	Total liabilities and net worth		574,792.		922,035.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	1,257,691.	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule.	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule.	•		10	Net income per return. Subtract line 9 from line 6.		1,257,691.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5.		1,257,691.				

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization **CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION**

Employer identification number
94-2934350

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

Employer identification number

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BETTOR, MEGAN AND CHAD [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCHRUMPF, LISA AND ERIC [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WINSHIP, CINDY & CHRIS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HOUTKOOPER, JULIE AND KURT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHNS, LUCY AND TODD [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MENDOZA, ELIZABETH AND DAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

Employer identification number

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ABBE, ADRIANA & RYAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GRIFFITHS, JULIE & JOHN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ELLENZWEIG, KRISTI & ROBERT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HIELSCHER, LISA & ROBERT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INGRAHAM, MEGAN & DAVID [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MATZA, EMILY & ALAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MCGOVERN, JESSICA FOLEY & CASEY [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MILLSPAUGH, KATHLEEN & JACOB [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SANKARAN, CAMILLA & KARTHIK [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	SEVIER, CONSTANCE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SLOWE, KRISTEN & CHRISTOPHER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	VOILES, SARAH & LUKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	WAGNER, SARAH & RYAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	FARROW, AMY & NICHOLAS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ANGLEMAN, PAULINE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BATLIN, TAYLOR & PHILIP [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BLETNITSKY, KATIE & GABE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	BUSH, NANCY ANN OBERHEIM & JEFFREY [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CLIFFORD, SARAH & PATRICK [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CORREA, JENNIFER COCHRAN & ADAM [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DRULLINGER, REBECCA O'NEILL & KYLE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ECONOMAKIS, TARA [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	GALEA, MIKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	GARLAND, KATE LOWE & SCOTT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	GHIA, SHANNON & RAJEEV [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	JACKSON, STEPHANIE & TYLER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	KIRK, KATHRYN & MATTHEW [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	KROPF, KATE & JON [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MILLER, KATY & CLARKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	MOSS, JENNIFER & JORDAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MOSSMAN, CATHERINE & ALEXANDER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	PASHA, DAWNIELE & MICHAEL [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	SAGE EDUCATORS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	SCALES, KRISTIN & PETER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	STRASSER, ELLIE & MIKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	TRIPP, KIMBERLY & OWEN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CORTÉ MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part II **Noncash Property** (see instructions). Use duplicate 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
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

Employer identification number

94-2934350

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

2021

CALIFORNIA STATEMENTS

PAGE 1

CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

94-2934350

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	291,948.
TOTAL	\$	<u>291,948.</u>

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	2,344.
AUCTION EQUIPMENT.....		11,903.
BANK CHARGES.....		917.
BANNERS/SIGNS.....		1,111.
BOOKKEEPING.....		150.
CONSIGNMENT.....		172.
CREDIT CARD PROCESSING FEE.....		21,448.
DECORATIONS.....		130.
DUES & SUBSCRIPTIONS.....		82.
ENTERTAINMENT.....		41,199.
FOOD AND BEVERAGES.....		245.
GENERAL ADMIN EXP.....		6,343.
LEGAL FEES.....		3,010.
OTHER EXPENSE.....		18.
OTHER FEES.....		529.
SPECIAL EVENT EXPENSES.....		13,539.
TOTAL	\$	<u>103,140.</u>

STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....		988.
TOTAL	\$	<u>988.</u>

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

WEBSITE ADDRESS:
www.oag.ca.gov/charities



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

CORTE MADERA LARKSPUR SCHOOL FOUNDATION DBA SPARK LARKSPUR SCHOOLS FOUNDATION Name of Organization		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
List all DBAs and names the organization uses or has used		State Charity Registration Number <u>040519</u>	
230 DOHERTY DRIVE Address (Number and Street)		Corporation or Organization No. <u>0957574</u>	
LARKSPUR, CA 94939 City or Town, State, and ZIP Code		Federal Employer ID No. <u>94-2934350</u>	
(415) 927-7273 Telephone Number	SRBYA@SPARKSCHOOLS.ORG E-mail Address		

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$
(including noncash contributions) 1,579,221. Noncash Contributions \$ 0. Total Assets \$ 922,035.

