EXTENDED TO JULY 15, 2022

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	pprox 2020 calendar year, or tax year beginning $$ SEP $$ $$ $$ $$ $$ $$ $$ $$ 20 $$ $$ $$ $$ and endi	ing A	UG 31, 2021			
В	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Addres						
	Name change	Doing business as		13-33929	65		
	Initial return Final return/		m/suite 9	E Telephone numbe 212-986-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,603,539.		
	Ameno		ı	H(a) Is this a group re			
F	Applica			for subordinates			
	⊥ltiön pendin	SAME AS C ABOVE		H(b) Are all subordinates in			
$\overline{}$	T	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527				
		e: NWW.SSPNYC.ORG	327	•	list. See instructions		
			• Voor o	H(c) Group exemption	n number ► ✓ State of legal domicile: NY		
	art I	Summary	L Year C	n iorination. 1900 N	A State of legal doffliche. IN I		
Г			TTDE	VM-DICK AV	ווחטכ שדחט		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROV	OLS	IN NYC	OINS WIIN		
'n		Check this box if the organization discontinued its operations or disposed of			ssets		
Š	1	Number of voting members of the governing body (Part VI, line 1a)		1	26		
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			26		
ა ა		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			28		
iŧie		Total number of volunteers (estimate if necessary)			1000		
흦		Total unrelated business revenue from Part VIII, column (C), line 12			33,814.		
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		Net difference business taxable from from 550 1,1 art 1, life 11	<u> </u>	Prior Year	Current Year		
-	8	Contributions and grants (Part VIII, line 1h)		8,484,446.	7,860,267.		
ne				0.	0.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		72,779.	-2,578.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-124,316.	0.		
	1			8,432,909.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,101,928.	4,884,651.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,180,590.			
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		65,000.	0.		
en	loa l	Total fundraising expenses (Part IX, column (D), line 25) 810,828		03,000.	<u> </u>		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	2,190,531.	897,169.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,538,049.			
		Revenue less expenses. Subtract line 18 from line 12		-1,105,140.	223,359.		
JC Sc	19	почение 1033 ехреноев. Опринастине то поштине 12		ginning of Current Year	End of Year		
Net Assets or Find Balances	20	Total assets (Part X, line 16)		20,541,089.	20,973,372.		
ASSI	21	Total liabilities (Part X, line 10)		891,882.	872,675.		
let /	22	Net assets or fund balances. Subtract line 21 from line 20		19,649,207.	20,100,697.		
	art II	Signature Block		13 / 0 13 / 20 / 0	20/100/03/1		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	l stateme	ents, and to the hest of m	v knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p		•	y Kilowiougo uliu bollol, it lo		
uuc	, 001100	t, and complete. Social attention of property (cities after cities) to bacod on an information of which p	ποραιοι	2/8/2022)		
Sig	ın	Signature of officer Signature			<u> </u>		
He		DEBRA VIZZI, EXECUTIVE DIRECTOR					
116		Type or print name and title					
		Print/Type preparer's name Preparer's signature	T D	ate Check	PTIN		
Pai	d	HOWARD BRODMAN	lo	2/07/22 if self-employ			
	parer	Firm's name RBSM ADVISORS	DRS U				
	Only	Firm's address 805 THIRD AVENUE		Firm's EIN ▶	20-5907963		
500	· •,	NEW YORK, NY 10022		Phone no 21	2-838-5100		
Ma	v tha IE	RS discuse this return with the preparer shown above? See instructions		1 Holle Ho.2 1	X Ves No		

