Form	990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2022 Open to Public Inspection

OMB No. 1545-0047

AF	or th	e 202	2 cale	ndar	year, or	tax	year begi	inning	09,	/01/20	)22	aı	nd er	ding			08,	/31/2023	
_			C Nam	e of o	rganization										DE	mployer id	entific	ation number	
Вс	heck if ap	plicable:	S	PON	SORS F	OR I	DUCATI	ONAL	OPPOF	RTUNIT	Y, INC								
	Addre chang		Doin	g Busi	iness As	SE	O,SEIZ	ING E	EVERY	OPPOR'	FUNITY,	GOL	KIN			13	-257	78670	
	Name	change	Num	ber a	nd street (o	or P.O.	box if mail is	s not deli	vered to st	reet addres	ss)	Roo	om/sui	te	ET	elephone n	umber	r	
	Initial	return	5	5 E2	XCHANG:	E PI	LACE									(2)	12)	929-2040	
	Term	inated	City	or tov	vn, state or	provir	ice, country,	and ZIP	or foreign	postal cod	е								
	Amer returr		N	EW 1	YORK, 1	NY 1	0005								G	Fross receip	ts \$	47,676,63	2.
	Applie pendi	cation	F Nam	e and	address o	f princi	pal officer:	W	ILLIAN	1 A. G	OODLOE				H(a)	Is this a gro subordinates		rn for Yes	X No
	-	-	5	5 E2	XCHANG:	E PI	LACE, N	IEW Y	ORK, 1	VY 100	05				H(b)	Are all subord		ncluded? Yes	No
<u> </u>	Tax-ex	empt st	atus:	Х	501(c)(3)		501(c) (	) ┥	(insert	no.)	4947(a)(1	) or		527		If "No," attac	ch a list	. (see instructions)	
J	Websi	te: 🕨	WWW	.SEC	D-USA.	ORG									H(c)	Group exem	ption nu	umber 🕨	
К	Form	of organ	nization:	Х	Corporation	n	Trust	Associ	ation	Other 🕨	<u> </u>		L Ye	ar of forr	nation: ]	L965 <b>M</b>	State	of legal domicile:	NY
P	art I	Su	mmary	/															
	1	Briefly	y descr	be th	ie organiz	ation'	s mission o	or most	significar	nt activitie	s: <u>SEE</u>	SCH	EDU	LE_O_					
e																			
nan					. <u></u>														
Activities & Governance	2		k this bo							•	ns or dispo						S.		
ğ	3																3		29
s 8	4										VI, line 1b)						4		29
/itie	5								ear 2022	(Part V, I	ine 2a)						5		662
cti	6						ate if neces										6	1,	,054
◄																	7a		NONE
	b	Net ur	nrelated	d bus	iness taxa	able ir	come from	Form 9	90-T, line	e 34 🔒							7b	<b>•</b> • • •	NONE
																or Year		Current Yea	
ne	8						, line 1h)					PY FO	OR		44,	656,55		45,537,	
Revenue	9						l, line 2g)				PUBLIC			м —			ONE		NONE
Re	10						umn (A), lin								1	393,72			199.
	11										)					326,16		-346,	
	12										A), line 12)					724,11		45,778,	
	13														, ⊥,	314,02		1,863,	
	14		efits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					NONE 26,090,708.			20 401	NONE							
Expenses	15																	30,491,	NONE
ben	h	Total	fundrai	runu		S (Fai Dort I		(D) line	25)	2 1	170,367	• • •	• • •	•• –			ONE		NONE
ы	17														12,012,485.			11,857,	555
											25)			•• –		417,21		44,212,	
	19										20)			••		306,89		1,565,	
es		110101	100 100	, ovb		bildot										of Current		End of Year	
Net Assets or Fund Balances	20	Total	assets (	Part	X, line 16)											324,69		76,070,	925.
Ass I Ba	21											• • •		• –		966,40		6,598,	
Net	22						tract line 2									358,29		69,472,	
	rt II	Sig	gnatur	e Blo	ock														
Un	der pei	nalties c	of perjur	, I de	clare that	l have	examined th	his returi	n, includin	ig accomp	anying sche	dules	and st	atements	s, and to	the best o	fmyk	nowledge and bel	lief, it is
true	e, corre	ect, and	complet	e. De	claration of	prepa	er (other tha	an officer	) is based	on all info	rmation of w	hich p	repare	r has an	/ knowled	dge.			
<u>.</u> .																			
Sig			Signatu	re of o	officer											Date			
Не	re																		
			Type or	print	name and ti	itle													
Dei	J	Print/	Type pr	eparer	's name			Prepa	irer's signa	ture		T	Date			Check	if F	PTIN	
Paic		PAU	L HA	MME	RSCHM	DT		PAU	L HAN	MERSC	HMIDT		07/	02/20	024	self-employ	ed	P01384178	
	parer Only	Firm's	s name		BDO US	A									Firm	s EIN 🕨	13	3-5381590	
			s address				VENUE, 38								Phor	ne no.	21	12-885-800	0
May	/ the I	RS dis	cuss th	is re	turn with t	he pre	eparer shov	vn abov	e? (see ir	nstruction	s)							. X Yes	No
For	Pape	rwork	Reduc	tion /	Act Notice	e, see	the separa	ate instr	uctions.									Form <b>990</b>	(2022)

SPONSORS	FOR	EDUCATIONAL	OPPORTUNITY,	INC.
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Fo	rm 990 (2022) Page <b>2</b>
P	Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,

penses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of	grants
e total expenses, and revenue, if any, for each program service reported.	

4a	(Code:	) (Expenses \$ 21,604,102. including grants of \$ 1,543,705. ) (Revenue \$ NONE	)
	SEO	SCHOLARS IS A FREE, EIGHT-YEAR, ACADEMIC PROGRAM THAT	
	TRAN	NSFORMS PUBLIC HIGH SCHOOL STUDENTS INTO COLLEGE GRADUATES. SEO	
	SCHO	DLARS SUCCESSFULLY EDUCATES, AND MENTORS UNDERSERVED,	
	LOW-	-INCOME PUBLIC HIGH SCHOOL STUDENT TO AND THROUGH COLLEGEWITH	
	A 90	0% COLLEGE GRADUATION RATE. SEO SCHOLARS EXCEED OR MATCH THE	
	SAT	SCORES OF ALL COLLEGE BOUND SENIORS NATIONALLY, ELIMINATING	
	THE	ACHIEVEMENT GAP AND 100% ARE ACCEPTED TO FOUR-YEAR COLLEGES.	
	FOR	FISCAL YEAR 2023 SEO SCHOLARS SERVED 1176 COLLEGE STUDENTS AT	
	192	CAMPUSES ACROSS 32 STATES.	

4b	(Code:	) (Expenses \$including grants of \$258,608) (Revenue \$	NONE )
	SEO	CAREER PREPARES HIGH ACHIEVING AND UNDERREPRESENTED STUDENTS,	
	INCL	JUDING BLACK, LATINX, AND NATIVE AMERICAN COLLEGE STUDENTS FOR	
	CHAL	LENGING SUMMER INTERNSHIPS THAT LEADS TO COVETED FULL-TIME	
	JOBS	S. SEO CAREER CLOSES THE OPPORTUNITY GAP BY PROVIDING ENTRY TO	
	HIGH	I GROWTH PROFESSIONAL OPPORTUNITIES AND BEST -IN-CLASS TRAINING	
	FOR	STUDENTS TO SUCCEED. IN 2022 AND 2023 OVER 1900 SEO INTERNS	
	WERE	RECRUITED FOR PARTNERS NATIONWIDE AND 77 % OF THE ELIGIBLE	
	INTE	RNS RECEIVED FULL TIME JOB OFFERS. TO DATE SEO HAS RECRUITED	
	OVER	2 9,100 INTERNS FOR ITS U.S. PARTNERS.	