Program Expenses \$ 0. Total Expenses \$ 335,069.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

SARA RYBA Signature of Authorized Agent	EXECUTIVE DIR. Title	Date
--	-------------------------	------

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	CORTE MADERA LARKSPUR SCHOOL FOUNDATION DBA SPARK LARKSPUR SCHOOLS FOUNDATION		94-2934350
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	230 DOHERTY DRIVE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	LARKSPUR, CA 94939		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ► CORTE MADERA LARKSPUR SCHOOLS

Telephone No. ► 415-927-7273 Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
 ► ☒ tax year beginning 7/01, 20 21, and ending 6/30, 20 22.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION
230 DOHERTY DRIVE
LARKSPUR, CA 94939

D Employer identification number

94-2934350

E Telephone number

(415) 927-7273

G Gross receipts \$ 1,592,760.

F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.SPARKSCHOOLS.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980

M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL AID AND SUPPORT BY WAY OF GIFTS, GRANTS, OR LOANS FOR SELECTED PROGRAMS TO BE PROVIDED BY SCHOOL DISTRICTS OR OTHER PUBLIC OR PRIVATE ORGANIZATIONS OR GROUPS WHICH FURTHER EDUCATIONAL AND RELATED NEEDS OF MINORS AND ADULTS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,260,525.	Current Year 1,300,728.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19.	84.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,893.	278,409.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,399,437.	1,579,221.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,161,758.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	204,323.	231,929.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,344.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,745.	89,601.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,412,826.	1,231,978.
19		Revenue less expenses. Subtract line 18 from line 12	-13,389.	347,243.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 574,792.	End of Year 922,035.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	574,792.	922,035.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	SARA RYBA		EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00052550
	RICHARD F. LIMMER			
	Firm's name	MORLING & COMPANY		Firm's EIN ▶ 94-2989774
	Firm's address	7049 REDWOOD BLVD, STE 205 NOVATO, CA 94945		Phone no. 415 956-9500

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/22/21

Form 990 (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

PROVIDE FINANCIAL AID AND SUPPORT BY WAY OF GIFTS, GRANTS, OR LOANS FOR SELECTED PROGRAMS TO BE PROVIDED BY SCHOOL DISTRICTS OR OTHER PUBLIC OR PRIVATE ORGANIZATIONS OR GROUPS WHICH FURTHER EDUCATIONAL AND RELATED NEEDS OF MINORS AND ADULTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 985,752. including grants of \$) (Revenue \$ 1,579,137.)

RAISED FUNDS TO BRIDGE THE GAP BETWEEN PUBLIC FUNDING AND THE TRUE COSTS OF A WELL-ROUNDED EDUCATION FOR THE STUDENTS IN THE CORTE MADERA LARKSPUR SCHOOL DISTRICT. HELPED TO EDUCATE PARENTS, BUSINESSES, AND CONCERNED RESIDENTS ABOUT THE FINANCIAL REQUIREMENTS OF PROVIDING A STRONG PUBLIC EDUCATION SYSTEM AND THE BENEFITS SHARED BY THE COMMUNITY.

