| Form 990 |
|-----------------|
|-----------------|

Department of the Treasury Internal Revenue Service

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.

2021 Open to Public Inspection

OMB No. 1545-0047

| Do not enter social security numbers on this form as it may be made put |
|---|
| Go to www.irs.gov/Form990 for instructions and the latest information |
| |

| AF | or th | e 2021 calendar year, or tax year beginning and | dending | | | | | |
|--------------------|--------------------|--|-------------|------------------------------|-----------------------------|--|--|--|
| B C | heck if pplicab | e: C Name of organization | | D Employer identifie | cation number | | | |
| | Addre | e STOKED MENTORING, INC. | | | | | | |
| | Name Chang | | 56-2530783 | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | |
| | Final return | 68 JAY STREET | 407 | 516-833- | 0399 | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 962,164. | | | |
| | Amen return | ded BROOKLYN, NY 11201 | | H(a) Is this a group re | eturn | | | |
| | Applic tion | F Name and address of principal officer: DK • FAIRICIA CHARL | EMAGNE | for subordinates | ? Yes X No | | | |
| | pendi | ^{ng} SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | | | |
| ΙT | ax-ex | empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) | or 🗌 527 | If "No," attach a | list. See instructions | | | |
| JV | Vebsi | te: ▶ WWW.STOKED.ORG | | H(c) Group exemptio | n number 🕨 | | | |
| ΚF | orm o | f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 | L Year | of formation: 2005 N | State of legal domicile: NY | | | |
| Pa | rt I | Summary | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: | | | | | | |
| nce | | COMMUNITY OF FEARLESS LEADERS THROUGH MEN | NTORING | , OPPORTUNI | TY, AND | | | |
| Governance | 2 | Check this box 🕨 🦳 if the organization discontinued its operations or dispo | sed of more | than 25% of its net ass | ets. | | | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 6 | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 5 | | | |
| ss 8 | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | 5 | 19 | | | |
| /itie | 6 | Total number of volunteers (estimate if necessary) | | 6 | 100 | | | |
| Activities & | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | |
| 4 | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 160,002. | 840,073. | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 475. | 120,423. | | | |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1. | 0. | | | |
| æ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | -5,039. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 160,478. | 955,457. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| s | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 131,600. | 431,477. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| kpe | b | Total fundraising expenses (Part IX, column (D), line 25) | 56. | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 73,732. | 169,771. | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 205,332. | 601,248. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -44,854. | 354,209. | | | |
| ces | | | Be | ginning of Current Year | End of Year | | | |
| Assets L Balanc | 20 | Total assets (Part X, line 16) | | 208,328. | 599,847. | | | |
| t As d Bi | 21 | Total liabilities (Part X, line 26) | | 57,674. | 94,984. | | | |
| Fund | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 150,654. | 504,863. | | | |
| I D- | - AL | Signatura Block | | | | | | |

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 | Signature of officer | | Date | |
|-------------|--|------------------------------------|------------------------|------------------------|
| Here | DR. PATRICIA CHARLEMAG | NE, PRESIDENT | | |
| | Type or print name and title | | | |
| | Print/Type preparer's name | Preparer's signature | Date Check |] PTIN |
| Paid | CRAIG CASSANO | CRAIG CASSANO | 09/30/24 self-employed | P01551886 |
| Preparer | Firm's name 🕒 SAX LLP | | Firm's EIN ▶ 8 | 1-2950760 |
| Use Only | Firm's address 💊 389 INTERPACE PA | RKWAY; STE 3 | | |
| | PARSIPPANY, NJ 0 | 7054 | Phone no.973 | -472-6250 |
| May the IF | RS discuss this return with the preparer shown abo | ove? See instructions | | X Yes No |
| 132001 12-0 | -21 LHA For Paperwork Reduction Act Notion | ce, see the separate instructions. | | Form 990 (2021) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 1990 (2021) STOKED MENTORING, INC. | 56-2530783 Page 2 |
|--------|--|------------------------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| | STOKED'S MISSION IS TO CREATE A COMMUNITY OF FEARLES | |
| | MENTORING, OPPORTUNITY, AND ACTION. STOKED RUNS YOUTH | |
| | SPORTS BASED MENTORING PROGRAMS FOR UNDERSERVED YOUTI | |
| | AND MIDDLE SCHOOL STUDENTS IN NYC, LOS ANGELES, AND | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ? | |
| | prior Form 990 or 990-EZ? 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 ser | rvices? |
| 5 | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | ces, as measured by expenses |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations | • • |
| | revenue, if any, for each program service reported. | |
| 4a | |) (Revenue \$ 120,423.) |
| | STOKED FOR SUCCESS: TO EMPOWER AND PROVIDE COLLEGE / | CAREER READINESS |
| | PROGRAMS FOR HIGH SCHOOL STUDENTS. WE CONDUCT AFTERS | CHOOL PROGRAMS, |
| | SPORTS MENTORING PROGRAMS, CAREER DEVELOPMENT WORKSHO | OPS, AND COMMUNITY |
| | SERVICE-LEARNING OPPORTUNITIES, ALL AIMED AT HELPING | TO INCREASE THE |
| | LIKELIHOOD OF HIGH SCHOOL GRADUATION AND COLLEGE ACC | |
| | 100% HIGH SCHOOL GRADUATION RATE AND A 100% COLLEGE A | ACCEPTANCE RATE. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
| | |) (novendo ¢) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses ► 484,051. | |
| | | Form 990 (2021) |
| 132002 | 2 12-09-21 | |
| | 2 | |

| Form | aan | (2021) |
|-------|-----|--------|
| FUIII | 330 | 12021 |

 Form 990 (2021)
 STOKED MENTORING, INC.