4c	(Code:	) (Expenses \$	2,181,656.	including grants of \$	NONE	) (Revenue \$	NONE )	
	SEO 2	ALTERNATIVE INVESTME	NTS PROVI	DES EDUCATION,	ACCESS, AND	CAREER		
	DEVE	JOPMENT TO BOTH YOUN	G AND EXE	PERIENCED PROFE	SSIONALS WHO	ARE		
	TRAD	TIONALLY UNDERREPRES	SENTED IN	I THE ALTERNATI	VE INVESTMENT	rs		
	SECT	DR.THE INITIATIVE INC	CLUDES: 1	THE SEO ALTERNA	TIVE INVESTME	ENTS		
	FELL	WSHIP PROGRAM (AIFP	); INTERN	SHIPS WITH ALT	ERNATIVE			
	INVE	STMENTS FIRM; AND TH	E SEO ALT	CERNATIVE INVES	IMENTS CONFER	RENCE.		
	MORE	THAN 630 INDIVIDUALS	S ATTENDE	ED SEO'S 2023 A	LTERNATIVE			
	INVE	STMENTS CONFERENCE. S	SINCE INC	CEPTION 90% OF	ELIGIBLE FELI	LOW		
	HAVE	RECEIVED FULL TIME	JOB OFFEF	RS IN THE ALTER	NATIVE INVEST	IMENTS		
	SECT	DR.						

 4d Other program services (Describe on Schedule O.)

 (Expenses \$ 4,682,929. including grants of \$ 61,357. ) (Revenue \$ MG

 4e Total program service expenses
 36,989,309.

SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC.

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Part	V Checklist of Required Schedules			
	r		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'		7		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
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	Х	
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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
		11d		Х
е		11e	Х	
	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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			Í
		14b		v
15		140		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			Í
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Í
	If "Yes," complete Schedule G, Part III	19		Х
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	
24 a	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
D D	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	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		v
27		20		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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 contributions? If "Yes," complete Schedule M	30		X
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 Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? 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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
			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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?		X	(2022)
2E1030	2.000	r orm	330	(2022)

SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC. 13-2578670

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 662			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9	30 (2022) SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC. 13-2578	670	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Secti	on 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 29 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			
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 make any significant changes to its governing documents since the proof of the organization's assets?	5		x
6	Did the organization become aware during the year of a significant diversion of the organization's assets	6		x
		-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	10		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
•	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
	The governing body?	8b	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	00	Λ	<u> </u>
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? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		v
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	)	X
Secu	n d. Policies (This Section D requests information about policies not required by the internal Revenue		.) Yes	No
		10a		x
	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa	A	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	Λ	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	v	
	rise to conflicts?	120	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	v	
	describe on Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
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?	45-		v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0		
	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			
0	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain on Schedule O)	(sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record VIJAY SANDHU, VP FINANCE 55 EXCHANGE PLACE NEW YORK, NY 10005	S		
JSA	212-979-2040	Form	990	(2022)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

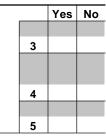
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					C)					(T)
(A) Name and title	(B)	(do r	not ch	Pos		e than c	ne	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount
Name and the	Average hours	`				is both		compensation	compensation	of other
	per week	office	r and	dad	lirect	or/trust	iee)	from the	from related	compensation
	(list any hours for	Individual trustee or director	Inst	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	vidua	Institutional trustee	cer	emp	loye	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	ortr	nal		loye	eom				
	below dotted line)	iste	trus		ě	pen				
		Ū	tee			sate				
						<u> </u>				
(1) WILLIAM GOODLOE	40.00	-								
PRESIDENT & CEO	NONE			Х				736,017.	NONE	56,724.
(2) JULIAN JOHNSON, THRU 8/31/23	40.00									
EXECUTIVE VICE PRESIDENT	NONE			Х				346,796.	NONE	50,777.
(3) MINDY DAVIS	40.00									
SR VP&MG DIR, SEO CAREER	NONE				X			281,257.	NONE	49,528.
(4) RENE GOLDBERG	40.00	-								
VP-INFORMATION TECHNOLOGY	NONE					X		249,542.	NONE	66,602.
(5) CATHERINE FINNERAN	40.00									
VP, SEO SCHOLARS, COLLEGE	NONE					X		208,376.	NONE	72,056.
(6) OMAR WANDERA	40.00									
EXECUTIVE DIR., SEO SCHOLAR	NONE				X			202,958.	NONE	72,571.
(7) NICOLE MOORE	40.00									
VP-HEAD OF CAREER PROGRAM&OPS	NONE					X		218,156.	NONE	56,039.
(8) COLIN SHAY	40.00									
DIR-EXE INIT./ACTING HR DIR.	NONE					X		206,261.	NONE	55,203.
(9) RAINA SINGH	40.00	-								
VP-ALTERNATIVE INVESTMENTS	NONE				X			198,222.	NONE	51,003.
(10) VALIN JORDAN	40.00	-								
NAT'L DIR-LEARNING&EVALUATION	NONE					X		188,610.	NONE	28,822.
(11) NICOLE MCCAULEY	40.00	-								
SR DIR, SEO SCHOLARS, HS	NONE				X			197,419.	NONE	19,493.
(12) ALISON SOLER	40.00	-								
DIRECTOR - DEVELOPMENT	NONE				X			180,985.	NONE	30,964.
(13) DAREE LEWIS	40.00									
DIRECTOR-LEADERSHIP INSTITUTE	NONE				X			158,994.	NONE	19,877.
(14) SARATU GHARTEY	40.00	-								
CHIEF OPERATING OFFICER	NONE			Х				130,063.	NONE	39,892.

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Part VII Section A. Officers, Directors, (A)	(B)			, (C				(D)	(E)	(F)		
Name and title	Average hours per week (list any hours for	box,	unles	Posi neck is pei	ition more rson			ore than one n is both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations		
15) SARAH E. LEVIN GOODSTINE	40.00											
FORMER CHIEF ADMIN. OFFICER	NONE						х	124,960.	NONE	31,86		
16) ANDREW FAIRBAIRN	40.00											
EXECUTIVE VP EFF. 9/1/22	NONE			Х				131,251.	NONE	22,47		
17) HENRY KRAVIS	2.00											
CHAIRMAN	NONE	Х		X				NONE	NONE	NC		
18) VERDUN PERRY	2.00											
VICE CHAIR	NONE	Х		X				NONE	NONE	NC		
19) MARK BIELER	2.00											
SECRETARY	NONE	Х		Х				NONE	NONE	NC		
20) GILBERT GARCIA	2.00											
TREASURER	NONE	Х		Х				NONE	NONE	NC		
21) HARA AMDERMARIAM	2.00											
BOARD MEMBER	NONE	Х						NONE	NONE	NC		
22) FRANK BAKER	2.00											
BOARD MEMBER	NONE	Х						NONE	NONE	NC		
23) MILTON BERLINSKI	2.00											
BOARD MEMBER	NONE	Х						NONE	NONE	NC		
24) ORLANDO BRAVO	2.00											
BOARD MEMBER	NONE	Х						NONE	NONE	NC		
25) MAYA CHORENGEL	2.00											
BOARD MEMBER	NONE	Х						NONE	NONE	NC		
1b Sub-total							►	3,759,867.	NONE	723,89		
c Total from continuation sheets to Part VII							►	NONE	NONE	NC		
d Total (add lines 1b and 1c)								3,759,867.	NONE	723,89		
2 Total number of individuals (including but n reportable compensation from the organiza		nose	liste	d at		e) who 29	o re	ceived more than	\$100,000 of			
										Yes N		
3 Did the organization list any former or	fficer, directo	r. or	tru	ister	e.	kev e	mn	lovee, or highest	compensated			
employee on line 1a? If "Yes," complete Sch										3		