Theck if Schedule Contains a response or note to any line in the Part III Briefly describe the organization simiston: STUDENT/SPONSOR PARTHERSHIF HARNESSES THE POWER OF QUALITY EDUCATION AND MEMPTORSHIF TO HELP LOW-INCOME AND ACADEMICALLY AVERAGE NEW YORK CITY YOUTH ESCAPE THE CYCLE OF POVERTY AND REACH THEIR HIGHEST FOTENTIAL.	Pai	rt III Statement of Program Service Accomplishments
STUDENT/SPONSOR PARTHERSHIP HARNESSES THE POWER OF QUALITY EDUCATION AND MENTORSHIP TO HELP LOW-INCOME AND ACADEMICALLY AVERAGE NEW YORK CITY YOUTH ESCAPE THE CYCLE OF POVERTY AND REACH THEIR HIGHEST POTENTIAL. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 cf? If 'Yes, 'Georgical these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If 'Yes, 'Georgical these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(cig) and 501(cig) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services reported. 4 (See) Screense 5		Check if Schedule O contains a response or note to any line in this Part III
CITY YOUTH ESCAPE THE CYCLE OF POVERTY AND REACH THEIR HIGHEST POTENTIAL. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E? 11 "Yes, "Gescribe these enemyses on Schedule O. 2 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 50 (ici), 3 and 50 (ici)	1	STUDENT/SPONSOR PARTNERSHIP HARNESSES THE POWER OF QUALITY EDUCATION
POTENTIAL. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E2? If "Yes," describe those new services on Schedule 0. If "Yes," describe those new services on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Section 501 (kg) and 501 (kg) organizations are required for report the amount of grants and allocations to others, the total expenses, and reviews if any, for each program service species. 44 (cote;) (comments 6, 100, 169). Instating primats 4, 4,884,651.) ((never) 1 SSP SMISSION IS TO PROVIDE ECONOMICALLY AND EDUCATIONALLY DISADVANTACED STUDENTS ACCESS TO PRIVATE EDUCATION THROUGH FINANCIAL SCHOLARSHIPS PROVIDED BY A SPONSOR AND INDIVIDUAL MENTORING AND COACHING PROVIDED BY AN ADULT MENTOR. SSP FURTHER SUPPORTS OUR STUDENTS WITH COLLEGE READINESS PROGRAMS AND COLLEGE SCHOLARSHIPS. SSP HAS FINANCED AND GUIDED OVER 7,000 STUDENTS THROUGH HICH SCHOOL. 1008 SSP STUDENTS COMPLETED THE 2020-2021 SCHOOL YEAR AND RECEIVED OVER 55 MILLION IN SCHOLARSHIPS FROM SSP TO ATTEND 26 PRIVATE AND PROCHIAL SCHOOLS THROUGHOUT NEW YORK CITY. OUR MENTORS CONTRIBUTE OVER 7,000 HOURS EVERY YEAR TO DIRECTLY SUPPORT OUR STUDENTS. 4b (code:) (Expenses s		
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4e Total program service expenses ► 6,100,169.		
	4e	Total program service expenses ► 6,100,169.

032002 12-23-20

15170207 795415 133392965

Form **990** (2020)

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	Ь—
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	3		<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ü	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	Ŭ		
•	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		Х
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	Х	
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

	Checklist of Required Schedules (continue	1
Parity	Checklist of Beduired Schedules (continue	חנ

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<u></u>	Schedule N, Part II	32		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(0000)
03200	4 12-23-20	Form	330	(2020)