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------|------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | v |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4 | | x |
| 5 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 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 Roy. Proc. 08 102, 16 Was II accurate Octoorly to Octoo | 5 | | х |
| 6 | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | | |
| Ŭ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | 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 | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | x |
| 4 | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | 11d | | х |
| • | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | | X |
| | 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 | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D. Parts XI and XII | 12a | | х |
| 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 | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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 | 14b | | _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 | | | 37 |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | _X_ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 17 | | х |
| 18 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | - 22 |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | 21 | | Х |
| 132003 | 12-09-21 | Form | 990 | (2021) |

132003 12-09-21

3

| Form | aan | (2021) |
|-------|-----|--------|
| FUIII | 330 | 120211 |

| | · | | Yes | No |
|----------|--|------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | res | No |
| LL | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | <u> </u> |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | 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 | | |
| | 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 | 0- | | v |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| D | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | - 23 |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X X |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 30 | | x |
| 31 | contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>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? If "Yes," complete | | | |
| 02 | Schedule N, Part II | 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? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 07 | | x |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 37 | | |
| 30 | • | 38 | х | |
| Par | | | | L |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 132004 | 12-09-21 | Form | 990 | (2021) |
| | // | | | |

08580930 795584 31421.056

^{2021.06020} STOKED MENTORING, INC. 31421.01

| orm 9 | 90 (2021) STOKED MENTORING, INC. | | 56-2530 | 783 | P | age 5 |
|------------|--|-----------|----------------------|----------|-----|--------------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | |
| | | | | | Yes | No |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 19 | | | |
| | iled for the calendar year ending with or within the year covered by this return | 2a | | 2b | Х | |
| | f at least one is reported on line 2a, did the organization file all required federal employment tax return lote: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions | | | 20 | Λ | |
| | | | | 3a | | x |
| | f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | 3b | | - 23 |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | 00 | | |
| | inancial account in a foreign country (such as a bank account, securities account, or other financial a | | | 4a | | x |
| | f "Yes," enter the name of the foreign country | | , | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | ccount | s (FBAR). | | | |
| | Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| b [| Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | | 5b | | Х |
| сI | f "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| á | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| bΙ | f "Yes," did the organization include with every solicitation an express statement that such contribution | ons or | gifts | | | |
| ١ | vere 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 ser | vices pr | ovided to the payor? | 7a | | X |
| | | | | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | ired | | | |
| | o file Form 8282? | | | 7c | | X |
| | f "Yes," indicate the number of Forms 8282 filed during the year | 7d | - | _ | | v |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | ? | 7e | | X X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | A X |
| | f the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g 7h | | X |
| | f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations | | | 7h | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year? | • | | 8 | | |
| | Sponsoring organization have excess business holdings at any time during the year? | | | 0 | | |
| | | | | 9a | | |
| | | | | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | 0.0 | | |
| | nitiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| | Section 501(c)(12) organizations. Enter: | ı | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | |
| á | amounts due or received from them.) | 11b | | | | |
| 2a S | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | | 12a | | |
| bΙ | f "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 3 9 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a I | s the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| 1 | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| | Enter the amount of reserves on hand | 13c | | | | |
| | | | | 14a | | X |
| | f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | |
| | s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | f "Yes," see the instructions and file Form 4720, Schedule N. | · · · · · | -0 | 40 | | v |
| | s the organization an educational institution subject to the section 4968 excise tax on net investment | Incom | e? | 16 | | X |
| | f "Yes," complete Form 4720, Schedule O. | on: / | | | | |
| | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 47 | | |
| - | acuvities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | f "Yes," complete Form 6069. | | | | | |

08580930 795584 31421.056

| Form 990 | (2021) |
|----------|--------|
|----------|--------|

| 56-2530783 Page | 6 |
|-----------------|---|
|-----------------|---|

Yes No

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. X

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| | | | | | res | |
|------------|---|----------|-----------------------|----------|--------------|--------|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 5 | | |
| | 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 | 1b | | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | 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 | | | | | |
| | of officers, directors, trustees, or low employees to a menorement company or other person? | | • | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | x |
| - 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | |
| | more members of the governing body? | - | | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | |
| | persons other than the governing body? | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | |
| а | The governing body? | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | | | |
| | | ronuo | 0000./ | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | |
| | | • | , , | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | Ū | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y | | | | | |
| | on Schedule O how this was done | , | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by ind | dependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | ith a | | | |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | e its p | articipation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization | 's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , CA , IL | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | -T (section 501(c)(3 |)s only) | availal | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | X Own website X Another's website X Upon request Other (explain | | , | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict c | f interest policy, ar | ıd finan | cial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | l records 🕨 | | | |
| | GBR CONSULTING LLC - 347-927-4427 | | | | | |
| | 3028 W 29TH ST, BROOKLYN, NY 11224 | | | | | |
| 132006 | 5 12-09-21 | | | Forn | 990 9 | (2021) |
| | 6 | | | | | |

2021.06020 STOKED MENTORING, INC.

31421.01

| Form 990 (2021) STOKED MENTORING, INC. | 56-2530783 Page 7 |
|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, H | ghest Compensated |
| Employees, and Independent Contractors | |
| Check if Schedule O contains a response or note to any line in this Part VII | |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ | es |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar | ear ending with or within the organization's tax year. |
| List all of the organization's current officers, directors, trustees (whether individuals or organ | ations), 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) | (B) | (C) | | (D) | (E) | (F) | | | | |
|------------------------------|----------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|---------------------------------|------------------------------|-----------------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | , unles | ss per | rson i | s both r/trust | an | compensation | compensation | amount of |
| | week | | cer an | aaa | recio | r/trus | lee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | e or d | fee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the |
| | organizations | rustee | l trus | | ee | npen | | 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual t | utiona | _ | nploy | st cor | L. | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 5 |
| (1) DEVON GEORGE | 2.00 | | | | | | | | | |
| BOARD CHAIR | | Х | | | | | | 0. | 0. | 0. |
| (2) MARA GROBINS-NASATIR | 2.00 | | | | | | | | | |
| SECRETARY | | X | | | | | | 0. | 0. | 0. |
| (3) ELLEN O'CONNELL | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (4) SELEMA MASEKELA | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) GINA REBOLLAR | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) STEVE LAROSILIERE | 50.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | Х | | Х | | | | 109,000. | 0. | 26,199. |
| (7) DR. PATRICIA CHARLEMAGNE | 50.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 28,875. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | <u> </u> | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | 000 |
| 132007 12-09-21 | | | | - | 7 | | | | | Form 990 (2021) |

