

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Return of Organization Exempt From Income Tax

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 Open to Public

Inspection

and ending JUN 30, 2020 JUL 1, 2019 A For the 2019 calendar year, or tax year beginning D Employer identification number Check if C Name of organization Address STEP UP FOR STUDENTS, INC. Name change 59-3649371 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 904-352-2246 Final return/ 4655 SALISBURY ROAD 400 620,704,672. termi G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended JACKSONVILLE, FL 32256 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOE PFOUNTZ Yes X No for subordinates? Yes SAME AS C ABOVE H(b) Are all subordinates included? 501(c) ( 4947(a)(1) or If "No," attach a list. (see instructions) I Tax-exempt status: X 501(c)(3) ) (insert no.) J Website: WWW.STEPUPFORSTUDENTS.ORG H(c) Group exemption number ▶ L Year of formation: 2000 M State of legal domicile: FL Other > Association K Form of organization: X Corporation Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) ..... 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 313 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 106 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b b Net unrelated business taxable income from Form 990-T, line 39 **Current Year** 618,153,616. 714.828.892. Contributions and grants (Part VIII, line 1h) Revenue 1,432,494. 1,085,828. Program service revenue (Part VIII, line 2g) 1,673,206. 1,464,788. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15.075 440. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 620,704,672. 717,949,667. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 667,545,702. 624,325,720, Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 19,899,245. 22,110,458. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,563,586. 30,518,227. 654,788,551. 720,174,387. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 63,161,116. -99,469,715. 19 Revenue less expenses. Subtract line 18 from line 12 ...... Assets or Ralances Beginning of Current Year End of Year 590,867,275. 697,130,640. Total assets (Part X, line 16) 120,265,897. 113,472,247. Total liabilities (Part X, line 26) Let 477,395,028. 576,864,743. Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge & Exount Signature of officer Sign JOE PFOUNTZ, CFO Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name 12/22/20 P01204534 JULIANA KREUL Paid self-employed Firm's name RSM US LLP 42-0714325 Firm's EIN Preparer Firm's address > 7351 OFFICE PARK PL. Use Only Phone no.321-751-6200 MELBOURNE, FL 32940-8229 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) ......