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 28 Section 1 Section 1 Section 2 Section 3					Yes	No
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, *has it filed a Form 990-T for this year? If *No* to the 3b, provide an explanation on Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); or the financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization and the organization that it was or is a party to a prohibited tax wheter transaction? 5c If Yes* to line 5a or 5b, did the organization the Form 8896-T2. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Descriptions that may receive deductible achieves a contribution and party for goods and services provided to the payof? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'indicate the number of Forms 8822 filed during the year. 9 If If Yes, 'indicate the number of Forms 8822 filed during the year. 9 If If Yes, 'indicate the number of Forms 8222 filed during the year. 9 If If yes, 'indicate the number of Forms 8222 filed during the year. 9 If the organization received a contribution of qualified notificatual property, did the organization file a Form 1998-C7 7 If If If the organization received a contribution of qualified notificatual property, did the organization file a Form 1998-C7 7 If If the organization r	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year; 4 at Aray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; sourced on other financial account)? 4 a X x interest the name of the foreign country \$\frac{1}{2}\$ be a bank account; sourced on other financial accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited fax shelter transaction at any time during the tax year? 5 a X b Did any taxable party nority the organization that it was or is a party to a prohibitor tax shelter transaction? 5 b Did any taxable party nority the organization file Form 888617? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 or organizations that many receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b Did the organization receive a payment in excess \$15 is made party is a contribution of any party for goods and services provided to the payor? 7 c X If "Yes," indicate the number of Forms 8282 filed during the year 1 b Did the organization receive a payment in excess \$15 is made party as a contribution of a unable of the payment		filed for the calendar year ending with or within the year covered by this return	2a 28			
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7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization may be year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 496	D		-	Ch		
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Form **990** (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26			
	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 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DEBRA VIZZI, EXECUTIVE DIRECTOR - 212-986-9575			
	132 EAST 43RD STREET, SUITE 429, NEW YORK, NY 10017			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEBRA VIZZI	50.00			. ,				176 667	0	42 271
EXEC.DIR.	50.00			Х				476,667.	0.	43,271.
(2) HEATHER TURNER	30.00	-		х				175,776.	0.	10 270
CHIEF OF STAFF (3) JULIA SPECTOR	50.00			Δ				1/3,//0.	0.	18,379.
DIR. OF PHILANTHROPY	30.00			х				134,096.	0.	15,078.
(4) MARY FADDOUL	50.00							20270300		2373733
VP PROGRAMS		1		x				123,338.	0.	15,147.
(5) CHRISTOPHER J. NIEHAUS	4.00							, , , , , ,	-	
CHAIR		х		х				0.	0.	0.
(6) JIM HEALY	2.00									
VICE-CHAIR		Х		х				0.	0.	0.
(7) KEVIN J. CONWAY	2.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(8) ROBERT H. NIEHAUS	1.00									_
VICE-CHAIR		Х		Х				0.	0.	0.
(9) EDWARD COX	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BRIAN HOFFMAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(11) ANDREW HORROCKS	4.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) ALFRED F. HURLEY JR.	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) PETER J. LYON	1.00	١							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(14) TOM MERCEIN	1.00	١								•
DIRECTOR	1 00	Х						0.	0.	0.
(15) LORA ROBERTSON	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) STEPHEN M. SCHILLER	1.00	X							^	^
DIRECTOR (17) WILLIAM AND EDGON	1 00	^		\vdash		-		0.	0.	0.
(17) WILLIAM ANDERSON	1.00	X						0.	0.	0.
DIRECTOR	<u> </u>	Λ						<u> </u>	0.	Earm 990 (2020)

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Page 8

Section A. Officers, Directors, In	istees, key Em	pio	/ees	, an	ип	igne	ישני ע	Joinpensated Employe	es (continueu)				
(A)	(B)			-	C) sition	1		(D)	(E)	ļ		(F)	1
Name and title	Average hours per			check	more	than is bot		Reportable compensation	Reportable compensatio			stimate nount	
	week					or/trus		from	from related		ai	other	Oi
	(list any	ector						the	organizations		com	pensa	ation
	hours for related	or dir	ee			ated		organization	(W-2/1099-MIS	3C)		rom th	
	organizations	rustee	l trust		e e	nbens		(W-2/1099-MISC)			_	janizat d relat	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer .					anizati	
	line)	Indi	Insti	Officer	Key	High	Former				<u> </u>		
(18) HENRY MULHOLLAND	1.00	١,,								^			0
DIRECTOR (19) MEGAN FLANIGAN	1.00	X	-			-	-	0.		0.	<u> </u>		0.
DIRECTOR	1.00	$ _{\mathbf{x}}$						0.		0.			0.
(20) JOHN STOSSEL	1.00	^	\vdash					0.		0.	—		0.
DIRECTOR	1.00	\mathbf{x}						0.		0.			0.
(21) ROBERT HUNTINGTON	1.00	+	\vdash			T							
DIRECTOR		x						0.		0.			0.
(22) ROBERT BRENNAN	1.00												
DIRECTOR		X						0.		0.			0.
(23) SUSAN DUNNE	1.00												
DIRECTOR		Х						0.		0.			0.
(24) ALOYSIUS MCLAUGHLIN	1.00	↓											•
DIRECTOR	1 00	Х	_				_	0.		0.	<u> </u>		0.
(25) MICHAEL SCHAFTEL	1.00	↓								0			0
DIRECTOR (26) ROBERT SPENCER	1.00	X	-	_	-	+	<u> </u>	0.		0.	 		0.
DIRECTOR	1.00	$ _{\mathbf{x}}$						0.		0.			0.
Alt. Outstand		1						909,877.		0.	9	1,8	
c Total from continuation sheets to Part								0.		0.	<u> </u>	- / 0	0.
d Total (add lines 1b and 1c)								909,877.		0.	9	1,8	
2 Total number of individuals (including but								-	,000 of reportabl	e			
compensation from the organization													4
												Yes	No
3 Did the organization list any former office			key (emp	loye	e, o	r hiç	ghest compensated emp	oloyee on				37
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the	•							•	•			Х	
and related organizations greater than \$1Did any person listed on line 1a receive or											4	_^	
rendered to the organization? If "Yes," co	=				-			ted organization or indiv	dual for services		5		Х
Section B. Independent Contractors	mpiete Gerieda		0, 0	aon	porc	3011							
1 Complete this table for your five highest	compensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of com	npens	ation	from	
the organization. Report compensation for	or the calendar y	ear/	end	ing v	with	or w	/ithi	n the organization's tax	year.				
(A)								(B)			(0		
Name and busine	ss address	N	ON	E				Description of s	ervices		ompe	nsatio	n
							-						
9							-						
-													
2 Total number of independent contractors	•	not li	mite	d to		_	sted	d above) who received m	nore than				
\$100,000 of compensation from the orga		ידת	NTT T	νш.		0 NT (СП	ರಾಗ್ರಾರ ರಾಗ್ರಾರ				000	0000;
DEE PART VII, DECTION	YN Y COM.	T T 1	LVU	-7 Ι.	$_{TOI}$	LV Ì	эп	מוחח			⊢orm	990 (2020)

