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Form 990-EZ

OMB No 1545-1150

Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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

			The organization may have to use a copy of this re				Inspection		
	_		ne 2010 calendar year, or tax year beginning JUL 1, 201	0 and en		N 30,	2011		
	த C	heck if pplicat	C Name of organization			D Employer	identification number		
] Addr	ess change						
] Nam	e change SPARC, INC		02-0811276				
		Initia	Number and street (or P.O. box, if mail is not delivered to street address	ess)	Room/suite	E Telephon	e number		
		Term	unated 20 PACIFICA	ľ	1470	949-	-515-5100		
	\vdash	5	City or town, state or country, and ZIP + 4	•		F Group Ex	 :		
	\vdash	ר ר	TRVINE, CA 92618			Number >			
	G A		nting Method: Cash X Accrual Other (specify)			H Check			
			te: N/A				o attach Schedule B		
			tempt status (check only one) — X 501(c)(3) 501(c) () ◀(insei	rt no.) 4947(a)(1)	or 527	•	0, 990-EZ, or 990-PF).		
		heck					' -		
			990 return is not required though Form 990-N (e-postcard) may be required (see						
			ste return.	instructions). Dut it the	organization c	มาบบอธอ เบ เม	e a return, de sure to me a		
			ies 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20	00 000 or more, or if tota	Lacasta (Dort	11			
					i asseis (Pari		E1 /E2		
		ne 25 ert 1	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E Revenue, Expenses, and Changes in Net Assets or		eas the inetri	etions for Pa			
		<u> </u>		· ·	'200 HI2 HI2H N	וטווטווס וטו דמ	X		
		•	Check if the organization used Schedule 0 to respond to any question in this	raili			51,452.		
		1	Contributions, gifts, grants, and similar amounts received			1	31,434.		
		2	Program service revenue including government fees and contracts			2			
		3	Membership dues and assessments			3			
		4	Investment income	1 - 1		4_	 -		
		5a	Gross amount from sale of assets other than inventory	<u>5a</u>					
	Revenue	Ь	Less: cost or other basis and sales expenses	5b					
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)		<u>5c</u>			
		6	Gaming and fundraising events			1			
		a	Gross income from gaming (attach Schedule G if greater than	1 1		1			
			\$15,000)	6a					
	ě	b	Gross income from fundraising events (not including \$	of contributions	3				
	_	ŀ	from fundraising events reported on line 1) (attach Schedule G if the sum of su	ch					
20			gross income and contributions exceeds \$15,000)	6b					
\bigcirc		С	Less: direct expenses from gaming and fundraising events	6c					
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract line 6c)		6d			
		7a	Gross sales of inventory, less returns and allowances	7a					
SCANNED		ь	Less: cost of goods sold	7b]			
		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
<u> </u>		8	Other revenue (describe in Schedule 0)	DEA-	i i	8			
\mathbf{x}		9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	RECEIVE	D	▶ 9	51,452.		
S		10			<u> </u> 0	10	•		
20		11	Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members Salaries, other compensation, and employee benefits	FEB 14 20		11			
2013	Ś	12	Salaries, other compensation, and employee benefits	7 ~~~ * * * * * * * * * * * * * * * * *	10)1	12			
さ	Expenses	13	Professional fees and other payments to independent contractors	005	<u> </u>	13	500.		
	ĐĘ.	14	Occupancy, rent, utilities, and maintenance	OGDEN, L	JT	14			
	ũ	15	Printing, publications, postage, and shipping			15	2,369.		
		16	Other expenses (describe in Schedule O)	SEE SCHED	III.E O	16	59,188.		
		17	Total expenses. Add lines 10 through 16			▶ 17	62,057.		
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-10,605.		
	ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			10	10,003.		
	SS	''	(must agree with end-of-year figure reported on prior year's return)			10	30,552.		
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)			19	30,332.		
	ž	20 21				20	19,947.		
			Net assets or fund balances at end of year. Combine lines 18 through 20			▶ 21	Form 990-EZ (2010)		
	LHA	√ ro!	r Paperwork Reduction Act Notice, see the separate instructions.				roini 330-E & (2010)		

15400128 788454 SPARC

Form **990-EZ** (2010)

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Schedule 0 33 34 Were any significant changes made to the organization or governing documents? If Yes,* attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T. 35 If the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 If Yes,* has it filed a tax return on Form 990-T for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 If Yes,* complete Schedule L, Part II and enter the total amount involved in a prior year and still outstanding at the end of the tax year covered by this return? 38 If Yes,* complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 30 If Yes,* complete Schedule L, Part II and enter the total amount involved 30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 30 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 — 0. 31 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 — 0. 32 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 32 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the orga	N/	X X X A X
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section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 · b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 · d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed. ▶ CA		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D O O O O O O O O O O O O O O O O O O		
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If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 41 List the states with which a copy of this return is filed. ► CA		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed. ► CA	Ì	X
or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 41 List the states with which a copy of this return is filed. ► CA	\vdash	1
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 41 List the states with which a copy of this return is filed. ► CA		
organization • 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 41 List the states with which a copy of this return is filed. CA		
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 41 List the states with which a copy of this return is filed. ► CA		
transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed. ► CA		
41 List the states with which a copy of this return is filed. ► <u>CA</u>	_	X
	100	,
Located at ► 20 PACIFICA, IRVINE, CA ZIP+4 ► 9261		
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	Yes	No
account)?		Х
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		١.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<u>l </u>	X
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		
and enter the amount of tax-exempt interest received or accrued during the tax year		
	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		
Form 990-EZ 44a	L	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		
of Form 990-EZ		x
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		T
ın Schedule O 44d	L	L
Form 9	90-EZ	(2010