7

08580930 795584 31421.056

2021.06020 STOKED MENTORING, INC.

| | 990 (2021) STOKED ME | | - | | | | | | | 56-25 | 307 | 783 | Pa | age 8 |
|-----|--|--|--------------------------------|-----------------------|---------|--------------------------|---------------------------------|--------|---|---|-------|------------------|---|----------------|
| Par | t VII Section A. Officers, Directors, Trust | | oloye | ees, | | | ghes | t C | | , , | | | | |
| | (A) Name and title | (B) Average hours per week | box, offic | not c , unles | ss per | ition more rson i: | than o s both r/trus | ı an | (D) Reportable compensation from | (E) Reportable compensation from related | | an | (F) stimate nount other | of |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC 1099-NEC) | 5/ | fr org and | pensa om the anizat d relate anizatie | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | | |
| | | | | | | | | | | | _ | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 137,875. | | 0. | 2 | 6,1 | 99 |
| с | Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) | , Section A | | | | | | | <u> </u> | | 0. | | 6,1 | 0. |
| 2 | Total number of individuals (including but no compensation from the organization | | | | | | | o re | eceived more than \$100, | 000 of reportable | | | | 1 |
| 3 | Did the organization list any former officer, | - | | • | • | • | | Ŭ | • • • | • | [| | Yes | No |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportabl | e co | mpe | ensat | tion | and | oth | ner compensation from t | ne organization | | 3 | | X X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> | ccrue compen | satio | on fr | rom | any | unre | elate | ed organization or individ | lual for services | | 5 | | x |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | • | • | | | | | | the organization's tax y | • | ensat | | | |
| | (A) Name and business | address | NC | ONE | 3 | | | _ | (B) Description of s | ervices | C | (C ompe | c) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100,000 of compensation from the organiz | • | ot lin | niteo | d to t | thos C | | ted | above) who received mo | ore than | | Former | <u>990 (</u> | 2021) |

132008 12-09-21

| Pa | rt VIII | Statement of Revenue | | | | |
|---|----------|--|---------------|------------------------------------|-------------------------------|--|
| | | Check if Schedule O contains a response or note to any | (A) | (B) | (C) | (D) |
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| lts ts | 1 a | Federated campaigns 1a | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | |
| s, G | с | Fundraising events 1c 1,680 | • | | | |
| Gift lar | d | Related organizations 1d | _ | | | |
| imi | е | Government grants (contributions) | _ | | | |
| itior er S | f | All other contributions, gifts, grants, and | | | | |
| -ibu | | similar amounts not included above 1f 838, 393 | · | | | |
| ont nd (| g | Noncash contributions included in lines 1a-1f | 940 072 | | | |
| <u>n</u> | h | Total. Add lines 1a-1f Business Cod | 840,073. | | | |
| | | SPORTS AND ARTS IN SCH 713990 | | 120,423. | | |
| Program Service Revenue | za b | | 120,423. | 120,423. | | |
| Serv | c b | | | | | |
| m S | d | | | | | |
| Be | e | | | | | |
| Pro | f | All other program service revenue | | | | |
| | | Total. Add lines 2a-2f | 120,423. | | | |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | | other similar amounts) | • | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | • | | | |
| | 5 | Royalties | • | | | |
| | | (i) Real (ii) Personal | _ | | | |
| | 6 a | Gross rents 6a | _ | | | |
| | | Less: rental expenses 6b | _ | | | |
| | | Rental income or (loss) | | | | |
| | | Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other | • | | | |
| | 7 a | | - | | | |
| | h | assets other than inventory 7a Less: cost or other basis | - | | | |
| e | U U | and sales expenses | | | | |
| Revenue | с | Gain or (loss) | - | | | |
| Rev | | Net gain or (loss) | • | | | |
| | | Gross income from fundraising events (not | | | | |
| Other | | including \$ 1,680. of | | | | |
| | | contributions reported on line 1c). See | | | | |
| | | Part IV, line 18 | | | | |
| | b | Less: direct expenses 8b 6,707 | | | | |
| | с | Net income or (loss) from fundraising events | -6,707. | | | -6,707. |
| | 9 a | Gross income from gaming activities. See | | | | |
| | | Part IV, line 19 | _ | | | |
| | | Less: direct expenses 9b | | | | |
| | | Net income or (loss) from gaming activities | • | | | |
| | 10 a | Gross sales of inventory, less returns | | | | |
| | h | and allowances 10a Less: cost of goods sold 10b | - | | | |
| | | J | | | | |
| _ | C | Net income or (loss) from sales of inventory Business Cod | e | | | |
| sno | 11 a | MISC INCOME | 1,668. | | | 1,668. |
| neo | b | | , | | | _,,,,,,,,, |
| ella | c | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | |
| Σ | e | Total. Add lines 11a-11d | 1,668. | | | |
| | 12 | Total revenue. See instructions | 955,457. | 120,423. | 0. | -5,039. |
| 13200 | 9 12-09- | | | | | Form 990 (2021) |

08580930 795584 31421.056

Form 990 (2021)

56-2530783 Page 9

⁹

| Form 990 (2 | 2021 |
|-------------|------|
|-------------|------|

STOKED MENTORING, INC. Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) | (B) Program service | (C) | (D) |
|--------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| _ | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| • | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| 4 | individuals. See Part IV, lines 15 and 16 Benefits paid to or for members | | | | |
| 4 5 | Compensation of current officers, directors, | | | | |
| 5 | trustees, and key employees | 164,074. | 136,181. | 19,689. | 8,204 |
| 6 | Compensation not included above to disqualified | 101/0/10 | | | 0,201 |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 215,651. | 178,990. | 25,878. | 10,783 |
| 8 | Pension plan accruals and contributions (include | | ., | | ., |
| - | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 21,560. | 17,895. | 2,587. | 1,078 |
| 10 | Payroll taxes | 30,192. | 25,059. | 3,623. | <u>1,078</u> 1,510 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| | Accounting | 34,062. | 28,953. | 5,109. | |
| | Lobbying | | | | |
| е | 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 Sch 0.) | 12,375. | 10,519. | 1,856. | |
| 12 | Advertising and promotion | 3,247. | 2,695. | 390. | 162 |
| 13 | Office expenses | 29,707. | 24,593. | 3,611. | 1,503 |
| 14 | Information technology | | | | |
| 15 | Royalties | | 10.105 | | |
| 16 | Occupancy | 22,547. | 19,165. | 3,382. | |
| 17 | | 15,815. | 13,126. | 1,898. | 791 |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 176. | | 176. | |
| 20 | Interest | 1/0. | | T/0. | |
| 21 | Payments to affiliates | 1,262. | | 1,262. | |
| 22 | Depreciation, depletion, and amortization | 16,175. | | 16,175. | |
| 23 | Insurance | 10,1/3. | | 10,1/3. | |
| 24 | above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | 10.001 | | |
| а | SOFTWARE EXPENSE | 15,087. | 12,824. | 2,263. | |
| b | PAYROLL PROCESSING FEES | 6,506. | 5,400. | 781. | 325 |
| С | MEETING EXPENSES | 6,269. | 5,329. | 940. | |
| d | UTILITIES | 3,462. | 2,943. | 519. | |
| | All other expenses | 3,081. | 379. | 2,702. | 04 054 |
| 25 | Total functional expenses. Add lines 1 through 24e | 601,248. | 484,051. | 92,841. | 24,356 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |

10

132010 12-09-21

2021.06020 STOKED MENTORING, INC.

Form 990 (2021)

08580930 795584 31421.056

| | | Check if Schedule O contains a response or note | e to any in | | (A) | <u> </u> | |
|-----------------------------|-----|--|--------------|---------------------------------------|---------------------------------|----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 165,997. | 1 | 440,497. |
| | 2 | Savings and temporary cash investments | | | 5,935. | 2 | 5,827. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 23,750. | 4 | 144,511. |
| | 5 | Loans and other receivables from any current or | former off | ficer, director, | | | |
| | | trustee, key employee, creator or founder, subst | antial cont | tributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied persor | ns (as defined | | | |
| | | under section 4958(f)(1)), and persons described | l in sectior | n 4958(c)(3)(B) | | 6 | |
| ŝ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | | | | | 9 | 2,628. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | <u>19,366.</u> 17,472. | | | |
| | b | Less: accumulated depreciation | | 17,472. | 3,156. | 10c | 1,894. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 9,490. | 15 | 4,490. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | al line 33) | | 208,328. | 16 | 599,847. |
| | 17 | Accounts payable and accrued expenses | | | 57,674. | 17 | 44,102. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | ····· _ | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | Part IV of S | Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or form | er officer, | director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | antial cont | tributor, or 35% | | | |
| iab | | controlled entity or family member of any of thes | | · · · · · · · · · · · · · · · · · · · | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | 50,882. |
| | 25 | Other liabilities (including federal income tax, pay | - | | | | |
| | | parties, and other liabilities not included on lines | 17-24). Co | omplete Part X | | | |
| | | of Schedule D | | ······ - | | 25 | 04.004 |
| | 26 | Total liabilities. Add lines 17 through 25 | <u></u> | | 57,674. | 26 | 94,984. |
| s | | Organizations that follow FASB ASC 958, che | ck here | | | | |
| ice; | | and complete lines 27, 28, 32, and 33. | | | 150 654 | | F04 0C2 |
| alar | 27 | Net assets without donor restrictions | 150,654. | 27 | 504,863. | | |
| ΪB | 28 | | | | | 28 | |
| un | | Organizations that do not follow FASB ASC 9 | 58, check | here | | | |
| Ϋ́ | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| at A | 31 | Retained earnings, endowment, accumulated inc | | | 150 654 | 31 | 501 062 |
| ž | 32 | Total net assets or fund balances | | | <u>150,654.</u> 208,328. | 32 | 504,863. |
| | 33 | Total liabilities and net assets/fund balances | <u></u> | | 400,340. | 33 | 599,847. |

Form 990 (2021) Part X Balance Sheet

STOKED MENTORING, INC.

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

56-2530783 Page 11

Form 990 (2021)

| Form | 990 (2021) STOKED MENTORING, INC. 56 | 5-2530783 | Page 12 |
|------|--|-----------|----------------|
| Pa | rt XI Reconciliation of Net Assets | | |
| | Check 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) | 955 | <u>,457.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | ,248. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | .,209. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 150 | ,654. |
| 5 | Net unrealized gains (losses) on investments 5 | | |
| 6 | Donated services and use of facilities6 | | |
| 7 | Investment expenses7 | | |
| 8 | Prior period adjustments 8 | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | |
| | column (B)) | 504 | .,863. |
| Pa | rt XII Financial Statements and Reporting | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | |
| | | | Yes No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | <u> </u> |
| | 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: | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | |
| b | Were the organization's financial statements audited by an independent accountant? | | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis | s, | |
| | consolidated basis, or both: | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi | | |
| | 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 | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A | udit | |
| | Act and OMB Circular A-133? | <u>3a</u> | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 200 |

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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 |

Т

Name of the organization

| Name of t | lame of the organization Employer identification number | | | | | | | |
|-----------|--|-------------------------|---|------------------------|------------------|------------------|---------------|----------------------------|
| | STOK | ED MENTORI | NG, INC. | | | | 5 | 6-2530783 |
| Part I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | |
| The organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only o | one box.) | | | |
| 1 | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | |
| 2 | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | | |
| 3 | A hospital or a cooperative | hospital service orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | city, and state: | | | | | | | |
| 5 | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental u | nit describe | ed in |
| | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | |
| 7 X | | | | | | | | |
| | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | An agricultural research org | anization described | in section 170(b)(1)(A)(| i x) operate | ed in conju | inction with a | land-grant | college |
| | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or |
| | university: | | | | | | | |
| 10 | An organization that norma | Ily receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | ip fees, and | d gross receipts from |
| | activities related to its exen | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | s support f | rom gross investment |
| | income and unrelated busir | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | after June 30, 1975. |
| | See section 509(a)(2). (Co | mplete Part III.) | | | | | | |
| 11 🔛 | An organization organized a | and operated exclusi | vely to test for public sa | ety. See | section 50 |)9(a)(4). | | |
| 12 | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | ne functio | ns of, or to ca | rry out the | purposes of one or |
| | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section & | 509(a)(2). | See section | 509(a)(3). (| Check the box on |
| | lines 12a through 12d that | describes the type of | f supporting organizatior | and com | plete lines | 12e, 12f, and | 12g. | |
| a | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), ty | pically by | giving |
| | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | f the direc | tors or truste | es of the su | upporting |
| | organization. You must o | complete Part IV, Se | ctions A and B. | | | | | |
| b 🗌 | Type II. A supporting org | - | | | | - | | • |
| | control or management o | | | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | organization(s). You mus | - | | | | | | |
| с | Type III functionally inte | | | | | | ly integrate | ed with, |
| . — | its supported organization | | - | | | | | |
| d | Type III non-functionally | • · · | | | | | • | |
| | that is not functionally int | с с | e , | | | • | an attentiv | /eness |
| | requirement (see instruct | - | | | | | | |
| e | Check this box if the orga | | | | | Туре I, Туре | II, Type III | |
| | functionally integrated, or | | , | 0 0 | | | | |
| | er the number of supported o | • | | | | | | |
| | vide the following information i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | monetary | (vi) Amount of other |
| | organization | ., | (described on lines 1-10 | in your governi Yes | ng document? | support (see ir | | support (see instructions) |
| | | | above (see instructions)) | 103 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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 | | | | | | | |
|---------------------------|--|----------|-----------------|--------------------|----------|------------|--|
| Cale | ndar 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.") | 861,821. | 820,648. | 691,639. | 160,002. | 840,073. | 3374183. |
| 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 | 861,821. | 820,648. | 691,639. | 160,002. | 840,073. | 3374183. |
| 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) | | | | | | 683,259. |
| | Public support. Subtract line 5 from line 4. | | | | | | 2690924. |
| | ction B. Total Support | 1 | | F | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | 861,821. | 820,648. | 691,639. | 160,002. | 840,073. | 3374183. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | 1.0 |
| | and income from similar sources \dots | | 9. | | 1. | | 10. |
| 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 | | | | | 1 6 6 0 | 1 6 6 0 |
| | assets (Explain in Part VI.) | | | | | 1,668. | 1,668. |
| | Total support. Add lines 7 through 10 | | | | | | 3375861. |
| | Gross receipts from related activities, | | | | | | 607,797. |
| 13 | First 5 years. If the Form 990 is for th | - | | | | | |
| Sec | organization, check this box and stor ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2021 (I | | | olumn (f)) | | 14 | 79.71 % |
| | Public support percentage from 2020 | | | | | 15 | 80.20 % |
| | 33 1/3% support test - 2021. If the c | | | line 13 and line 1 | | | |
| 100 | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2020. If the c | | - | | | | ······································ |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | | | |
| b | 0 10% -facts-and-circumstances test | - | | • • • • | | | 10% or |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | | - | | | | |
| | | | | | | Schedule A | (Form 990) 2021 |

