

# Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2008**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

<b>A</b> For the 2008 calendar year, or tax year beginning <u>7/01</u> , 2008, and ending <u>6/30</u> , 2009							
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> <b>C</b>            SPARK VENTURES            PO BOX 479329            CHICAGO, IL 60647         </td> <td style="width:15%; vertical-align: top;"> <b>D</b> Employer identification number            51-0626562         </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> <b>E</b> Telephone number            312-458-9246         </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> <b>F</b> Group Exemption Number         </td> </tr> </table>	<b>C</b> SPARK VENTURES PO BOX 479329 CHICAGO, IL 60647	<b>D</b> Employer identification number 51-0626562		<b>E</b> Telephone number 312-458-9246		<b>F</b> Group Exemption Number
<b>C</b> SPARK VENTURES PO BOX 479329 CHICAGO, IL 60647	<b>D</b> Employer identification number 51-0626562						
	<b>E</b> Telephone number 312-458-9246						
	<b>F</b> Group Exemption Number						
<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►							
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).							
<b>I</b> Website: ► SPARKVENTURES.ORG							
<b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.							
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 499,901.							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1	Contributions, gifts, grants, and similar amounts received	450,396.
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	1,185.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ 54,066. of contributions reported on line 1)	48,320.
EXPENSES	6b	Less: direct expenses other than fundraising expenses	35,824.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	12,496.
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe ► )	
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	464,077.
	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
ASSETS	12	Salaries, other compensation, and employee benefits	81,031.
	13	Professional fees and other payments to independent contractors	
	14	Occupancy, rent, utilities, and maintenance	4,265.
	15	Printing, publications, postage, and shipping	883.
	16	Other expenses (describe ► SEE STATEMENT 1)	310,615.
	17	<b>Total expenses</b> (add lines 10 through 16) ►	396,794.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	67,283.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	145,064.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	99,568.
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	311,915.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.				
(See the instructions for Part II.)				
	(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	145,064.	22	208,030.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 3)		24	104,317.
25	<b>Total assets</b>	145,064.	25	312,347.
26	<b>Total liabilities</b> (describe ► SEE STATEMENT 4)	0.	26	432.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	145,064.	27	311,915.



**Part III Statement of Program Service Accomplishments** (See the instructions.)What is the organization's primary exempt purpose? **SEE STATEMENT 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	SEE STATEMENT 6		
	(Grants \$ ) If this amount includes foreign grants, check here	28a	180,449.
29	SEE STATEMENT 7		
	(Grants \$ ) If this amount includes foreign grants, check here	29a	10,982.
30	SEE STATEMENT 8		
	(Grants \$ ) If this amount includes foreign grants, check here	30a	61,291.
31	Other program services (attach schedule) SEE STATEMENT 9		
	(Grants \$ ) If this amount includes foreign grants, check here	31a	52,183.
32	Total program service expenses (add lines 28a through 31a)	32	304,905.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
RICHARD JOHNSON 2617 W HOMER #1 CHICAGO, IL 60647	PRESIDENT & CEO 25.00	6,500.	0.	0.
SCOTT BARBEAU 2239 N SPAULDING AVE CHICAGO, IL 60647	TREASURER 7.00	6,500.	0.	0.
DANIEL MARCUS 1 W SUPERIOR ST APT 5115 CHICAGO, IL 60610	DIRECTOR 2.00	0.	0.	0.
PAUL JOHNSON 5300 N SPAULDING CHICAGO, IL 60625	DIRECTOR 2.00	0.	0.	0.
ROB HORN 2116 KENILWORTH AVE WILMETTE, IL 60091	DIRECTOR 2.00	0.	0.	0.
MARQUITA D HANUS 119 E 18TH ST CHICAGO, IL 60616	DIRECTOR 2.00	0.	0.	0.
TIFFANY STAMAN 10810 KEOKUK ROAD ROSCOE, IL 61073	DIRECTOR 2.00	0.	0.	0.
BRAIN WU 1352 N LASALLE ST CHICAGO, IL 60610	DIRECTOR 2.00	0.	0.	0.
DAVID GOLDSTEIN 35 EAST WACKER DRIVE STE 650 CHICAGO, IL 60601	DIRECTOR 2.00	0.	0.	0.
PRINCESS SCHOEFFERNACKER 4851 WEST BYRON ST, APT 101E CHICAGO, IL 60641	DIRECTOR 2.00	0.	0.	0.
BRADY JOSEPHSON 2112 W AINSLIE UNIT 1S CHICAGO, IL 60625	DIR. DEVELOPMNT 40.00	42,000.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file <b>Form 1120-POL</b> for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ▶ IL		