Form 990-	EZ (20)10) SPARC,	_INC				02-0811	276	<u> </u>	Page 4
									Yes	No
15 Is ar	ny rela	ted organization a contro	olled entity of the or	ganization within the	meaning of section 512(b)(13)?		45		X
a · Did 1	the org	janization receive any pa	yment from or enga	ge in any transaction w	ith a controlled entity within th	ne meaning of section	512(b)(13)?		<u> </u>	
If "Ye	es, " Fo	rm 990 and Schedule R	may need to be com	pleted instead of Form	990-EZ			45a		X
46 Did 1	the org	anızatıon engage, direct	ly or indirectly, in po	olitical campaign activiti	es on behalf of or in oppositio	n to candidates for pi	iblic office?			
		mplete Schedule C, Part						46		Х
Part V	1 5	Section 501(c)(3)	organizations	s and section 49	947(a)(1) nonexempt	charitable trus	sts only. A	l sectio	n 501(c	:)(3)
	0	rganizations and section	ı 4947(a)(1) nonexe	mpt charitable trusts m	ust answer questions 47-49b	and 52, and complete	the tables for l	ines 50	and 51	1.
	C	heck if the organization i	used Schedule O to	respond to any question	n in this Part VI					
						<u> </u>	-		Yes	No
47 Did 1	the org	anization engage in lobb	oying activities? If "\	res," complete Sche	dule C, Part II			47		Х
48 Is th	e orga	nization a school as des	cribed in section 170	0(b)(1)(A)(ıı)? If "Yes,'	" complete Schedule E			48		Х
		anization make any tran			•			49a		Х
		s the related organizatio	•					49b		
		_	_		s (other than officers, director	s, trustees and key er	nplovees) who		ceived	more
		000 of compensation from				-,,				
	7.00	, , , , , , , , , , , , , , , , , , ,			(b) Title and average hours	(c) Compensation	(d) Contribution	ns /	e) Expe	ense
		(a) Name and address of	of each employee na	ıd more	per week devoted to	(c) companication	to employee benefit plans 8		ccount	
			\$100,000 NOI		position		deferred	oth	er allow	vances
			1,01				compensation	-		
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					-					
4 Tota	l num	per of other employees p				<u> </u>	<u> </u>	!		
				omnancatad indonando	ent contractors who each rece	wad more than \$100	000 of compan	ontina :	from th	•
		on. If there is none, enter			ani contractors who each rece	iveu more man proo,	ooo or compen	Salluli	II OIII LIII	s
Uiga	ııızaıı	(a) Name and address (han \$100 000	(b) Type of ser	, , , , , , , , , , , , , , , , , , ,	(a) Cor	npensa	
		(a) name and address (31 Cacil illaopellacile	contractor paid more ti	ιαπ ψ 100,000	(b) Type of Ser	VICE	(6) 001	препза	1011
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		ber of other independent		• , ,						
		•		ection 501(c)(3) organi	zations and 4947(a)(1) nonex	empt			_	
char	ritable Un	trusts must attach a con	npleted Schedule A	ed this return, including acc	ompanying schedules and stateme	ots and to the best of my	knowledge and h	X Y	es L	No
		rect, and complete Deglarat	ion of p eparer (other the	an officer) is based on all in	ompanying schedules and stateme formation of which preparer has an	y knowledge				
Sign		effonatula of officer					2-7-12			
Here		20 griatur 201 griper					Date			
		GEORGE R.	TURK JR,	PRESIDENT			<u> </u>			
		Type or print name and title		1		- I a	- ,			
		Print/Type preparer's n	ame	Preparer's signature	Date	Check	if PTIN			
Paid				$ \omega(\omega) $	111	self- emplo	yed			
Prepar		W. DAVID HE		Incom	10 21	12				
Use O	nly		RINEK, TR		CO., LLP	Firm's EIN				
		Firm's address ► 82	270 ASPEN	STREET		Phone no.	909-4	166-	441	. 0
		R <i>A</i>	ANCHO CUC	AMONGA, CA	91730	<u></u>				
May the II	RS dis	cuss this return with the	preparer shown abo	ove? See instructions				ХУ	es	No
032174 03-04-11								Form	990-EZ	(2010)
					A					

SCHEDULE A

(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization **Employer** identification number 02-0811276 SPARC INC 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 (i) of your support? aovernina document? above or IRC section (see instructions)) Yes No Yes Yes Νo No MILLENNIUM HOUSING OF C95-4336013509(A)(2)X X X 18,301. MILLENNIUM HOUSING CORP33-0880696509(A)(2) X X X 30,685. COACH OF SAN 33-0919418509(A)(2) X DIEGO X X 6,303. 55,289.