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.)

| Se | ction A. Public Support | | - | | - | | | |
|------------------|---|----------------------|---------------------|----------------------|---------------------|----------|----------------|-----------------|
| Cale | ndar 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 per- formed, or facilities furnished in | | | | | | | |
| | any activity that is related to the | | | | | | | |
| | organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | |
| | are not an unrelated trade or bus- | | | | | | | |
| _ | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| - | or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | | |
| ~ | | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | | |
| 72 | 3 received from disqualified persons | | | | | | | |
| ł | 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.) | | | | | | | |
| | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (| e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | • | |
| | Gross income from interest, | | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | | | | | | | |
| k | 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 | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3 | 8) organizatio | on, |
| | check this box and stop here | | | | | | | |
| | ction C. Computation of Public | | | | | | | |
| | Public support percentage for 2021 (| | - | | | 15 | | % |
| <u>16</u> Sec | Public support percentage from 2020 ction D. Computation of Invest | | | | | 16 | | % |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | | % |
| 18 | Investment income percentage from | | | | | 18 | | % |
| | a 33 1/3% support tests - 2021. If the | | | | | <u> </u> | 6 and line 1 | |
| | more than 33 1/3%, check this box a | - | | | | | ., | |
| ł | 33 1/3% support tests - 2020. If the | | | | | | า 33 1/3%. ล | nd |
| ~ | line 18 is not more than 33 1/3%, che | | | | | | | |
| 20 | Private foundation. If the organization | | | | | | | |
| | 23 01-04-22 | | | , , , | | | | (Form 990) 2021 |
| | | | 15 | | | | | |

2021.06020 STOKED MENTORING, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

132024 01-04-21

2021.06020 STOKED MENTORING, INC.

| Part IV Suppor | ing Organizations | | tinued) |
|-----------------------|-------------------|-----|------------|
| Schedule A (Form 990) | 2021 STO | KED | MENTORING, |

1

2

No

| | | Ye | es | No |
|-----|---|----|----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | а | | |
| b | A family member of a person described on line 11a above? 11 | b | | |
| с | 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. | с | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | Ye | es | 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 | | | |

INC.

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

| supervised, or controlled the supporting organization. | |
|--|--|
| Section C. Type II Supporting Organizations | |
| | |

 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

 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 managed

 1
 Image: trustees of each of the organization was vested in the same persons that controlled or managed

 1
 Image: trustees of each of the organization(s).

| 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 orga | anization used to satisfy | the Integral Part Test d | uring the year (see instruc | tions). |
|---|--|---------------------------|---------------------------|-----------------------------|---------|
| | Check the box next to the method that the orga | anization used to satisfy | the Integral Part Test di | uring the year (see ins | struc |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 below.

| с | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). |
|---|---|---|
| | | |

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

132025 01-04-22

102020 01-04-22

17 2021.06020 STOKED MENTORING, INC. Yes No

| 1 | Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu | | | Part VI). See instructio |
|------|--|-----------------|----------------------------|--------------------------------|
| Sect | ion 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 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Sect | ion 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 | Check here if the current year is the organization's first as a non-function | ally integrated | d Type III supporting orga | nization (see |

Schedule A (Form 990) 2021 STOKED MENTORING, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

56-2530783 Page 6

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

08580930 795584 31421.056

Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4.

STOKED MENTORING, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

56-2530783 Page 7

1

2

Current Year

(iii)

Schedule A (Form 990) 2021

organizations, in excess of income from activity

5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

7 Excess distributions carryover to 2022. Add lines 3j

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

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

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

2

| Schedule A | (Form 990) 2021 | STOKED | MENTORING, | INC. | | 56-2530783 Page 8 |
|----------------|------------------------|-------------------------|--------------------------|----------------------|--|---|
| Part VI | line 1: Part IV. Secti | ion D. lines 2 and 3: I | Part IV. Section E. line | es 1c. 2a. 2b. 3a. a | , line 10; Part II, line 17a c ; Part IV, Section B, lines nd 3b; Part V, line 1; Part ste this part for any addition | or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, onal information. |
| | (200 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 132028 01-04-2 | 2 | | | 20 | | Schedule A (Form 990) 2021 |

08580930 795584 31421.056

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organizatio

** PUBLIC DISCLOSURE 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

Employer identification number

| 56-2530783 |
|------------|
|------------|

| STOKED | MENTORING |
|--------------------------|-----------|
| Name of the organization | |

Organization type (check one)

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

INC

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 $e_{XClusively}$ 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 $e_{Xclusively}$ 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 for an $e_{Xclusively}$ religious.

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

STOKED MENTORING,

INC.