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person



#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	box,	Position do not check more than one ox, unless person is both an fficer and a director/trustee)				an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
26) JOHN CIVANTOS	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
27) HYTHEM T. EL-NAZER BOARD MEMBER	2.00_ NONE	x						NONE	NONE	NONE	
28) AMY ELLIS	2.00								NONE		
BOARD MEMBER	NONE	x						NONE	NONE	NONI	
29) DEBORAH L. HARMON	2.00										
BOARD MEMBER	NONE	x						NONE	NONE	NONE	
30) CARLA HARRIS	2.00										
BOARD MEMBER	NONE	x						NONE	NONE	NONE	
31) NICHOLAS HUMPHRIES	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
32) CHRIS LEE	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONI	
33) ERIC J. LEE	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONI	
34) NINON MARAPACHI	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
35) MAYBEL MARTE	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
36) KENNETH MEHLMAN	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
1b Sub-totalc Total from continuation sheets to Part VIId Total (add lines 1b and 1c)2 Total number of individuals (including but n	, Section A		•••	•••	• •						

reportable compensation from the organization 🕨

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
	employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5
-		

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
<ul> <li>2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►</li> </ul>	e listed above) who received	

Yes No

(A)	(B)			(C	:)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related	box,	not ch unless er and	Posit eck r s pers a dii	ition more rson irect	e than o is both or/trust 	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Esti amo of comp	mated ount of ther	f
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgai and	nizatio related nizatior	b
7) KAMMY MOALEMZADEH	2.00							NONE	NONT			
OARD MEMBER	NONE	X						NONE	NONE			NOI
8)_JOSEPH_PLUMERI_II OARD_MEMBER	<u>2.00</u> NONE	x						NONE	NONE			NOI
	-							NONE	INCINE			1101
9) OSCAR SALAZAR	<u>2.00</u> NONE	X						NONE	NONE			NOI
0) JULIAN C. SALISBURY	2.00											
OARD MEMBER	NONE	x						NONE	NONE		]	NO
1) MENNA M. SAMAHA	2.00											
OARD MEMBER EFF. JULY 2023	NONE	x						NONE	NONE		]	NO
2) RAMSEY SMITH	2.00											
SOARD MEMBER	NONE	x						NONE	NONE		]	NO
3) EDWARD TAM	2.00											
OARD MEMBER	NONE	x						NONE	NONE		]	NO
4) KEITH WOFFORD	2.00											
SOARD MEMBER	NONE	X		_				NONE	NONE		]	NO
5) KATHRYN WYLDE	2.00	-										
SOARD MEMBER	NONE	X		_				NONE	NONE		]	NO
6) ELDRIDGE GILBERT III	40.00	-										
R VP - SEO SCHOLARS EFF 3/23	NONE			X				NONE	NONE		]	NO
b Sub-total												
c Total from continuation sheets to Part VII, S	Section A		•••	• •	• •							
d Total (add lines 1b and 1c)												
Total number of individuals (including but not	limited to t					e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organization	on 🕨										Yes	N
Did the organization list any former offi	cor diracto	vr or	true	etoo	- I		mn	lovee or highes	t		res	
employee on line 1a? If "Yes," complete Sched										3	Х	
For any individual listed on line 1a, is the organization and related organizations gradient organizations of the second	reater than	\$15	0,00	)0?	lf	"Yes	s," (	complete Schedu	le J for such		v	
individual Did any person listed on line 1a receive or										4	Х	
Did any person listed on line 1a receive or for services rendered to the organization? If "										5		
ection B. Independent Contractors							-			· · · ·		

vear.

	Joan		
	(A) SEE SCHEDULE O Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►	e listed above) who received 11	

Form 990 (2022)

#### SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC. Part VIII Statement of Revenue

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		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part \	/		
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ູ່. ເບ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰĒ			13,977,850.				
Ϋ́,	с	Fundraising events 1c	13,911,030.				
lar Ta	d	Related organizations					
ni, S	e	Government grants (contributions) 1e					
ŝö	f	All other contributions, gifts, grants,					
her		and similar amounts not included above - 1f	31,560,121.				
<u>é</u> 5	g	Noncash contributions included in					
gg		lines 1a-1f	\$ 605,721.				
<u>ה</u> ה	h	Total. Add lines 1a-1f		45,537,971.			
			Business Code				
e	2a						
e Ľ	b						
รูมิเ	c						
s an	d						
<u>p</u>							
Program Service Revenue	e						
-	f	All other program service revenue		NONE			
	g	Total. Add lines 2a-2f		INOINE			
	3	Investment income (including dividends,		F07 100		NONE	F07 100
		other similar amounts)		587,199.		NONE	587,199.
	4	Income from investment of tax-exempt bond	•	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b					
eve	c	Gain or (loss)					
Ř		Not goin or (loop)		NONE			
Other		• · ·					
đ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	1 551 460				
		1c). See Part IV, line 18	1,551,462.				
	b	Less: direct expenses	1,897,828.				
	C	Net income or (loss) from fundraising events		-346,366.			-346,366.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
e sou	11a						
nu	b						
ell: ve							
Miscellaneous Revenue	c d	All other revenue					
Σ		Total. Add lines 11a-11d	L	NONE			
	<u>е</u> 12	Total Add lines 11a-11d Total revenue. See instructions		45,778,804.		NONE	240,833.
	14					INOINE	270,033.

Part IX Statement of Functional Expenses

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,863,670. 1,863,670. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 3,410,384. 2,862,093. 360,927. 187,364. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 21,171,714. 17,767,915. 2,240,640. 1,163,159. 869,072. 103,859. 49,366. 715,847. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,120,856. 2,575,505. 368,662 176,689. 1,919,592. 1,585,783. 225,326. 108,483. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 152,236. 152,236 **b** Legal 161,177 161,177. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 4,418,777. 3,832,143. 379,762. 206,872. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 10,680 8,649 1,564. 467. 614,344. 529,579. 50,441. 34,324. 13 Office expenses 14 Information technology 1,790,040. 1,449,581. 262,206. 78,253 NONE 15 Royalties 30,428. Occupancy 863,830 664,592. 168,810. 16 841,636. 797,222. 32,550. 11,864. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 924,282. 975,775 37,738. 13,755. Conferences, conventions, and meetings 19 NONE 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 552,491 251,886 254,696 45,909. 22 219,188. 99,930. 101,045. 18,213. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a PROGRAM SUPPLIES 403,687 386,651 14,224. 2,812. 386,019 340,302 29,153. 16,564. EQUIPMENT MAINTENANCE b c STAFF TRAINING 167,981 136,032. 24,606. 7,343. 46,809. 47,331. 8,531. d BAD DEBT 102,671 197,023 150,838. 36,214. 9,971. e All other expenses 44,212,843. 25 Total functional expenses. Add lines 1 through 24e 36,989,309. 5,053,167. 2,170,367. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Page	1	1	