42a The books are in care of ▶ SCOTT BARBEAU Telephone no. ▶ 312-458-9246  
 Located at ▶ 2239 N SPAULDING AVE CHICAGO IL ZIP + 4 ▶ 60647

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country: ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here. ▶ ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X



**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 10

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ALAN SHAPIRO

Date 2/11/10

Check if self-employed

Preparer's Identifying Number (See instructions) 335-44-9113

Firm's name (or yours if self-employed), address, and ZIP + 4 SHAPIRO, OLEFSKY & CO., CPA'S  
425 HUEHL STE 12A  
NORTHBROOK, IL 60062

EIN 36-3016183

Phone no. (847) 564-4111

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

X Yes No

BAA

Form 990-EZ (2008)





**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 <b>Total.</b> Add lines 1-3.						
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).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33-1/3 support test – 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> 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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)			44,667.	262,737.	450,396.	757,800.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1-5.	0.	0.	44,667.	262,737.	450,396.	757,800.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						757,800.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6.	0.	0.	44,667.	262,737.	450,396.	757,800.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
<b>c</b> Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						757,800.
<b>14 First five years.</b> 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 checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

- 19a 33-1/3 support tests — 2008.** 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 — 2007.** If the organization did not check a box on line 14 or 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. ☐



<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
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**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, 990-EZ and 990-PF**  
► **See separate instructions.**

OMB No. 1545-0047

**2008**

Name of the organization

SPARK VENTURES

Employer identification number

51-0626562

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules —**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

SPARK VENTURES

51-0626562

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

SPARK VENTURES

51-0626562

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 11,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 130,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SPARK VENTURES

51-0626562

**Part II** Noncash Property (see instructions.)

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

BAA



Name of organization

Employer identification number

SPARK VENTURES

51-0626562

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once — see instructions.) ▶ \$ N/A

(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

BAA

### Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Open to Public Inspection

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

SPARK VENTURES

Employer identification number

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<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
---------------	---

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Mail solicitations      | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <input checked="" type="checkbox"/> Email solicitations     | <input type="checkbox"/> Solicitation of government grants                |
| <input checked="" type="checkbox"/> Phone solicitations     | <input checked="" type="checkbox"/> Special fundraising events            |
| <input checked="" type="checkbox"/> In-person solicitations |   |

- 2a** Did the organization have 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name 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 col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		4 TOTAL EVENTS (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts.....	102,386.			102,386.
	2 Less: Charitable contributions.....	54,066.			54,066.
	3 Gross revenue (line 1 minus line 2).....	48,320.			48,320.
DIRECT EXPENSES	4 Cash prizes.....				
	5 Non-cash prizes.....				
	6 Rent/facility costs.....				
	7 Other direct expenses.....	35,824.			35,824.
	8 Direct expense summary. Add lines 4- through 7 in column (d).....				35,824.
	9 Net income summary. Combine lines 3 and 8 in column (d).....				12,496.