Name of organization

Employer identification number

56-2530783

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х Person Payroll 9,949. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Х Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Х Person Payroll Noncash 13,928. \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

Page 2

2 2021.06020 STOKED MENTORING, INC. 31421.01

08000930 795584 31421.056

Name of organization

Page 2 Employer identification number

56-2530783

STOKED MENTORING, INC.

| | Contributors (see instructions). Use duplicate copies of Part I if add | ditional space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$7,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$5,172. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$141,743. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

08000930 795584 31421.056

Name of organization

Page 2 Employer identification number

STOKED MENTORING, INC.

56-2530783

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|---------------------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14_ | | \$46,000. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$25,000. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | | \$25,235. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 17 | | \$137,000. | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>18</u> 123452 11-11 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |
| | | | |

4 2021.06020 STOKED MENTORING, INC. 31421.01

056

Name of organization

Page 2 Employer identification number

STOKED MENTORING, INC.

56-2530783

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|---------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | | - \$\$44,667. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | - \$ <u>15,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 123452 11-11- | | - _ \$ | Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.) Schedule B (Form 990) (2021) |

2021.06020 STOKED MENTORING, INC. 31421.01

~

5

| Schedule | В | (Form | 990) | (2021) |
|----------|---|-------|------|--------|
|----------|---|-------|------|--------|

Name of organization

Page 3

STOKED MENTORING, INC.

Employer identification number

56-2530783

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |

08000930 795584 31421.056

| Part III Ecclesively religious, frantrable, etc., contributions to organization described in sections Of(0/7) (b), etc. (c) that total incompositions and you contributions. Complete organizations (a) those of and the following line only. For organizations composition for the total of sections is needed. (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the master of gift (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the part II additional space is needed. (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the part II additional space is needed. (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the part II additional space is needed. (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the part II additional space is needed. (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the part II additional space is needed. (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the part II additional space is needed. (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the part II additional space is needed. (a) No. from part I (b) Purpose of gift (c) Use of gift (d) Description of the part | r identification numbe | | | | | |
|---|--|--|--|--|--|--|
| Part III Exclusively religious, chartable, etc., contributions to organization described in section 501(c)(7), (b), or (b) that total more form any ore contributions (b) those (b) and the toliowing line entity, For organizations compared part II if additional space is needed. a) No. (b) Purpose of gift (c) Use of gift (d) Description of h a) No. (b) Purpose of gift (c) Use of gift (d) Description of h a) No. (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to t (a) No. (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to t (a) No. (b) Purpose of gift (c) Use of gift (d) Description of h (a) No. (b) Purpose of gift (c) Use of gift (d) Description of h (a) No. (b) Purpose of gift (c) Use of gift (d) Description of h (a) No. (b) Purpose of gift (c) Use of gift (d) Description of h (a) No. (b) Purpose of gift (c) Use of gift (d) Description of h (a) No. (b) Purpose of gift (c) Use of gift | 2530783 | | | | | |
| compleng PartII exter is total or obclavely aligona chartaple, etc. contribution of 15,000 or fees for the year. [Etter the into and) ► \$ | | | | | | |
| Disc duplicate copies of Part III if additional space is needed. Disc duplicate copies of gift (c) Use of gift (d) Description of h (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of h (e) Transfer of gift (d) Description of h (e) Transfer of gift (form (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (form (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (form (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (form (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (form (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (form (form (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (form | | | | | | |
| from art1 (c) Use of gift (d) Description of h | | | | | | |
| and the set of gift (a) Transfer of gift (b) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Transfer of gift (d) Description of h (e) Transfer of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of h (e) Transfer of gift (d) Description of h (from Part) (b) Purpose of gift (c) Use of gift (d) Description of h (d) Description of h (e) Transfer of gift (d) Description of h (e) Transfer of gift (d) Description of h | how gift is held | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to to transferor to to transferor to to transferor to to transferor of gift (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (f) Description of h | | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to to transferor to to transferor to to transferor it is a state of the st | | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to the second s | | | | | | |
| i) No. rart1 (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift (d) Description of h (e) Transfer of gift (e) Use of gift (d) Description of h (e) Transfer of gift (e) Use of gift (d) Description of h (form (b) Purpose of gift (c) Use of gift (d) Description of h (form (b) Purpose of gift (c) Use of gift (d) Description of h (form (b) Purpose of gift (c) Use of gift (d) Description of h (form (b) Purpose of gift (c) Use of gift (d) Description of h (form (b) Purpose of gift (c) Use of gift (d) Description of h (form (b) Purpose of gift (c) Use of gift (d) Description of h (form (b) Purpose of gift (c) Use of gift (d) Description of h (form (b) Purpose of gift (c) Use of gift (d) Description of h (form (form (form (form (form (form (form (form (form (form | | | | | | |
| from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of h | transferee | | | | | |
| rom lart 1 (b) Purpose of gift (c) Use of gift (d) Description of h | | | | | | |
| from Part I (c) Use of gift (d) Description of h | | | | | | |
| (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (c) Use of gift (c) Use of gift (d) Description of h (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Purpose of gift (c) Use | how gift is held | | | | | |
| Image: Transferee's name, address, and ZIP + 4 Relationship of transferor to the second s | | | | | | |
| Image: Transferee's name, address, and ZIP + 4 Relationship of transferor to the second s | | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to the second s | | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to the second s | | | | | | |
| Image: Second | | | | | | |
| rom (b) Purpose of gift (c) Use of gift (d) Description of h art 1 (e) Transfer of gift (f) Transfer of gift (f) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) Transferee's name, address, and ZIP + 4 (f) Transfer of gift (f) Purpose of gift (f) Purpose of gift (f) Use of gift (f) Description of h (f) Purpose of gift (f) Description of h (f) Descript | Relationship of transferor to transferee | | | | | |
| from Part I (b) Purpose of gift (c) Use of gift (d) Description of h Part I | | | | | | |
| from Part I (b) Purpose of gift (c) Use of gift (d) Description of h | | | | | | |
| from Part I (b) Purpose of gift (c) Use of gift (d) Description of h Image: Second Sec | | | | | | |
| Image: second system Image: second system <td< td=""><td>how gift is held</td></td<> | how gift is held | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to the second s | | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to the second s | | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to the second s | | | | | | |
| a) No. rom Part I (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift | e) Transfer of gift | | | | | |
| a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of h (e) Transfer of gift (e) Transfer of gift | | | | | | |
| Image: Trom Deart I (b) Purpose of gift (c) Use of gift (d) Description of h Image: Im | transferee | | | | | |
| rom Part I (b) Purpose of gift (c) Use of gift (d) Description of h | | | | | | |
| rom Part I (b) Purpose of gift (c) Use of gift (d) Description of h | | | | | | |
| Sart I (c) Coord gat (c) Coord gat (c) Coord gat | | | | | | |
| | now gift is held | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to the second secon | (e) Transfer of gift | | | | | |
| | Relationship of transferor to transferee | | | | | |
| <u> </u> | | | | | | |
| | | | | | | |
| | | | | | | |