Part	(	Balance Sheet	ort V		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	•••	(B) End of year
	1	Cash - non-interest-bearing	1,995.	1	1,566.
	2	Savings and temporary cash investments.	21,616,244.		21,857,432.
	3	Pledges and grants receivable, net	13,685,528.	3	13,815,314.
	4	Accounts receivable, net	NONE		NON
	5	Loans and other receivables from any current or former officer, director,			
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined		-	
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
S .	7	Notes and loans receivable, net	NONE		NON
٥ I	8	Inventories for sale or use	NONE		NON
As	9	Prepaid expenses and deferred charges	388,741.		860,662
	-	Land, buildings, and equipment: cost or other	•	-	
		basis. Complete Part VI of Schedule D 10a 14, 222, 293.			
	b	Less: accumulated depreciation <b>10b</b> 7,900,056.	6,695,678.	10c	6,322,237
1		Investments - publicly traded securities	25,662,890.		29,489,645
1:	2	Investments - other securities. See Part IV, line 11	NONE		NON
1:	3	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	4	Intangible assets	NONE		NON
1	5	Other assets. See Part IV, line 11	3,273,623.		3,724,069
10	6	Total assets. Add lines 1 through 15 (must equal line 33)	71,324,699.		76,070,925
17	7	Accounts payable and accrued expenses	2,960,105.		2,596,052
18	8	Grants payable	NONE	18	NON
19	9	Deferred revenue	NONE	19	NON
20	0	Tax-exempt bond liabilities	NONE	20	NON
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
စ္တ 22	2	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NON
<u>2</u> ;	3	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	4	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
2	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,006,298.	25	4,002,682
20	6	Total liabilities. Add lines 17 through 25	5,966,403.	26	6,598,734
JCes		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
<b>ie</b> 21	7	Net assets without donor restrictions	50,307,353.	27	52,352,548
	8	Net assets with donor restrictions.	15,050,943.	28	17,119,643.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
0 29	9	Capital stock or trust principal, or current funds		29	
si 3		Paid-in or capital surplus, or land, building, or equipment fund		30	
SSA 3		Retained earnings, endowment, accumulated income, or other funds		31	
- 5 3:		Total net assets or fund balances	65,358,296.	32	69,472,191
ž   3		Total liabilities and net assets/fund balances	71,324,699.		76,070,925.

	SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC. 13-25	7867	0		
Form 99	0 (2022)			Pa	ge <b>12</b>
Part	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	45,7	78,	804.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,2	12,	843.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,5	65,	<u>961</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,3	58,	<u>296</u> .
5	Net unrealized gains (losses) on investments	5	2,5	47,	<u>934</u> .
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	69,4	72,	<u>191</u> .
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain c	on		
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 con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	•			
	the audit, review, or compilation of its financial statements and selection of an independent accountation			Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		000	(0005)
			Form	990	(2022)

SCHE	DUL	ΕA
(Form	990)	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of ti	he organization						Employer identifi	cation number
SPO	ONS	ORS FOR EDU	JCATIONAL	OPPORTUNITY,	INC.			13-2	578670
Ра	rt I	Reason fo	r Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instructior	IS.
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1		A church, conv	vention of chu	urches, or associat	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a	a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical rese	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam	ne, city, and st	tate:					
5		An organizatio	on operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)	<b>)(1)(A)(iv).</b> (C	Complete Part II.)					
6		A federal, stat	e, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organizatio	on that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community t	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9		-			ed in <b>section 170(b)(1</b>				• •
		or university o	r a non-land-	grant college of ag	priculture (see instruct	ions). E	nter the I	name, city, and state o	f the college or
		university:							
10		support from acquired by th	activities rela gross investm e organizatio	ted to its exempt f nent income and up n after June 30, 19	pre than 331/3 % of its functions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
11					usively to test for publi				
12		•	•						ry out the purposes of
		-		-			-		ction 509(a)(3). Check
	_	the box on line	es 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		_ Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_		-		e Part IV, Sections A				
b		Type II. A su	upporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or m	anagement o	of the supporting o	rganization vested in	the sam	e persor	is that control or man	age the supported
		organization(	(s). <b>You mus</b> t	complete Part IV	, Sections A and C.				
С					ng organization opera				lly integrated with,
	_		•	. , .	s). You must comple				
d			•	•	porting organization c	•			• • • • •
			-	• •	nization generally mus			•	d an attentiveness
		-	-		omplete Part IV, Sect				
е			-		a written determinatio				I, Type III
	-	•	•	•••	ionally integrated sup		organizat	ion.	
f				-					•••••
g		lame of supported of		(ii) EIN	orted organization(s).	(ind) in the		(u) Amount of monotony	(vi) Amount of
	(I) IN	ane of supported of	nganization		(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
$\sim$									
(C)									
(D)									
(2)									
(E)									
Tota	al								

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Page 2

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,046,060.	34,898,801.	48,138,339.	44,656,558.	45,537,970.	199,277,728.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	26,046,060.	34,898,801.	48,138,339.	44,656,558.	45,537,970.	199,277,728.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						9,545,493.
6	<b>Public support.</b> Subtract line 5 from line 4						189,732,235.
	tion B. Total Support						100,702,200.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	26,046,060.	34,898,801.	48,138,339.	44,656,558.	45,537,970.	199,277,728.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	323,991.	281,675.	237,357.	390,591.	587,199.	1,820,813.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						201,098,541.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2022 (lin		-			14	94.35 %
15	Public support percentage from 2021	•				15	93.63 <b>%</b>
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and <b>stop here.</b> The organization			•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-	-		
-	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets organization			-			
18	Private foundation. If the organizatio						
	instructions						

Schedule A (Form 990) 2022

Schedule	A	(Form	990	2022
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 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5	ļ					
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<u> </u>					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 2019	(1) 2010	(-) 2020	(4) 2024	(a) 2022	(f) Tatal
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
5	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	r the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8	, column (f), divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2022 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2022. If the or					ore than 331/3%	, and line
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga	anization did not	check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and <b>s</b>	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organi	ization .
20	Private foundation. If the organization	did not check a	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions
JSA 2E122	1 1.000					Schedule	A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

Yes No

Page 5

Yes No

2

Part	V 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Saati	an B. Tuna I Supporting Organizations			

#### Section B. Type I Supporting Organizations

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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	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.

#### Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		<b>-</b>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	ructio	ns).	
а	a The organization satisfied the Activities Test. Complete line 2 below.			
b	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ctions	).
•			Yes	No
2	2 Activities Test. Answer lines 2a and 2b below.			

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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> 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 <b>Part VI.</b>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	

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Schedule A	(Eorm 000)	2022
Schedule A		12022

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Se	ction 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		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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 <b>Part VI</b> ):			
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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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	×	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

-	-
Dogo	

Schedu Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		Page <b>/</b>
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed	-	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.	<b>.</b> .		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

OMB No. 1545-0047

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

Employer identification number

SPONSORS FOR EDUCATION	IAL OPPORTUNITY, INC.	13-2578670				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion				
	501(c)(3) taxable private foundation					

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

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

#### General Rule

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

me of o			Employer identification numbe 13-2578670
art I	SPONSORS FOR EDUCATIONAL OPPOR Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	26 CFR § 301.6104(b)- \$	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
2	<u>N/A</u>	26 CFR § 301.6104(b)- \$	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
3	<u>N/A</u>	26 CFR § 301.6104(b)- \$	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
4	<u>N/A</u>	\$1,285,000.	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	N/A	\$1,244,000.	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
6	<u>N/A</u>	\$1,048,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	8 (Form 990) (2022)		Page 2 Employer identification number
	organization SPONSORS FOR EDUCATIONAL OPPORT		13-2578670
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$1,020,000.	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
8	N/A	\$1,000,000.	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
		\$	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.)