932001 01-20-20

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	STEP UP FOR STUDENTS EMPOWERS FAMILIES TO PURSUE AND ENGAGE IN THE
	MOST APPROPRIATE LEARNING OPTIONS FOR THEIR CHILDREN, WITH AN EMPHASIS
	ON FAMILIES WHO LACK THE INFORMATION AND FINANCIAL RESOURCES TO ACCESS
	THESE OPTIONS. BY PURSUING THIS MISSION, WE HELP PUBLIC EDUCATION
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$689,053,782. including grants of \$658,496,253. ) (Revenue \$
	FLORIDA TAX CREDIT SCHOLARSHIP PROGRAM: IN THE 2019-20 SCHOOL YEAR,
	108,504 UNDERPRIVILEGED STUDENTS ATTENDED 1,855 PRIVATE SCHOOLS ON A
	STEP UP FOR STUDENTS' TAX CREDIT SCHOLARSHIP. THE K-12 SCHOLARSHIP
	PROGRAM WAS CREATED IN 2001 TO HELP ALLEVIATE THE ENORMOUS EDUCATIONAL
	CHALLENGES FACED BY CHILDREN WHO LIVE IN POVERTY, AND IT IS NOW THE
	LARGEST SUCH SCHOLARSHIP IN THE NATION. ELIGIBLE STUDENTS COULD CHOOSE
	BETWEEN SCHOLARSHIPS WORTH AN AVERAGE OF \$6,673 TO \$7,169, DEPENDING ON
	GRADE LEVEL AND COUNTY RESIDENCE, FOR PRIVATE SCHOOL TUITION AND FEES
	OR UP TO \$750 IN TRANSPORTATION COSTS TO ATTEND AN OUT-OF-DISTRICT
	PUBLIC SCHOOL. THE AVERAGE INCOME FOR PARTICIPANTS WAS 13% ABOVE THE
	FEDERAL POVERTY LEVEL, AND 53% OF THE STUDENTS WERE FROM SINGLE-PARENT
	HOUSEHOLDS.
4b	(Code:) (Expenses \$8,434,457. including grants of \$7,992,191. ) (Revenue \$8
	THE ALABAMA OPPORTUNITY SCHOLARSHIP FUND (ALOSF) IS A SCHOLARSHIP
	GRANTING ORGANIZATION FORMED TO IMPLEMENT THE ALABAMA ACOUNTABILITY
	ACT. ALOSF AWARDS SCHOLARSHIPS TO ELIGIBLE LOW-INCOME K5-12TH GRADE
	STUDENTS WITH PRIORITY GIVEN TO STUDENTS WHO ARE ZONED TO ATTEND A
	FAILING PUBLIC SCHOOL. THE SCHOLARSHIPS PAY FOR PRIVATE SCHOOL TUITION
	OR TRANSFER FEES TO A NON-FAILING PUBLIC SCHOOL. THE FIRST
	SCHOLARSHIPS WERE GRANTED FOR THE SEMESTER STARTING JANUARY 2014.
	ALOSF HAS AWARDED OVER 12,000 SCHOLARSHIPS OVER 6 1/2 YEARS
	REPRESENTING 46 OF THE 67 COUNTIES IN ALABAMA. THE SCHOLARSHIPS ARE
	FUNDED BY DONATIONS OF INCOME TAX LIABILITY FROM INDIVIDUALS AND
	CORPORATIONS WHO RECEIVE AN ALABAMA STATE INCOME TAX CREDIT.
	5.000.640
4c	(Code:) (Expenses \$ 5,827,647. including grants of \$) (Revenue \$)
	THE GARDINER SCHOLARSHIP ACCOUNT PROGRAM: IN THE 2019-20 SCHOOL YEAR,
	STEP UP ADMINISTERED A STATEWIDE SCHOLARSHIP AVAILABLE TO SPECIAL-NEEDS
	STUDENTS WITH SPECIFIC DISABILITIES THAT INCLUDE: AUTISM, CEREBRAL
	PALSY, DOWN SYNDROME, SPINA BIFIDA, INTELLECTUAL DISABILITY AND
	WILLIAMS SYNDROME. FOR 2019-20, THE PROGRAM SERVED 13,462 STUDENTS WHO
	RECEIVED SCHOLARSHIPS WORTH AN AVERAGE OF \$10,392 EACH. THE PROGRAM
	EMPOWERS FAMILIES TO CHOOSE THE EDUCATIONAL SERVICES THAT BEST MEET THE
	NEEDS OF THEIR STUDENT, AND THE MONEY CAN BE SPENT FOR SCHOOLS,
	THERAPISTS, SPECIALISTS, CURRICULUM, TECHNOLOGY - EVEN A COLLEGE
	SAVINGS ACCOUNT.
	Other rue was a service of (Deceribe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 8,639,745. including grants of \$ 1,057,258.) (Revenue \$ 1,085,828.)  Total program convice expenses \$ 711,955,631

# Form 990 (2019) STEP UP FOR STUDENTS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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	X	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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 reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  ^</del>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<del> </del>
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del></del> -
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<del>                                     </del>
17		17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		<del></del> -
10		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
נו	,	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		<del></del> -
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (2019) STEP UP FOR STUDENTS, INC.

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			
		23	х	
240	Schedule J	23		
<b>24</b> 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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	and the death and the confirmation of the conf	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_ A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		x
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			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>- 0,</del>		
30	Notes All Farm 200 films are remised to a consider Oak adds O	38	х	
Par		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Scriedule O contains a response of note to any line in this rait v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	Annual Park Annual and	1c	Х	
-	(gambling) winnings to prize winners?	וו	<del></del>	

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Form 990 (2019)

STEP UP FOR STUDENTS, INC.

Part 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	313						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	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	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х			
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 Advanced in the Financi	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a _5b		X			
b	, , , , , , , , , , , , , , , , , , , ,								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		х			
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		- 21			
b				6b					
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			OD					
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		Х			
			payor.	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		х			
d		7d							
е	5:11								
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	l by th	е						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а				9a					
b				9b					
10	Section 501(c)(7) organizations. Enter:	مدا	I						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b 14	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
l1 a	Over in come from manufacture on should be a	11a	I						
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	1110							
5	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	In the consecutive			13a					
	<b>Note:</b> 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							
	Enter the amount of reserves on hand	13c							
				14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.		0	40		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne'?	16		Х			
	If "Yes," complete Form 4720, Schedule O.				000				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
		Ha		
120		12a	Х	
	Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120		
·	in Schedule O how this was done	12c	х	
13	5.1.1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	13	Х	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, AR, CA, CO, CT, FL, DC, GA, HI, IL, KS, KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOE PFOUNTZ - 904-352-2246			
	4655 SALISBURY RD, SUITE 400, JACKSONVILLE, FL 32256			