| | | Supplement | al Einanaial Statamanta | | OMB No. 1545-0047 |
|---|--|---|---|------------|---|
| | HEDULE D m 990) Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, | | | | 2024 |
| (Forn | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | | ΖυΖ Ι |
| | ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | Open to Public Inspection |
| Name of the organization Employer identif | | | | | byer identification number 56 – 2530783 |
| Par | t I Organiza | | d Funds or Other Similar Funds or Ac | counts | |
| | | n answered "Yes" on Form 990, Part IV, lin | | oount | |
| | | | (a) Donor advised funds (I | b) Funds | and other accounts |
| 1 | Total number at er | nd of year | | | |
| 2 | | f contributions to (during year) | | | |
| 3 | Aggregate value of | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | - | | writing that the assets held in donor advised fund | | |
| _ | | | exclusive legal control? | | Yes No |
| 6 | 0 | e , , , | idvisors in writing that grant funds can be used or | , | |
| | • • | | or donor advisor, or for any other purpose conferring | • | |
| Par | impermissible priva | | ganization answered "Yes" on Form 990, Part IV, | | Yes No |
| 1 | | servation easements held by the organizati | | | |
| • | | of land for public use (for example, recrea | · · · · · · · · · · · · · · · · · · · | ricallv in | portant land area |
| | | f natural habitat | Preservation of a certif | • | |
| | Preservation | of open space | | | |
| 2 | Complete lines 2a | through 2d if the organization held a quali | fied conservation contribution in the form of a cor | nservatio | n easement on the last |
| | day of the tax year | ·. | | Н | eld at the End of the Tax Year |
| а | Total number of co | onservation easements | | 2a | |
| b | b Total acreage restricted by conservation easements 2b | | | | |
| С | | | | | |
| d | d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure | | | | |
| _ | listed in the National Register | | | | |
| 3 | | | | | |
| | year | | | | |
| 4 5 | | where property subject to conservation east tion have a written policy regarding the per | | | |
| 5 | 6 | orcement of the conservation easements if | 6, I , 6 | | Yes No |
| 6 | , | | handling of violations, and enforcing conservation | | |
| • | | , | | | onio dannig trio your |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation eas | ements | during the year |
| | ▶\$ | | | | 0 , |
| 8 | Does each conser | vation easement reported on line 2(d) abov | ve satisfy the requirements of section 170(h)(4)(B)(| i) | |
| | and section 170(h) | (4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describ | be how the organization reports conservati | on easements in its revenue and expense stateme | ent and | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the | | | | |
| Do | organization's acc | ounting for conservation easements. | f Art, Historical Treasures, or Other Si | milor | A a a a t a |
| Fai | | | | iiiiar i | 455015. |
| 4. | | the organization answered "Yes" on Form | | | -+ |
| Id | 0 | <i>,</i> 1 | 8, not to report in its revenue statement and bala | | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | |
| b | | | | | |
| | - | | c exhibition, education, or research in furtherance | | |
| | | ng amounts relating to these items: | · · · · · · · · · · · · · · · · · · · | 1 | |
| | - | | | ▶ \$ | |
| | | | | ▶ \$ | |
| 2 | If the organization | | asures, or other similar assets for financial gain, p | orovide | |
| | the following amou | unts required to be reported under FASB A | SC 958 relating to these items: | | |
| а | | | | | |
| | | | | | |
| LHA | A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 202 | | | | |

| 08580930 | 795584 | 31421.056 |
|----------|--------|-----------|

132051 10-28-21

| 2 | 9 | |
|----|-------|----|
|)1 | 06020 | gr |

| Sche | | MENTORING, | | | | | | 56-25 | 3078 | 3 ра | age 2 |
|------------|---|------------------------|---------------|-----------------------|------------------------------|-----------|-----------------|---------------|-----------|--------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | rical Tre | asures, or | Other | r Simila | r Assets | (contir | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check a | any of the f | ollowing that | make si | gnificant (| use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 Lo | oan or exc | hange progra | m | | | | | |
| b | Scholarly research | e | • 🗌 0 | ther | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how the | y further th | e organizatio | n's exen | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations of | of art, histe | orical treas | sures, or othe | r similar | assets | | _ | | _ |
| _ | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrange | | ete if the c | organizatio | n answered " | Yes" on | Form 990 |), Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | liary for co | ontributions | s or other ass | ets not i | ncluded | | - | _ | _ |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing tab | ole: | | | | | - | | |
| | | | | | | | | | Amoun | t | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| | Ending balance | | | | | | | | 7 | | |
| | Did the organization include an amount on Fe | | | | | | ity? | L | Yes | | No |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Fai | t V Endowment Funds. Complete i | | | res" on Fo or year | rm 990, Part (c) Two year | | | /ears back | (e) Four | Voaro | back |
| | | (a) Current year | (D) PI | or year | (C) TWO year | S Dack | (u) Thee | JEAIS DALK | (e) Four | years | Dack |
| 1a | Beginning of year balance | | | | | | | | | | |
| D | Contributions | | | | | | | | | | |
| C L | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | L | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | | column (a) |) neid as: | | | | | | |
| a h | Board designated or quasi-endowment ► Permanent endowment ► | | _% | | | | | | | | |
| | | % % | | | | | | | | | |
| C | The percentages on lines 2a, 2b, and 2c sho | · - | | | | | | | | | |
| 20 | Are there endowment funds not in the posse | | ntion that i | aro bold ar | d administor | nd for th | o organiz | ation | | | |
| Ja | by: | | | ale neiu ai | | | e organiza | ation | l | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | <u>u</u> | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, | line 11a. S | ee Form 990, | Part X, | line 10. | | | | |
| | Description of property | (a) Cost or c | · · · | | or other | , | ccumulate | ed | (d) Boo | k valu | |
| | · · · · · · · · · · · · · · · · | basis (investr | | • • | (other) | • • | preciation | | (, 200 | | |
| 1 a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | 1 | 9,366. | | 17,4 | 72. | | 1,8 | 94. |
| | Other | | | | - | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X. column | 1 (B), line 1 | 0c.) | | | | | 1,8 | 94. |
| | | | | | | | | Cabadula | | | |