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Part VI	Section A. Officers, Directors, Tru (A) Name and title	ustees, Key Er (B)	nplo	yee			ligh	est			
		(B)			10	٠.					
		(B) (C) Average Position hours (check all to				ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DR DIRECTO	. VALERIE ANN ROWE R	1.00	x						0.	0.	0
			_								
			\vdash								
			_								
		1									
otal to P	art VII, Section A, line 1c										

Pa	I L V	Ш			a a ta Alata David VIII			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	•		Federated campaigns 1a Membership dues 1b					
ָהַ _{פֿ}			Fundraising events 1c 1,	008,748.				
ifts ar A			Related organizations 1d	000,7100				
Contributions, Gifts, Grants and Other Similar Amounts				332,400.				
Sign			All other contributions, gifts, grants, and	, , , , , ,				
but				519,119.				
Ē		а	Noncash contributions included in lines 1a-1f	<u> </u>				
Cor		_	Total. Add lines 1a-1f	•	7,860,267.			
_				Business Code	, ,			
ø	2	а						
Program Service Revenue	_	b						
Sel		С						
ameve		d						
ogr R		е						
Ā		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest					
			other similar amounts)		33,814.		33,814.	
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties	<u></u>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c	<u> </u>				
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		_	assets other than inventory 7a 709,458.					
Φ		b	Less: cost or other basis and sales expenses 7b 745,850.					
Revenue			and sales expenses					
eve		C	Gain or (loss) 7c - 36, 392.		-36,392.	-36,392.		
er F			Net gain or (loss)	.	30,332.	30,332.		
o t r	0	а	including \$ 1,008,748. of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a	0.				
		b	Less: direct expenses 8b	0.				
			Not income or (loss) from front during a cross-	>	0.			
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	1				
		b	Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory \dots					
2				Business Code				
eor Pe	11	а						
llan ⁄en		b		ļ				
Miscellaneous Revenue		С						
Ž			All other revenue					
			Total. Add lines 11a-11d		7 057 600	26 202	22 014	0
	12		Total revenue. See instructions		7,857,689.	-36,392.	33,814.	0.