Schedule B (Form 990) (2022)

chedule B	(Form 990) (2022)		Pag
ame of or			lentification number -2578670
Part II	SPONSORS FOR EDUCATIONAL OPPORTUNITY, Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

	(Form 990) (2022)			Page <b>4</b>				
Name of o	0			Employer identification number				
	SPONSORS FOR EDUCATIO			13-2578670				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. ( t III, enter the total formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee				
(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, a	and ZIP + 4	Relationship of transferor to transferee					

SCHEE	DULE D
(Form	990)

# 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.

2 **Open to Public** 

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990			Open to P	
Internal Revenue Service		Go to www.irs.gov/F	Form990 for instructions	and the latest inf		Inspection	)
Name of the organization					Employer identifi	cation number	
SP		JCATIONAL OPPORTUNITY,			13-257	8670	
Pa		tions Maintaining Donor Advi					
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 6.			
			(a) Donor advis	sed funds	(b) Funds a	nd other accounts	
1	Total number at e	nd of year					
2		of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor		at the assets h	eld in donor advise	d	_
		inization's property, subject to the					No
6	Did the organizati	on inform all grantees, donors, a	nd donor advisors in	writing that gran	nt funds can be use	d	
		e purposes and not for the benef					_
	conferring imperm	issible private benefit?				. Yes	No
P	art II Conserva	tion Easements.					
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of con	servation easements held by the	organization (check all	that apply).			
	Preservation	n of land for public use (for example	, recreation or education)	Preservat	ion of a historically i	mportant land ar	rea
	Protection c	of natural habitat		Preservat	ion of a certified hist	toric structure	
	Preservatio	n of open space					
2	Complete lines 2a	through 2d if the organization he	eld a qualified conserv	ation contributio	n in the form of a co	nservation	
	easement on the I	ast day of the tax year.			Held at th	ne End of the Tax	Year
а	Total number of co	onservation easements			<u>2a</u>		
b	Total acreage rest	tricted by conservation easements	;		2b		
С		vation easements on a certified		. ,			
d		vation easements included in (c)					
		e listed in the National Register.					
3	Number of conse	rvation easements modified, trai	nsferred, released, ext	inguished, or te	erminated by the or	ganization duri	ng the
	tax year						
4		where property subject to conse					
5	-	ation have a written policy reg			-		
		orcement of the conservation ea					No
6	Staff and volunteer	hours devoted to monitoring, inspe	ecting, handling of viola	tions, and enford	cing conservation ease	ments during the	e year
-			to a the collection of the local			and the structure of the	
7	Amount of expens	es incurred in monitoring, inspect	ing, handling of violatio	ons, and enforcin	ig conservation ease	ments during the	e year
8		vation easement reported on line 2	(d) above esticity the re	auiromonto of a	$a_{1}$	\	
0							
9	In Part XIII door	)(4)(B)(ii)? cribe how the organization rep	orts conservation of	ecomonte in ite	rovenue and eve	. L Yes L	
3		id include, if applicable, the text			•		
		ounting for conservation easeme		le organization e			50 110
P		tions Maintaining Collections		easures, or Ot	ther Similar Asset		
		e if the organization answered		•			
1a	If the organization	n elected, as permitted under FA	SB ASC 958 not to I	eport in its reve	enue statement and	balance sheet	works
·u	of art, historical t	treasures, or other similar asset	s held for public exh	nibition, educati	on, or research in	furtherance of	public
	· •	Part XIII the text of the footnote					
b		n elected, as permitted under FA sures, or other similar assets hel					
		ing amounts relating to these iter				nce of public s	ei vice,
	•	ded on Form 990, Part VIII, line 1				\$	
		d in Form 990, Part X					
2	.,	n received or held works of a					
	-	s required to be reported under F.				<b>U</b> , Frence	
а		on Form 990, Part VIII, line 1				\$	

\$ .

Assets included in Form 990, Part X..... b For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

		NSORS FOR EDI								578670		ge <b>2</b>
Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histo	orical Tre	easure	s, or	Other	Similar A	ssets (c	continue	d)	
3	Using the organization's acquisition	n, accession, and	other recor	ds, checl	k any d	of the	follow	ing that m	ake sign	ificant u	se of	its
	collection items (check all that appl	y):		_								
а	Public exhibition		d	Loan o	or exch	ange	progra	m				
b	Scholarly research		e	Other								
С	Preservation for future gener	rations										
4	Provide a description of the organ	nization's collection	ns and expl	ain how t	they fu	rther	the or	ganization's	exempt	purpose	e in F	'art
	XIII.											
5	During the year, did the organization	n solicit or receive	donations of	of art, hist	orical ti	reasu	res, or	other simila	ır _	_	_	
	assets to be sold to raise funds rath		itained as pa	art of the o	organiz	ation'	s colle	ction?		Yes		No
Pa	rt IV Escrow and Custodial A									_		
	Complete if the organiza	tion answered "	'es" on For	m 990, F	Part IV	, line	9, or r	eported ar	n amour	nt on Foi	m	
	990, Part X, line 21.											
1a	Is the organization an agent, trust			-					ets not	_		
	included on Form 990, Part X?					• • •			• • • L	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and con	nplete the fo	llowing tab	ole:							
									Amount			
C	Beginning balance					1c						
	Additions during the year					1d						
e	Distributions during the year					1e						
T	Ending balance					1f	atadial	o o o o unt lick		Vee		
	Did the organization include an am									Yes	$\square$	No
	If "Yes," explain the arrangement in <b>rt V</b> Endowment Funds.			xpianation	i nas pe	en pr	ovided				•	
Гa	rt V Endowment Funds. Complete if the organiza	tion answered "	es" on For	m 990 F	Part IV	lina	10					
		(a) Current year	(b) Pric			vo years		(d) Three ye	ars back	(e) Four y	ears ha	
		13,585,857.		53,507.		652,4			7,594.		49,63	
1a	Beginning of year balance	13,303,037.	10,0	55,507.	13,	052,1	10.	11,70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11,1	19,05	
b	Contributions											
С	Net investment earnings, gains,	2,753,314.	-3.0	67,650.	3.	001,0	61	1.944	4,852.	5	57,95	8
٦	and losses	2,,,55,,511.	5,0		57	001/0			1,0521		5.755	
	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	16,339,171.	13,5	85,857.	16,	653,5	07.	13,65	2,446.	11,7	07,59	4.
2	Provide the estimated percentage	of the current year	r end halanc	e (line 1a	colum	n (a))	held as		I			
a	Board designated or quasi-endowm	ent 90.3900		e (inte 19,	oolann	(u))						
b	Permanent endowment 4.96	00 %										
с	Term endowment 4.6500 %											
	The percentages on lines 2a, 2b, a	nd 2c should equa	l 100%.									
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are he	ld and	d admir	nistered for t	the	_		
	organization by:									Y	'es I	No
	(i) Unrelated organizations									3a(i)		Х
	(ii) Related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	•	•			۲?				3b		
4	Describe in Part XIII the intended u		ation's endo	wment fui	nds.							
Ра	rt VI Land, Buildings, and Equ Complete if the organization	ipment.	Ves" on Fo	rm 000	Dart IV	/ lina	110	See Form	000 Pa	rt X linc	10	
	Description of property		or other basis	(b) Cost		<u> </u>		cumulated		) Book valu		
		(inve	estment)		other)			eciation	(	,		
1a	Land											
b	Buildings			10,4	26,10			77,249.		4,448		
С	Leasehold improvements				14,9			14,920.			NO	
d	Equipment			3,7	13,40		1,9	07,887.		1,805		
e	Other		000 5		67,8		- 1				7,80	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part	X, colum	n (B), lii	ne 10	c.)			6,322	2,23	7.