Schedule D (Form 990) 2021

132052 10-28-21

| Schedule D (Form 990) 2021 STOKED MENTORING, IN | 1edule D (Form 990) 2021 | NG, INC. |
|---|--------------------------|----------|

| | Investments - Other Securities. | | | |
|-------------------|--|--|--|-----------------------|
| | Complete if the organization answered "Yes" o | n Form 990, Part IV, line (b) Book value | | of yoor more to the |
| | tion of security or category (including name of security) | (b) BOOK value | (c) Method of valuation: Cost or enc | -or-year market value |
| (1) Financial | F | | | |
| | held equity interests | | | |
| (3) Other _ | | | | |
| (A) (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b | b) must equal Form 990, Part X, col. (B) line 12.) ► | | | |
| | Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13. | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Part IX | b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Complete if the organization answered "Yes" o | | e 11d. See Form 990, Part X, line 15. | |
| | (a) L | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| <u>(3)</u> (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colur | mn (b) must equal Form 990, Part X, col. (B) line | 15.) | | |
| | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" of | n Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25. | |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Fede | eral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Tatal | mn (b) must equal Form 990. Part X. col. (B) line | | L . | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements tha

Schedule D (Form 990) 2021

132053 10-28-21

| Sche | edule D (Form 990) 2021 STOKED MENTORING, INC. | • | 56-2530783 Page 4 |
|------|---|-----------------------|--------------------------|
| | rt XI Reconciliation of Revenue per Audited Financial S | tatements With Revenu | ue per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV | , line 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | 2c | |
| d | | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial | • | ises per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV | , line 12a. | |
| 1 | Total expenses and losses per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | | | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | | 4b | |
| С | Add lines 4a and 4b | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 18.) | |
| Pa | rt XIII Supplemental Information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

(Form 990)

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



56-2530783

STOKED MENTORING, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTION. STOKED RUNS YOUTH DEVELOPMENT AND SPORTS-BASED MENTORING

PROGRAMS FOR UNDERSERVED YOUTH (11-24 YEARS OLD) IN NYC, LOS ANGELES,

AND CHICAGO.

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

THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE FILING. COPIES OF THE 990 ARE

SENT TO THE FULL BOARD AND ANY QUESTIONS ABOUT IT ARE ADDRESSED BY THE

FINANCE COMMITTEE.

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

STOKED REVIEWS CONFLICTS OF INTEREST AT THE BOARD LEVEL IN COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. NO FINANCIAL INTERESTS SUBJECT TO THE CONFLICT OF INTEREST POLICY WERE DISCLOSED IN THE CURRENT YEAR. THE BOARD AND PRESIDENT ARE WELL AWARE OF THE ORGANIZATIONS' CONFLICT OF INTEREST POLICY AND ARE VIGILANT IN LOOKING OUT FOR POTENTIAL CONFLICTS OF INTEREST. ADDITIONALLY, NEW EMPLOYEES ARE PROVIDED THE CONFLICT OF INTEREST POLICY TO EDUCATE THEM ON THE ORGANIZATION'S COMPLIANCE REQUIREMENTS.

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

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS -

CEO & TOP MANAGEMENT THE BOARD OF DIRECTORS FULLY REVIEWS THE COMPENSATION

OF THE PRESIDENT, OTHER OFFICERS AND KEY EMPLOYEES ANNUALLY. FOR THE

ORGANIZATION'S PRESIDENT, THE BOARD OF DIRECTORS SETS ANNUAL COMPENSATION

ON ITS OWN, WITHOUT THE PARTICIPATION OF THE PRESIDENT. FOR ALL OTHER

 OFFICERS AND KEY EMPLOYEES, THE BOARD OF DIRECTORS CONSIDERS THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Schedule O (Form 990) 2021

| Schedule O (Form 990) 2021 | Page 2 | | | | |
|---|---|--|--|--|--|
| Name of the organization STOKED MENTORING, INC. | Employer identification number 56-2530783 | | | | |
| PRESIDENT'S RECOMMENDATIONS AND MAKES ADJUSTMENTS WHERE AP | PROPRIATE.THE | | | | |
| DIRECTORS CONSIDER INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE IN | | | | | |
| COMPENSATION, AS WELL AS OTHER FACTORS WE DEEM IMPORTANT SUCH AS INTEGRITY. | | | | | |
| THE BOARD OF DIRECTORS MAY ALSO CONSIDER COMPENSATION RELATED TO | | | | | |
| APPROPRIATE PEER ORGANIZATIONS FOR BENCHMARKING PURPOSES. | | | | | |
| | | | | | |
| FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROV | AL PROCESS - | | | | |
| OFFICERS & KEY EMPLOYEES | | | | | |
| THE BOARD OF DIRECTORS FULLY REVIEWS THE COMPENSATION OF THE PRESIDENT, | | | | | |
| OTHER OFFICERS AND KEY EMPLOYEES ANNUALLY. FOR THE ORGANIZATION'S | | | | | |
| PRESIDENT, THE BOARD OF DIRECTORS SETS ANNUAL COMPENSATION ON ITS OWN, | | | | | |
| WITHOUT THE PARTICIPATION OF THE PRESIDENT. FOR ALL OTHER | OFFICERS AND KEY | | | | |
| EMPLOYEES, THE BOARD OF DIRECTORS CONSIDERS THE PRESIDENT'S RECOMMENDATIONS | | | | | |
| AND MAKES ADJUSTMENTS WHERE APPROPRIATE. THE DIRECTORS CONSIDER INDIVIDUAL | | | | | |
| AND ORGANIZATIONAL PERFORMANCE IN COMPENSATION, AS WELL AS | OTHER FACTORS WE | | | | |
| DEEM IMPORTANT SUCH AS INTEGRITY. THE BOARD OF DIRECTORS M | AY ALSO CONSIDER | | | | |
| COMPENSATION RELATED TO APPROPRIATE PEER ORGANIZATIONS FOR | BENCHMARKING | | | | |
| PURPOSES. | | | | | |
| | | | | | |

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

STOKED MENTORING, INC. FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

132212 11-11-21