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(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	4 004 651	4 004 651		
	individuals. See Part IV, line 22	4,884,651.	4,884,651.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 564 426	712 771	256 970	102 702
7	Other salaries and wages	1,564,436.	713,774.	356,879.	493,783
8	Pension plan accruals and contributions (include	10 730	22 602	11 246	15 600
_	section 401(k) and 403(b) employer contributions)	49,738. 138,820.	22,693. 63,337.	11,346.	15,699 43,807
9	Other employee benefits	99,516.	45,404.	22,702.	31,410
10	Payroll taxes	33,310.	45,404.	44,704.	31,410
11	Fees for services (nonemployees):				
а					
b	Legal				
С.	• • • • • • • • • • • • • • • • • • • •				
	Lobbying				
e	, F				
f	Investment management fees				
g	•	361,024.	224,853.	55,029.	81,142
	column (A) amount, list line 11g expenses on Sch O.)	301,024.	224,033.	33,023.	01,142
12	Advertising and promotion	17,090.	5,882.	2,739.	8,469
13	Office expenses	174,818.	67,702.	22,984.	84,132
14	Information technology	1/4,010.	07,702.	22,304.	04,132
15	Royalties	28,290.	12,907.	6,454.	8,929
16	Occupancy	15,003.	5,613.	2,614.	6,776
17	Travel	13,003.	3,013.	2,014.	0,110
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			+	
20	Interest Payments to offiliates				
21	Payments to affiliates	24,925.	11,372.	5,686.	7,867
22	Depreciation, depletion, and amortization	44,743.	11,5/20	3,000.	7,007
23	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) BAD DEBTS	125,101.		125,101.	
a h	LOSS ON SUBLEASE	71,629.		71,629.	
n	PAYROLL, BANK AND OTHER	44,684.	29,614.	2,311.	12,759
d	OTHER	34,605.	12,367.	6,183.	16,055
	All other expenses	3 = , 0 0 3 •	12,5076	0,100.	10,000
25	Total functional expenses. Add lines 1 through 24e	7,634,330.	6,100,169.	723,333.	810,828
26	Joint costs. Complete this line only if the organization	.,001,000	0,200,200	. 20, 333	010,020
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	ii following SOF 96-2 (ASO 956-720)				Earm 990 (2020

Part X | Balance Sheet

Pa	πλ	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,521,423.	1	9,136,442
	2	Savings and temporary cash investments			3,390,800.	2	1,905,641
	3	Pledges and grants receivable, net			7,596,133.	3	8,455,647
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descr	ibed in sed	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			167,555.	9	177,518
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	195,814.			
	b	Less: accumulated depreciation		103,660.	124,509.	10c	92,154
	11	Investments - publicly traded securities			740,669.	11	1,205,970
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	20,541,089.	16	20,973,372		
	17	Accounts payable and accrued expenses	111,721.	17	149,224		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	700 161		723,451
		of Schedule D			780,161.		
	26	Total liabilities. Add lines 17 through 25			891,882.	26	872,675
S		Organizations that follow FASB ASC 958,	check her	e 🕨 🔼			
ĕ		and complete lines 27, 28, 32, and 33.			5,206,697.		6 100 171
<u>ala</u>	27				14,442,510.	27	6,189,474
힏	28	Net assets with donor restrictions			14,442,310.	28	13,911,223
Ţ		Organizations that do not follow FASB AS	C 958, cn	eck nere			
ō		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current fur				29	
₹SS(30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			19,649,207.	31	20,100,697
Z	32	Total net assets or fund balances			20,541,089.	32	20,100,637
	33	Total liabilities and net assets/fund balances			20,J41,00J.	33	40,313,314

Form **990** (2020)