THERE WERE APPROXIMATELY 1500 STUDENTS SERVED FROM HALL MIDDLE SCHOOL, NEIL CUMMINS ELEMENTARY SCHOOL, AND THE COVE SCHOOL.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 985,752.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		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		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
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		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
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		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X

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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part II.</i>		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? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V 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 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 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		
4a 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		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a 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
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 7		
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. 1 b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. 15 a		X
b Other officers or key employees of the organization. 15 b		X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

CORTE MADERA LARKSPUR SCHOOLS 230 DOHERTY DRIVE LARKSPUR CA 94939 415-927-7273

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLINE SEARLE SECRETARY	1 0	X						0.	0.	0.
(2) JAIME HEAPS VICE PRESIDENT	5 0	X		X				0.	0.	0.
(3) CASEY ROBERTS VICE PRESIDENT	5 0	X		X				0.	0.	0.
(4) SARA RYBA EXECUTIVE DIR.	40 0	X						0.	0.	0.
(5) KRISTINA WILSON VICE PRESIDENT	5 0	X		X				0.	0.	0.
(6) BEN ROBERTS TREASURER	2 0	X		X				0.	0.	0.
(7) STACEY BYRNE VICE PRESIDENT	5 0	X		X				0.	0.	0.
(8) JAMI KATZ VICE PRESIDENT	5 0	X		X				0.	0.	0.
(9) DANIELA KRATZ VICE PRESIDENT	5 0	X		X				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1 b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual.*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f 1,300,728.					
	g Noncash contributions included in lines 1a-1f.	1 g					
	h Total. Add lines 1a-1f		1,300,728.				
Program Service Revenue	Business Code						
	2 a -----						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue ...						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		84.	84.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		6 a					
		b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7 a					
		b Less: cost or other basis and sales expenses	7 b				
	c Gain or (loss)	7 c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 a	291,948.				
		b Less: direct expenses	8 b	13,539.			
c Net income or (loss) from fundraising events		278,409.			278,409.		
9 a Gross income from gaming activities. See Part IV, line 19							
	9 a						
	b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
	10 a						
	b Less: cost of goods sold.	10 b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
	11 a -----						
	b -----						
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,579,221.	84.	0.	278,409.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	910,448.	910,448.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	231,929.	0.	231,929.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (nonemployees):				
a Management.				
b Legal.	3,010.		3,010.	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	529.		529.	
12 Advertising and promotion.	2,344.			2,344.
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT	41,199.	40,449.	750.	
b CREDIT CARD PROCESSING FEE	21,448.	21,448.		
c AUCTION EQUIPMENT	11,903.	11,903.		
d GENERAL ADMIN EXP	6,343.		6,343.	
e All other expenses.	2,825.	1,504.	1,321.	
25 Total functional expenses. Add lines 1 through 24e.	1,231,978.	985,752.	243,882.	2,344.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	573,807.	2	921,047.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	985.	9	988.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	574,792.	16	922,035.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	574,792.	31	922,035.
	32 Total net assets or fund balances	574,792.	32	922,035.
33 Total liabilities and net assets/fund balances	574,792.	33	922,035.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,579,221.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,231,978.
3	Revenue less expenses. Subtract line 2 from line 1	3	347,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	574,792.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	922,035.

Part XII Financial Statements and ReportingCheck 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

BAA

TEEA0112L 09/22/21

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

Employer identification number

94-2934350

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	991,539.	1,224,985.	1,307,623.	1,260,525.	1,300,760.	6,085,432.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	991,539.	1,224,985.	1,307,623.	1,260,525.	1,300,760.	6,085,432.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						6,085,432.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	991,539.	1,224,985.	1,307,623.	1,260,525.	1,300,760.	6,085,432.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	162.	150.	91.	19.	84.	506.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						6,085,938.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	99.99 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	99.98 %
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
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.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 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.						
11 Net income from unrelated business activities not included on 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
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.)		