Schedule D (Form 990) 2022

#### 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 (b) Book value (c) Method of valuation: (including name of security) 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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)RETIREMENT PLAN LIABILITY 1,739,472 (3)OTHER LIABILITIES 2,263,210 (4) (5) (6)(7)(8) (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 4,002,682

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.

Х

	le D (Form 990) 2022 SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC.	13-	-2578670 Page <b>4</b>
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	49,903,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	4,124,685.
3	Subtract line 2e from line 1	3	45,778,804.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	45,778,804.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	45,789,594.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,576,751.
3	Subtract line 2e from line 1	3	44,212,843.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	44,212,843.
	XIII Supplemental Information.		
Drawid	a the descriptions required for Dort II lines 2. E. and 0. Dort III lines 1. and 1. Dort IV lines 1. and 2. F.		line 4. Dent V line

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

SEE SUPPLEMENTAL PAGE

SPONSORS	FOR	EDUCATIONAL	OPPORTUNITY,	IN
----------	-----	-------------	--------------	----

SCHEDULE D, PART V, LINE 4:

THE PERMANENT ENDOWMENT REFLECTS THE WISHES OF THE DONORS TO PROVIDE GENERAL SUPPORT WHILE LEAVING THE CORPUS INTACT. THE BOARD DESIGNATED ENDOWMENT SERVES AS THE ACCUMULATED BUDGET SURPLUSES SERVING AS A GENERAL RESERVE.

SCHEDULE D, PART X, LINE 2:

SEO IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, HAS MADE NO PROVISIONS FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, SEO HAS BEEN CLASSIFIED AS A PUBLIC CHARITY UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE IRC.

SEO HAS ANALYZED THE TAX POSITION TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE (IRS) AND STATE JURISDICTION WHERE IT OPERATES. SEO BELIEVES THAT ITS INCOME TAX FILING POSITION WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON SEO'S FINANCIAL CONDITION, RESULTS OF OPERATION, OR CASH FLOWS. ACCORDINGLY, SEO HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN TAX POSITIONS AT AUGUST 31, 2023.

SCHEDULE G		Information Re			•	•	OMB No. 1545-0047		
(Form 990)		he organization answer organization entered n				9, or if the	2022		
Department of the Treasury				or Form 990			Open to Public		
Internal Revenue Service Name of the organization	Go	to www.irs.gov/Form9	90 for instru	ictions and t	he latest information.	Employer identificat	Inspection Employer identification number		
SPONSORS FOR ED						13-25786			
	g Activities. Comp		zation an	swered "	Yes" on Form 99				
	EZ filers are not re	-				-, , -			
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	Ill that apply.			
a 🔄 Mail solicita	tions	е	Solic	itation of	non-government g	rants			
<b>b</b> Internet and	l email solicitations	f			government grants	3			
c Phone solic		g	Spec	cial fundra	ising events				
d In-person so									
b If "Yes," list the	es listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	sing services?	Yes No fundraiser is to be		
<b>(i)</b> Name and add or entity (fu		<b>(ii)</b> Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total	which the organizat	tion is registered o			contributions or	has been notified	Lit is exempt from		

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

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

		gross receipts greater than \$5,000	0.					
				(a) Event #1		(b) Event #2	(c) Other events	(d) Total events
			NY	AWARDS DIN.	SF	ACHIEVEMENT	3	(aḋd col. <b>(a)</b> through
				(event type)		(event type)	(total number)	col. <b>(c)</b> )
anu								
Revenue	1	Gross receipts		9,754,272.		4,303,232.	1,471,808.	15,529,312.
Re								
		Less: Contributions		8,484,272.		4,144,653.	1,348,925.	13,977,850.
	3	Gross income (line 1 minus						
_		line 2)		1,270,000.		158,579.	122,883.	1,551,462.
	4	Cash prizes						
	_							
	5	Noncash prizes						
es	~							
sue	6	Rent/facility costs		488,983.		17,500.	189,789.	696,272.
<b>Direct Expenses</b>	7	Food and beverages		102 002		20 245	<u> </u>	011 140
τË	1	1 000 and beverages		103,893.	-	38,245.	69,004.	211,142.
rec	8	Entertainment		0E 200		29,831.	121,956.	227 006
Ō	U			05,299.		29,031.	121,950.	237,086.
	9	Other direct expenses		151 059		426,218.	176,051.	753,328.
	•			191,099.		120,210.	110,001.	,55,520.
	10	Direct expense summary. Add lir	nes -	4 through 9 in colu	umn	(d)		1,897,828.
	11	Net income summary. Subtract I	ine	10 from line 3, col	lumr	n (d)		-346,366.
Ра	rt II							
		\$15,000 on Form 990-EZ, lin	e 6a	a.		,	, -, -	
e				(a) Pingo	(b	) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				(a) Bingo	bing	o/progressive bingo		col. (a) through col. (c))
eve								
R	1	Gross revenue						
ses	2	Cash prizes						
ens	_							
dx	3	Noncash prizes						
ЦШ	,							
Direct Expenses	4	Rent/facility costs						
	E	Other direct expanses						
	3	Other direct expenses		Yes %	. <del> </del>	Yes %	Yes %	
				res %	이└──	Yes%	Yes%	

6 Volunteer labor	No	No	No	
7 Direct expense summary. Add	d lines 2 through 5 ir	n column (d)		
8 Net gaming income summary				

- **9** Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states?
  b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
   Yes No
   b If "Yes," explain:

Schedule G (Form 990) 2022

Sched	lule G (Form 990 or 990-EZ) 2022 SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC. 13-	2578670	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility 13a		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►	·	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	and a second		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds t	0	
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization		
	or spent in the organization's own exempt activities during the tax year ► \$		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info (see instructions).		

SCHEDULE I (Form 990)	Go	vernmei	nd Other A nts, and Ir rganization ans		OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service		Go t		tach to Form 990. Form990 for the la	test information.			Inspection
Name of the organization							Employer identifica	tion number
	UCATIONAL OPPORTUNI						13-257867	)
	nformation on Grants and							
the selection crite 2 Describe in Part	ation maintain records to su eria used to award the grant IV the organization's proced	s or assistand lures for mor	e? hitoring the use	of grant funds in th	e United States.			X Yes No
	d Other Assistance to D		-					Yes" on Form 990,
Part IV, lir	e 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
	l address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)		_						
(2)								
(3)		_						
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)		_						
(12)								
	er of section 501(c)(3) and er of other organizations list							

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

Schedule I (Form 990) 2022

#### SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC.

13-2578670

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	1,972	1,863,670.			
SCHOLARSHIPS	1,972	1,003,070.			
2					
3					
4					
5					
6					
7					

SCHEDULE I, PART I, LINE 2:

#### THE ORGANIZATION ISSUES GRANTS WITH LETTER CONTRACTS, THE CONDITIONS OF

WHICH THE ORGANIZATION MONITORS.