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)	1	7	,85	7,6	<u>89.</u>
2	Protal expenses (must equal Part IX, column (A), line 25)					30.
3	Revenue less expenses. Subtract line 2 from line 1	3			-	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	,64		
5	Net unrealized gains (losses) on investments	5		22	8,1	31.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20	,10	0,6	97.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?					Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2020)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Employer identification number Name of the organization STUDENT/SPONSOR PARTNERSHIP INC. 13-3392965 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6248406.	7502435.	19392595.	8543679.	7860267.	49547382.
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	6040406	BE0040E	10000505	0540650	F06006F	40545200
4	Total. Add lines 1 through 3	6248406.	7502435.	19392595.	8543679.	7860267.	49547382.
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,						0062400
	column (f)						2063408.
6	Public support. Subtract line 5 from line 4.						47483974.
	etion B. Total Support	() 0040	(1) 0047	() 0040	(1) 0040	() 0000	(C) T
	ndar year (or fiscal year beginning in)	(a) 2016 6248406.	(b) 2017	(c) 2018 19392595.	(d) 2019 8543679.	(e) 2020	(f) Total 49547382.
	Amounts from line 4	0240400.	7302433.	19392393.	0343079.	7800207.	4934/302.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	47,650.	65,411.	86,409.	84,244.	33,814.	317,528.
_	and income from similar sources	47,030.	03,411.	00,409.	04,244.	33,014.	317,320.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						49864910.
11	Total support. Add lines 7 through 10	ata (aga inatuusti				12	<u> </u>
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth toy			
13	organization, check this box and stor			· ·	•	. , . ,	
Sec	etion C. Computation of Publ						
	Public support percentage for 2020 (I			column (f))		14	95.23 %
15	Public support percentage from 2019					15	98.88 %
	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	ū	•		•		
	more, and if the organization meets the	_					
	organization meets the facts-and-circle		•				> □
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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.)						
Se	ction B. Total Support				_	_	
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2020. If the						1 / Is not
	more than 33 1/3%, check this box a						▶□
k	33 1/3% support tests - 2019. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
7()	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = 1/1 \cdot 10$	ra or iun chackt	THE DAY AND COO IN	CITITOTIONS	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	NO
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
33		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	, , , , , , , , , , , , , , , , , , ,		Yes	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	<u>~</u> .		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
р	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.			
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-functional	ılly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

STUDENT/SPONSOR PARTNERSHIP INC.

Employer identification number

13-3392965

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	ı-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General l	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
;	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
:	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mu	st answer "No" on I	eat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Name of organization Employer identification number

STUDENT/SPONSOR PARTNERSHIP INC.

13-3392965

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FUTURES IN EDUCATION 243 PROSPECT PARK WEST BROOKLYN, NY 11215	\$ 373,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	INNER CITY SCHOLARSHIP FUND 1011 1ST AVENUE NEW YORK, NY 10022	\$ 418,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CREDIT SUISSE FOUNDATION 11 MADISON AVENUE NEW YORK, NY 10010	\$158,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ROBERT NIEHAUS 770 PARK AVENUE NEW YORK, NY 10021	\$ 275,000.	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
5	JAMES HEALY 2 WILLOWMERE CIRCLE RIVERSIDE, CT 06878	\$ 350,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CARSON FAMILY TRUST 650 MADISON AVENUE NEW YORK, NY 10022	\$\$	Person X Payroll
000450 11 0		Sala dula B (Farra	000 000 F7 ar 000 PF) (0000)

Name of organization

Employer identification number

STUDENT/SPONSOR PARTNERSHIP INC.

13-3392965

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHN STOSSEL 211 CENTRAL PARK WEST NEW YORK, NY 10024	\$\$627,335.	Person X Payroll
(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
		\$	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.)

Name of organization Employer identification number

13-3392965 STUDENT/SPONSOR PARTNERSHIP INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

13-3392965 STUDENT/SPONSOR PARTNERSHIP INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

STUDENT/SPONSOR PARTNERSHIP INC.

Employer identification number 13-3392965

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring				
	incompany to the least the terral field		□ v _a a □ Na				
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically important land area				
	Protection of natural habitat	Preservation of a	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year ▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements i	t holds?	Yes				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year				
							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation	•					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the				
D-	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
Pa			ner Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pul	•	•				
	service, provide in Part XIII the text of the footnote to its final						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre		gain, provide				
	the following amounts required to be reported under FASB A	<u> </u>					
а	Revenue included on Form 990, Part VIII, line 1						
h	Assets included in Form 990, Part X		▶ \$				