**Part III Gaming.** Complete if the organization answered 'Yes' to 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 col. (a) through col. (c))
REVENUE	1 Gross revenue.....				
DIRECT EXPENSES	2 Cash prizes.....				
	3 Non-cash 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. Combine lines 1 and 7 in column (d).....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? **15a****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:

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? **17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$



## SPARK VENTURES

51-0626562

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

MARKETING.....	\$	12,357.
OTHER EXPENSES.....		3,853.
OUTREACH EVENTS.....		23,800.
PARTNER OPERATIONS.....		155,817.
PROFESSIONAL FEES.....		16,040.
SUPPLIES.....		7,627.
TRAVEL.....		91,121.
<b>TOTAL</b>	<b>\$</b>	<b>310,615.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

TO COMFORM WITH SFAS 116 PER IRS NOTICE 96-30.....	\$	99,568.
<b>TOTAL</b>	<b>\$</b>	<b>99,568.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	BEGINNING	ENDING
FURNITURE AND FIXTURES.....	\$ 0.	\$ 4,317.
PLEDGES AND GRANTS RECEIVABLE.....	0.	100,000.
<b>TOTAL</b>	<b>\$ 0.</b>	<b>\$ 104,317.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 0.	\$ 432.
<b>TOTAL</b>	<b>\$ 0.</b>	<b>\$ 432.</b>

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO HELP VULNERABLE CHILDREN AND THEIR COMMUNITIES AROUND THE WORLD REACH THEIR FULL POTENTIAL.

CLIENT 597

SPARK VENTURES

51-0626562

2/11/10

11:05PM

**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION HAS PARTNERED WITH A LOCAL ORGANIZED CHARITY WHICH OPERATES AN ORPHANAGE AND COMMUNITY SCHOOL IN NDOLA, ZAMBIA. THE ORGANIZATION IS ASSISTING THEM WITH INFRASTRUCTURE, LEADERSHIP DEVELOPMENT AND FINANCIAL RESOURCES TO DO THEIR WORK.

**STATEMENT 7**  
**FORM 990-EZ, PART III, LINE 29**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

SPONSORSHIP PROGRAM EXPENSES ARE USED TO ENHANCE THE SPONSOR-CHILD RELATIONSHIP. FUNDS ARE USED TO GATHER AND DISSEMINATE INFORMATION TO SPONSORS CONCERNING THEIR SPONSORED CHILD, PROCESS CORRESPONDENCE BETWEEN THE SPONSOR AND THE CHILD AND EDUCATE SPONSORS ON THE ENVIRONMENT AND CIRCUMSTANCES OF THE SPONSORED CHILD.

**STATEMENT 8**  
**FORM 990-EZ, PART III, LINE 30**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

EDUCATION AND AWARENESS EXPENSES ARE ASSOCIATED WITH COMMUNICATING THE NEEDS AND VISION OF PARTNER ORGANIZATIONS, AS WELL AS SHARING INFORMATION REGARDING THE CONDITIONS AND REALITIES WITHIN THE PARTNER COUNTRY.

**STATEMENT 9**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

TRANSFORMATION TRIP EXPENSES ARE ASSOCIATED WITH SERVICE LEARNING AND VOLUNTEER TRAVEL TO OUR PARTNER ORGANIZATION IN NDOLA, ZAMBIA.



SPARK VENTURES

51-0626562

**STATEMENT 10**  
**FORM 990-EZ, PART VI**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

SPARK VENTURES

51-0626562

SPARK VENTURES  
FEIN: 51-0626562  
FORM 990-EZ  
YEAR ENDED JUNE 30, 2009

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

SPARK VENTURES FINANCIAL STATEMENTS WERE AUDITED FOR THE YEAR ENDING JUNE 30, 2009, AS A RESULT THE ORGANIZATION IS CHANGING IT'S METHOD OF ACCOUNTING FOR FEDERAL INCOME TAX PURPOSES FROM CASH BASIS TO ACCRUAL BASIS IN ORDER TO CONFORM WITH SFAS 116. THE REQUIRED ADJUSTMENT IS REPORTED ON PART I, LINE 20 ON THE 2008 FORM 990-EZ PER IRS NOTICE 96-30.