SCHEDULE J		Compensation Information	0	MB No.	1545-0	047
(Forn	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		୬ଜ	<b>7</b> 7	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 2	3.	ZU		
	nent of the Treasury	Attach to Form 990.		pen t		
	Revenue Service of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer identificatio		ectio	n
	0	EDUCATIONAL OPPORTUNITY, INC.	13-257867			
Part		ns Regarding Compensation	13 23/00/	0		
					Yes	No
1a	Check the ap	propriate box(es) if the organization provided any of the following to or for a pers	son listed on Form			
	990, Part VII,	Section A, line 1a. Complete Part III to provide any relevant information regarding	g these items.			
	First-cla	iss or charter travel Housing allowance or residence for	personal use			
	Travel fo	or companions Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments Health or social club dues or initiati	on fees			
	Discretio	onary spending account Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did the organization follow a written policy rement or provision of all of the expenses described above? If "No," con	plete Part III to			
2	explain	anization require substantiation prior to reimbursing or allowing expenses	incurred by all	1b		
2	-	stees, and officers, including the CEO/Executive Director, regarding the items				
				2		
3		h, if any, of the following the organization used to establish the compensation of	*ha	-		
3		s CEO/Executive Director. Check all that apply. Do not check any boxes for metho				
		ization to establish compensation of the CEO/Executive Director, but explain in P				
	Comper	nsation committee Written employment contract				
	Indepen	dent compensation consultant Compensation survey or study				
	Form 99	90 of other organizations I Approval by the board or compensations	ation committee			
4		ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect t or a related organization:	o the filing			
а		verance payment or change-of-control payment?		4a		Х
b		or receive payment from a supplemental nonqualified retirement plan?		4b		Х
С	Participate in	or receive payment from an equity-based compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and provide the applicable amounts for each i	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	listed on Form 990, Part VII, Section A, line 1a, did the organization pa	ay or accrue any			
	-	n contingent on the revenues of:				
а	The organizat	ion?		5a		Х
b	Any related o	rganization?		5b		X
		e 5a or 5b, describe in Part III.				
6		listed on Form 990, Part VII, Section A, line 1a, did the organization pan contingent on the net earnings of:	ay or accrue any			
а	•	ion?		6a		х
b	-	rganization?		6b		X
		e 6a or 6b, describe in Part III.				
7		listed on Form 990, Part VII, Section A, line 1a, did the organization prov	vide anv nonfixed			
·		t described on lines 5 and 6? If "Yes," describe in Part III		7	X	
8	Were any am	ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract th	at was subject			
	to the initia	I contract exception described in Regulations section 53.4958-4(a)(3)? I	f "Yes," describe			
				8		X
9		line 8, did the organization also follow the rebuttable presumption proceed				
		ection 53.4958-6(c)?		9		
⊢or Pa	aperwork Reduc	ction Act Notice, see the Instructions for Form 990.	Sched	ule J (Fo	orm 990	U) 2022 (U

Schedule J (Form 990) 2022

13-2578670

Page 2

#### 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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
WILLIAM GOODLOE	(i)	586,017.	150,000.	NONE	37,250.	19,474.	792,741.	NONE
1 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JULIAN JOHNSON, THRU 8	(i)	314,709.	32,087.	NONE	36,100.	14,677.	397,573.	NONE
2 EXECUTIVE VICE PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SARATU GHARTEY	(i)	119,298.	10,765.	NONE	3,904.	35,988.	169,955.	NONE
3 CHIEF OPERATING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW FAIRBAIRN	(i)	108,929.	22,322.	NONE	17,465.	5,012.	153,728.	NONE
4 EXECUTIVE VP EFF. 9/1/22	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALISON SOLER	(i)	166,580.	14,405.	NONE	5,884.	25,080.	211,949.	NONE
5 DIRECTOR - DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MINDY DAVIS	(i)	258,276.	22,981.	NONE	20,174.	29,354.	330,785.	NONE
6 SR VP&MG DIR, SEO CAREER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RENE GOLDBERG	(i)	229,142.	20,400.	NONE	37,248.	29,354.	316,144.	NONE
7 VP-INFORMATION TECHNOLOGY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NICOLE MOORE	(i)	198,809.	19,347.	NONE	15,311.	40,728.	274,195.	NONE
8 VP-HEAD OF CAREER PROGRAM&OPS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHERINE FINNERAN	(i)	191,114.	17,262.	NONE	30,750.	41,306.	280,432.	NONE
9 VP, SEO SCHOLARS, COLLEGE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COLIN SHAY	(i)	189,608.	16,653.	NONE	19,464.	35,739.	261,464.	NONE
10 DIR-EXE INIT./ACTING HR DIR.	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAREE LEWIS	(i)	144,902.	14,092.	NONE	5,200.	14,677.	178,871.	NONE
11 DIRECTOR-LEADERSHIP INSTITUTE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NICOLE MCCAULEY	(i)	164,662.	32,757.	NONE	4,816.	14,677.	216,912.	NONE
12 SR DIR, SEO SCHOLARS, HS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RAINA SINGH	(i)	181,274.	16,948.	NONE	15,264.	35,739.	249,225.	NONE
<b>13</b> VP-ALTERNATIVE INVESTMENTS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
OMAR WANDERA	(i)	183,292.	19,666.	NONE	30,741.	41,830.	275,529.	NONE
14 EXECUTIVE DIR., SEO SCHOLAR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VALIN JORDAN	(i)	175,313.	13,297.	NONE	14,145.	14,677.	217,432.	NONE
15 NAT'L DIR-LEARNING&EVALUATION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SARAH E. LEVIN GOODSTI	(i)	124,960.	NONE	NONE	18,800.	13,066.	156,826.	NONE
16 FORMER CHIEF ADMIN. OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

13-2578670

#### 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.

PART I, LINE 7:

BONUSES WERE PAID BASED ON THE PERFORMANCE OF THE INDIVIDUALS AND WITHIN

THE APPROVED BUDGET. BONUSES WERE TAXABLE AND REPORTED ON THE

INDIVIDUALS' 2022 FORM W-2S, AND INCLUDED ON SCHEDULE J, PART II IN

COLUMN B (II).

Page 3

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

2

Department of the Treasury Internal Revenue Service Name of the organization

#### SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC. Part I Types of Property

Employer identification number 13-2578670

i ui	Types of Troperty	1			1		
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	eterminin	
1	Art - Works of art						
2	Art - Historical treasures						
2	Art - Fractional interests						
4	Books and publications						
- <del>1</del> 5	Clothing and household						
J							
6	goods						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		9	605 721	MARKET QUOT		
9 10	Securities - Closely held stock			005,721.	INARCICE I QUU.	LATION	
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
15	contribution - Historic						
	structures						
14	Qualified conservation						
14	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ▶()						
26	Other ▶()						
27	Other ►()						
28	Other ►(						
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for			
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29	1	NONE
					_	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required		
	to be used for exempt purposes for	the entire h	olding period?		3	0a	Х
b	If "Yes," describe the arrangement i	in Part II.					
31	Does the organization have a						
	contributions?					51	Х
32a	Does the organization hire or use	-	-				
	contributions?				3	2a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	) is checked,		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M	(Form 99	0) 2022

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

**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN B:

THE NUMERICAL DATA HERE REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS.

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	at www.irs.gov/form990.	Inspection	
Name of the organization		Employer iden	tification number
SPONSORS FOR EDUCA	TIONAL OPPORTUNITY, INC.	13-257	78670

#### FORM 990, PART I, LINE 1:

SEO PREPARES UNDERSERVED YOUNG PEOPLE TO LEAD BY EXAMPLE IN THEIR FAMILIES' COMMUNITIES AND CAREER. IT PROVIDES SUPERIOR EDUCATIONAL AND CAREER PROGRAMS TO YOUNG PEOPLE WHO ARE UNDERSERVED AND/OR

UNDERREPRESENTED.