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

Schedule D (Form 990) 2020

13-3392965	Page 2

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Otl	her S	imilar Asse	ts(continued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	e signif	icant use of its	3		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	kempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes No		
Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "Yes" o	on For	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pai	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets n	ot incl	uded			
	on Form 990, Part X?						Yes No		
b	If "Yes," explain the arrangement in Part XIII				_				
							Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe				bility?		Yes No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	JII				
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) [⊺]	hree years back	(e) Four years back		
1a	Beginning of year balance	2,085,217.	1,865,427.	505,319		605,891.	600,628.		
b	Contributions	47,600.	87,300.	1,506,000		185,720.	201,456.		
С	Net investment earnings, gains, and losses	256,601.	132,490.	15,641					
d	Grants or scholarships	20,000.							
е	Other expenditures for facilities								
	and programs			161,533		286,292.	196,193.		
f	Administrative expenses								
g	End of year balance	2,369,418.	2,085,217.	1,865,427		505,319.	605,891.		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
С	Term endowment	/ /							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	r the o	rganization			
	by:						Yes No		
	(i) Unrelated organizations						3a(i) X		
	(ii) Related organizations						3a(ii) X		
b	If "Yes" on line 3a(ii), are the related organiza								
_4	4 Describe in Part XIII the intended uses of the organization's endowment funds.								
Pai	t VI Land, Buildings, and Equipm	ent.							
	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 of	ther (b) Cost	or other (c)	Accun	nulated	(d) Book value		
		basis (investn	nent) basis (other) d	lepreci	ation			
1a	Land								
	Buildings								
	Leasehold improvements			4,306.		.,851.	52,455.		
	Equipment			3,242.		.,057.	12,185.		
	Other		5	8,266.	3 (752.	27,514.		
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		>	92,154.		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 STUDENT/SPO	NSOR PARTNERS	HIP INC.	13-3392965 _{Page} ;
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			and of coordinate value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (h) must squal Form 000, Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	Description	Tru. See Form 990, Part A, line 15.	(b) Book value
(1)			(6) 2001. Tailor
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
Part X Other Liabilities.	,		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			79,824
(3) LOAN PAYABLE-PPP			310,092
(4) SUBLEASE LIABILITY			259,315
(5) SECURITY DEPOSIT			74,220
(6)			

723,451. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

(7) (8)

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		i Revenue per H	teturr	1.
1	Fotal revenue, gains, and other support per audited financial statements			1	8,298,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	228,130.		
	Donated services and use of facilities		212,270.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	440,400.
3	Subtract line 2e from line 1			3	7,857,689.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
	Fotal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,857,689.
Part	XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Fotal expenses and losses per audited financial statements			1	7,846,599.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities		212,270.		
b l	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				040 070
	Add lines 2a through 2d			2e	212,270.
3	Subtract line 2e from line 1			3	7,634,329.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	nvestment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,634,329.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4, Fait	A, III le 2, Part AI,
PAR	r V, LINE 4:				
THE	ORGANIZATION HAS SEVERAL PERMANENTLY AND	TEMPO	RARILY RES	TRI	CTED FUNDS
WHO	SE PRIMARY PURPOSES ARE TO PROVIDE SCHOLA	ARSHIPS	FOR STUDE	NTS	MEETING
VAR	IOUS CHARACTERISTICS. IN ADDITION, THERE	E ARE E	UNDS RESTR	ICT	ED FOR THE
ORG.	ANIZATION'S COLLEGE AND CAREER PREP PROGE	RAM.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	Employer identification number $13-3392965$							
Part I	General Information on Grants a	nd Assistance					•	
С	Does the organization maintain records riteria used to award the grants or assistants in Port IV the propriet is a local property of the control of the cont	stance?						
Part I	Describe in Part IV the organization's pro					onization analyses 1	Vooll on Form 000. Dod	t IV line 21 for any
I di t	recipient that received more than	_				anization answered	res on Form 990, Fan	TV, III e 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	inter total number of section 501(c)(3) a			he line 1 table			1	>