Part IV Supporting Organizations (continued)

	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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees 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	

Section 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 on 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 during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
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.	2a		
b Did the activities described on 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.	2b		
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 .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ 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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

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

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization **CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION**

Employer identification number
94-2934350

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

Employer identification number

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BETTOR, MEGAN AND CHAD [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCHRUMPF, LISA AND ERIC [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WINSHIP, CINDY & CHRIS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HOUTKOOPER, JULIE AND KURT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHNS, LUCY AND TODD [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MENDOZA, ELIZABETH AND DAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ABBE, ADRIANA & RYAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GRIFFITHS, JULIE & JOHN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ELLENZWEIG, KRISTI & ROBERT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HIELSCHER, LISA & ROBERT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INGRAHAM, MEGAN & DAVID [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MATZA, EMILY & ALAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

Employer identification number

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MCGOVERN, JESSICA FOLEY & CASEY [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MILLSPAUGH, KATHLEEN & JACOB [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SANKARAN, CAMILLA & KARTHIK [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	SEVIER, CONSTANCE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SLOWE, KRISTEN & CHRISTOPHER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	VOILES, SARAH & LUKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

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94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	WAGNER, SARAH & RYAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	FARROW, AMY & NICHOLAS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ANGLEMAN, PAULINE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BATLIN, TAYLOR & PHILIP [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BLETNITSKY, KATIE & GABE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	BUSH, NANCY ANN OBERHEIM & JEFFREY [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CLIFFORD, SARAH & PATRICK [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CORREA, JENNIFER COCHRAN & ADAM [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DRULLINGER, REBECCA O'NEILL & KYLE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ECONOMAKIS, TARA [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	GALEA, MIKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	GARLAND, KATE LOWE & SCOTT [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	GHIA, SHANNON & RAJEEV [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	JACKSON, STEPHANIE & TYLER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	KIRK, KATHRYN & MATTHEW [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	KROPF, KATE & JON [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MILLER, KATY & CLARKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	MOSS, JENNIFER & JORDAN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORTE MADERA LARKSPUR SCHOOL FOUNDATION	94-2934350

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MOSSMAN, CATHERINE & ALEXANDER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	PASHA, DAWNIELE & MICHAEL [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	SAGE EDUCATORS [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	SCALES, KRISTIN & PETER [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	STRASSER, ELLIE & MIKE [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	TRIPP, KIMBERLY & OWEN [REDACTED]		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

Employer identification number

94-2934350

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION**

Employer identification number
94-2934350

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AUCTION, GOLF (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
Revenue	1 Gross receipts	291,948.			291,948.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	291,948.			291,948.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,539.			13,539.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,539.
	11 Net income summary. Subtract line 10 from line 3, column (d)				278,409.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|-------------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

CORTE MADERA LARKSPUR SCHOOL FOUNDATION
DBA SPARK LARKSPUR SCHOOLS FOUNDATION

Employer identification number

94-2934350

FORM 990 - ADDITIONAL DBAS

SPARK - LARKSPUR SCHOOLS FOUNDATION

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFTS CIRCULATED TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

COMPLIANCE REVIEWED AT EACH MEETING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE BOARD OF DIRECTORS HAS AVAILABLE UPON REQUEST ANY APPROPRIATE INFORMATION.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

CORTE MADERA LARKSPUR SCHOOL FOUNDATION

Identifying number

94-2934350

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	1,592,760.
2	Total gross income (Form 199, line 8)	2	1,592,760.
3	Total expenses and disbursements (Form 199, line 9)	3	335,069.

Part II Settle Your Account Electronically for Taxable Year 2021

4 ☐ Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
 6 Account number _____ 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign
Here**

Signature of officer

5/15/2023

Date

EXECUTIVE DIR.

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**ERO's
signatureFirm's name (or yours
if self-employed)
and address

MORLING & COMPANY

7049 REDWOOD BLVD, STE 205

NOVATO

Firm's FEIN

94-2989774

CA

ZIP code 94945

Date

Check if
also paid
preparer☒Check if
self-
employed☐

ERO's PTIN

P00052550

**Paid
Preparer
Must
Sign**Paid
preparer's
signatureFirm's name
(or yours if self-
employed) and
address

Date

Check if
self-employed☐

Paid preparer's PTIN

Firm's FEIN

ZIP code

FTB 8453-EO 2021