#### FORM 990, PART III, LINE 1:

SEO'S MISSION IS TO CREATE A MORE EQUITABLE SOCIETY BY DELIVERING SUPERIOR PROGRAMS TO CLOSE THE ACADEMIC AND CAREER OPPORTUNITY GAPS FOR YOUNG PEOPLE FROM UNDERSERVED AND/OR UNDERREPRESENTED BACKGROUND. WE DO THIS BY PROVIDING HIGH SCHOOL AND COLLEGE STUDENTS WITH THE ACADEMIC SKILLS AND PERSONAL TOOLS TO TAKE FULL OWNERSHIP OF THEIR EDUCATION, NAVIGATE AND GRADUATE COLLEGE. WE ALSO RECRUIT AND PREPARE COLLEGE STUDENTS AND YOUNG PROFESSIONAL TO ENTER LEADING COMPANIES AND ADVANCE IN THEIR CAREERS.

#### FORM 990, PART III, LINE 4D:

SEO LAW HELPS UNDERSERVED ASPIRING AND INCOMING LAW SCHOOL STUDENTS EXCEL IN THEIR LEGAL CAREERS. SEO'S LAW CATALYST PROGRAM SUPPORTS STUDENTS IN GAINING ADMISSION TO LAW SCHOOL THROUGH A COMBINATION OF LSAT PREPARATION, ADMISSIONS CONSULTATION AND ATTORNEY MENTORSHIP. SEO'S LAW FELLOWSHIP IS A PREMIER TRAINING PROGRAM THAT OFFERS INCOMING LAW STUDENTS ACCESS TO PAID INTERNSHIPS AT TOP LAW FIRMS, IMMERSIVE MENTORSHIP, NETWORKING, AND LAW SCHOOL PREPARATION AND TRAINING, GIVING THEM THE BEST CHANCE FOR EXCELLING LAW SCHOOL. IN 2023, 195 SEO FELLOWS

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	Information about Schedule C	s.gov/torm990. Inspection	
Name of the organization			Employer identification number
SPONSORS FOR EDUCA	TIONAL OPPORTUNITY,	INC.	13-2578670

JOINED 47 SEO LAW PARTNERS NATIONWIDE. APPROXIMATELY 1,800 SEO'S LAW ALUMNI HAVE GONE ON TO HOLD POSITIONS RANGING FROM LAW PARTNERSHIP TO LEADERSHIP IN CIVIL SERVICE AND BUSINESS. THE SEO CATALYST PROVIDES SELECTED CATALYST SCHOLARS INTENSIVE LAW SCHOOL APPLICATION ASSISTANCE BY PROVIDING FREE LSAT PREPARATION CLASSES, WORKSHOPS, PERSONALIZED REVIEW OF APPLICATION MATERIALS, EXCLUSIVE DISCUSSION WITH LAW SCHOOL ADMISSIONS OFFICE, AND MENTORSHIP WITH A PRACTICING ATTORNEY. IN 2023, 55 SEO CATALYST PARTICIPATED IN THE PROGRAM.

EXPENSES : \$1,220,316 GRANTS : \$0 REVENUE : \$0

THE SEO LEADERSHIP INSTITUTE SUPPORTS THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF SEO ALUMNI AT EVERY STAGE OF THEIR CAREER. SEO ALUMNI HAVE THE OPPORTUNITY TO COMMUNICATE WITH ALUMNI ACROSS THE GLOBE TO SEEK ADVICE, SHARE SKILLS, AND EXCHANGE RESOURCES. THE SEO LEADERSHIP INSTITUTE ALSO PROVIDES ONGOING DEVELOPMENT OPPORTUNITIES: ONLINE MANAGEMENT AND SKILL BUILDING RESOURCES FROM HARVARD BUSINESS PUBLISHING AND OTHERS, WEBINARS, IN-PERSON TRAININGS, PROFESSIONAL AND EXECUTIVE COACHING, ACCESS TO EXPERTS AND CIVIC LEADERS, BOARD SERVICE, AND MORE. THE SEO LEADERSHIP INSTITUTE WILL ALSO BE A FORUM FOR SEO ALUMNI TO GATHER THEIR COLLECTIVE WISDOM AND INFLUENCE TO ADDRESS PROBLEMS THAT INORDINATELY AFFECT BLACK, LATINX, AND COMMUNITIES OF COLOR IN OUR SOCIETY. BY SUPPORTING YOUR PROFESSIONAL GROWTH AND CIVIC ENGAGEMENT, THE LEADERSHIP INSTITUTE WILL USE THE POWER OF OUR NETWORK TO ADVANCE ONE MISSION: THE CREATION OF A MORE EQUITABLE SOCIETY AT EVERY LEVEL, SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SPONS

the organization	Employer identification number
SORS FOR EDUCATIONAL OPPORTUNITY, INC.	13-2578670

INCLUDING THE VERY TOP.

EXPENSES : \$1,274,247 GRANTS : \$4,000 REVENUE : \$0

OTHER PROGRAMS

EXPENSES : \$2,188,366 GRANTS : \$57,357 REVENUE : \$0

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

FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. IT IS REVIEWED BY THE ORGANIZATION'S BOARD MEMBERS AND A COMPLETE COPY IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE MANAGER OF THE EXECUTIVE OFFICE SENDS THE CONFLICT OF INTEREST QUESTIONNAIRE TO EACH BOARD MEMBER AND KEY EMPLOYEE ANNUALLY AND UPON APPOINTMENT OR HIRE FOR COMPLETION.

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

DURING CALENDAR 2022 THE BOARD REVIEWED AND VOTED ANY SALARY ADJUSTMENT FOR THE PRESIDENT & CEO. THIS IS DOCUMENTED VIA BOARD MINUTES.

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

DURING CALENDAR 2022 THE PRESIDENT & CEO AND CHIEF ADMINISTRATIVE OFFICER DETERMINED THE EXECUTIVE LEADERSHIP TEAM'S SALARY ADJUSTMENTS.

## Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

#### SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC.

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

SEO MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AND ON

SEO'S WEBSITE.

Schedule O (Form 990 or 990-EZ) 2022		
Name of the organization	Employer identification number	
SPONSORS FOR EDUCATIONAL OPPORTUNITY, INC.	13-2578670	

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization	Employer ide	Page 2
SPONSORS FOR EDUCATIONAL OPPORT		
FORM 990, PART VII-COMPENSATION OF THE 5		
IAME AND ADDRESS		COMPENSATIO
VCHIEF, LLC 3011 SUNRISE CT.		
MIDDLETON, WI 53562	STAFF SERVICES	211,290
CAREER COACHING S.A.C.		
AVE. JORGE CHAVEZ 535, DPTO. 601, MIRA	AFL	
PERU 15074	PROF. DEVELOPMENT	207,718
PILLARS OF WALL STREET LLC		
330 EAST 38TH STREET NEW YORK, NY 10016	FINANCIAL TRAINING	199,000
GIANT MACHINES SOFTWARE LLC 467 N HIGHVIEW AVENUE		
ELMHURST, IL 60126	PERFORMANCE MGT	175,000
SAY YES GUILFORD		
47 WALNUT RIDGE CT STAMFORD, CT 06905	CONSULTING	172,380
STAPIFORD, CI 00905	CONDUTITING	1/2,300