Part III can be duplicated if additional space is needed.	. Complete il the	organization answe	ered res on Forms	990, Part IV, line 22.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
TUITION	1008	4,884,651.	0.					
	2000	2,002,002.						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.				
SCHEDULE I PART I #2								
THE AMOUNT OF TUITION ASSISTANCE I	S SET FR	OM THE BEG	INNING OF	THE				
ACADEMIC YEAR AND VERIFIED BY THE	SCHOOL A	ND THE SSP	SCHOOLS T	EAM				
QUARTERLY. SSP'S SCHOOLS TEAM CHECK WITH EACH SCHOOL ON A QUARTERLY								
BASIS ON THE NUMBER OF STUDENTS CURRENTLY ENROLLED AND THE COST FOR								
THAT QUARTER'S TUITION. IF A STUDENT LEAVES THE PROGRAM, WE ONLY PAY								
FOR THE WEEKS THAT THEY ATTENDED S	CHOOL.	WE RECEIVE	IMMEDIATE	NOTICE				
WHEN A STUDENT LEAVES THE PROGRAM	AND UPDA	TE OUR INV	OICES ACCO	RDINGLY.				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

STUDENT/SPONSOR PARTNERSHIP INC.

Employer identification number 13-3392965

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			77
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
а	The organization?	5a		х
h	Any related organization?	5b		X
.,	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
·	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(5)(1)-(0)	reported as deferred on prior Form 990
(1) DEBRA VIZZI	(i)	376,667.	100,000.	0.	15,296.	27,975.	519,938.	0.
EXEC.DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HEATHER TURNER	(i)	138,122.	26,500.	11,154.	8,956.	9,423.	194,155.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

STUDENT/SPONSOR PARTNERSHIP INC.

Employer identification number 13-3392965

FORM 990, PART VI, SECTION A, LINE 2:

ROBERT NIEHAUS AND CHRISTOPHER NIEHAUS ARE BROTHERS

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

COPY OF THE 990 IS PROVIDED TO BOTH THE CHAIR OF THE AUDIT COMMITTEE AND THE FINANCE COMMITTEE. AS REPRESENTATIVES OF SSP'S GOVERNING BODY, BOTH CHAIRS REVIEW THE FORM 990 FOR ACCURACY. UPON THEIR APPROVAL, THE FORM 990 A COPY OF THE FINAL, IS SUBMITTED TO THE IRS. APPROVED FORM 990 IS PROVIDED TO ALL BOARD MEMBERS, PRIOR TO THE FILING.

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

ALL MEMBERS OF THE BOARD AS WELL AS THE EXECUTIVE DIRECTOR ARE SUBJECT TO A CONFLICT OF INTEREST POLICY. IN THE EVENT THAT THE BOARD CONSIDERS AN ISSUE THAT INVOLVES THE FINANCIAL RELATIONSHIP BETWEEN THE CORPORATION AND THE BOARD MEMBER WILL DISCLOSE TO THE BOARD THE MEMBER OF THE BOARD, FINANCIAL RELATIONSHIP THAT THE PARTICULAR BOARD MEMBER HAS WITH RESPECT TO THE ISSUE. THE BOARD MEMBER SHALL REFRAIN FROM VOTING ON THE MATTER. THE POLICY IS APPLICABLE TO TRANSACTIONS INVOLVING BOARD MEMBERS AND THEIR IMMEDIATE FAMILY MEMBERS.

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

THE BOARD CHAIR AND CHAIR OF SSP'S HR COMMITTEE CONDUCTS A FORMAL

PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AT THE END OF THE FISCAL YEAR.

BASED ON ACCOMPLISHMENTS AGAINST GOALS, THE EXECUTIVE DIRECTOR'S

COMPENSATION IS DISCUSSED WITH THE EXECUTIVE COMMITTEE AND RECOMMENDED

SALARY INCREASE IS ALIGNED WITH THE PROFESSIONAL FOR NONPROFITS ANNUAL

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization STUDENT/SPONSOR PARTNERSHIP INC.	Employer identification number 13-3392965
NONPROFIT SALARY AND STAFFING REPORT FOR THE NEW YORK CIT	Y AREA. THE
PROCESS TO REVIEW THE COMPENSATION OF THE EXECUTIVE DIREC	TOR WAS LAST
UNDERTAKEN IN FY18, AS THE ORGANIZATION CONDUCTED A SEARC	CH AND HIRED A NEW
EXECUTIVE DIRECTOR. SSP DID NOT PAY COMPENSATION TO ANYON	IE ELSE MEETING THE
DEFINITION OF OFFICER OR KEY EMPLOYEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS	ARE MADE AVAILABLE
UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS AVAILAB	BLE ON SSP'S
WEBSITE.	