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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.)

Sed	ction A. Public Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and				1		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					_	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		1			İ	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	,		12	,
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stor	here			- 		
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2010 (ine 6, column (f) d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	t II, line 14		-	15	%
16a	33 1/3% support test - 2010. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			. ▶□
b	33 1/3% support test - 2009. If the o	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2010.If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		. ▶□
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	umstances" test, o	check this box and	l stop here. Explai	n in Part IV how the	€
	organization meets the "facts-and-cire				• •		. ▶□
18	Private foundation. If the organization		•	•		•	ıs
						edule A (Form 990	
							,

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II If the organization fails to

Sec	etion A. Public Support	siow, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	<u> </u>	(8) 2007	(0) 2000	(4) 2000	(6)2010	(i) rotai
•	membership fees received. (Do not				Ì		
	include any "unusual grants.")						
_	· ·			<u> </u>			
2	Gross receipts from admissions, merchandise sold or services per-				1		
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose			<u> </u>			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		}				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		,				
_	· .					 	
J	The value of services or facilities						
	furnished by a governmental unit to			1	1		
	the organization without charge			1	 		
6	Total. Add lines 1 through 5				ļ		
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						
_	Add lines 7a and 7b						
_							
	Public support (Subtract line 7c from line 6) ::tion B. Total Support				<u>L</u>	<u> </u>	
	• •	(=) 0006	(F) 2007	(-) 2000	(-I) 0000	(-) 0010	(O Total
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	Amounts from line 6		 	 		<u> </u>	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income	,	ļ				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is		1				
10	regularly carned on		 				
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)	-		-	ļ	 	
13	Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>	<u></u>			
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
	check this box and stop here						▶□_
<u>Sec</u>	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage	!			
	Investment income percentage for 20					17	%
	Investment income percentage from 2	•	• • • •		••••	18	%
	33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than		
.50	more than 33 1/3%, check this box a	•					
		•	•		• • •		▶∟
b	33 1/3% support tests - 2009. If the	•					
	line 18 is not more than 33 1/3%, che			•		•	· •
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			▶□
0320	23 12-21-10				Sc	hedule A (Form 99	0 or 990-F7) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SPARC TNC Employer identification number 02-0811276

SPARC, INC	02-0811276
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	1,513.
RESIDENT SERVICES	13,183.
RESIDENT SERVICES-BACK TO SCHOOL	11,713.
CONTRIBUTIONS	175.
SCHOLARSHIPS	12,279.
TRAVEL	17,939.
TAXES	107.
MARKETING	1,241.
OFFICE	1,038.
TOTAL TO FORM 990-EZ, LINE 16	59,188.
PROGRAMS TO THE RESIDENTS OF MILLENNIUM HOUSING'S MANUFACEMENT.	ACTURED HOME
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLI	ISHMENTS:
THE ORGANIZATION PROVIDES SERVICES AND PROGRAMS TO THE	
RESIDENTS OF THE MILLENNIUM HOUSING'S MANUFACTURED HOME	
COMMUNITIES. BY DOING SO, SPARC SEEKS TO HELP MILLENNIUM	1
ACHIEVE ITS GOAL OF RESIDENT EMPOWERMENT AND TO IMPROVE	THE LIVES OF
MILLENNIUM'S HOMEOWNERS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENE	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY ELHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schools 11	FUNDS , DIRECTLY , nedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

SCHEDULE O

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 990-EZ.

2010
Open to Public Inspection

SPARC, INC	02-0811276
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	PRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	
- · · · · · · · · · · · · · · · · · · ·	·
	•

Form **8868**

(Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Is For Code	nternai Revei	nue Service File a Sepa	irate appi	ication for each return.				
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed from 8688. Letter or filing (e-file.) You can electromically life form 8888 d you need a 3-month automatic ad-month for a corporation required to file Form 990 ft), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to file any of the forms listed in Part for Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the files in paper format (see instructions) for more details on the electronic filing of this form, state wave vis govietile and cleck on e-file for Chantes & Nonpoolits. Part I I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990 T and requesting an automate 6-month extension - check this tox and complete Part I cink. Will other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file form 890 T and requesting an automate 6-month extension - check this tox and complete Part I cink. SPARC, INC Name of exempt organization SPARC, INC Non-1470 Non-1470 City, town or post office, state, and ZIP code For a foreign address, see instructions ITVINIE, CA 9.2618 Enter the Return code for the return that this application is for (file a separate application for each return) D 3 Application Form 990 T (see 401(a) or 408(a) trust) Form 990 T (see 500) Form 990 T (see 401(a) or 408(a) trust) Form 990 T (see 500) Form 990 T (see 401(a) or 408(a) trust) Form 990 T (see 500) Form 990 T (see 500)	If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		▶	X	
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