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unle: cer ar	Pos heck ss pe	more rson i	than o	n an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN KIRTLEY	40.00	-								
CHAIRMAN, SUFS/DIRECTOR, A		Х						0.	0.	0.
(2) ALISON HERTOG	2.00	ł								
DIRECTOR, SUFS		Х						0.	0.	0.
(3) ALFRED "AL" LAWSON	2.00								0	
DIRECTOR, SUFS (4) RICHARD OUTRAM	2.00	Х						0.	0.	0.
(4) RICHARD OUTRAM DIRECTOR, SUFS	2.00	x						0.	0.	_
(5) PAUL SHERMAN	2.00	Λ						0.	0.	0.
DIRECTOR, SUFS	2.00	x						0.	0.	0.
(6) CURTIS STOKES	2.00	21						· · ·	· ·	<u>.</u>
DIRECTOR, SUFS	2.00	х						0.	0.	0.
(7) TERRY JOVE	2,00								•	<u>·</u>
DIRECTOR, SUFS		х						0.	0.	0.
(8) JOHN LEGG	2.00									
DIRECTOR, SUFS		Х						0.	0.	0.
(9) DOUG TUTHILL	40.00									
PRESIDENT, SUFS				х				286,847.	0.	30,060.
(10) ANNE WHITE	40.00									
CAO, SUFS				х				176,536.	0.	26,292.
(11) JOE PFOUNTZ	40.00									
TREASURER & CFO, SUFS				Х				216,315.	0.	27,529.
(12) JONATHAN BECKHAM	40.00									
CIO, SUFS				Х				175,541.	0.	33,585.
(13) GINA LYNCH	40.00									
COO, SUFS				Х				177,765.	0.	24,887.
(14) LESLEY SEARCY	40.00									
CEAO, SUFS				Х				162,326.	0.	8,046.
(15) ALISSA RANDALL	40.00	1								
CMO, SUFS						Х		182,184.	0.	22,967.
(16) CAROL MACEDONIA	40.00	-								
VP STUDENT LEARNING		-				Х		162,676.	0.	16,339.
(17) CHARLES PARKER	40.00	-								
DIRECTOR OF SOFTWARE & TECHNICAL OPE						Х		153,399.	0.	14,996.

Form **990** (2019)

FOR 990 (2019)	JIODHNID, I	140.							33 30433	, <u>.</u>	Г	age <b>c</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)			
(A)	(B)	(B)   (C)						(D)	(E)		(F)	
Name and title	Average	(do		Pos			one	Reportable	Reportable	Es	stimate	d
	hours per	box	do not check more than one ox, unless person is both ar officer and a director/trustee			is botl	n an	compensation	compensation	ar	mount (	of
	week	_	cer ar	nd a d	irecto	or/trus	tee)	from	from related		other	
	(list any	director						the	organizations	com	npensa	tion
	hours for	or dir	au			ted		organization	(W-2/1099-MISC)		rom the	
	related	stee	truste		an an	bens		(W-2/1099-MISC)		١ ٧	janizati	
	organizations below	altru	onal 1		loye	E 8				1	d relate	
	line)	Individual trustee or	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			orga	anizatio	วทร
(18) SUSAN DUGAN	40.00	<u>ii</u>	Ë	₹	Ke	를 '등	요					
CONTROLLER	40.00	1				x		146,218.	0.		Ω	135.
(19) JILL LAROSE	40.00					A		140,210.	0.		٥,	133.
VP LEADERSHIP DEVELOPMENT	10.00	1				x		144,216.	0.		15	428.
						_						
		-										
						$\vdash$						
		1										
						$\vdash$						
		1										
1b Subtotal							<b></b>	1,984,023.	0.		228,	264.
c Total from continuation sheets to Part VI							ightharpoons	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,984,023.	0.		228,	264.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization											W	26
											Yes	No
3 Did the organization list any <b>former</b> officer,	•	,	,		,	,	•		•			Х
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su										3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150			-					•	-	4	х	
5 Did any person listed on line 1a receive or a										_		
rendered to the organization? If "Yes," com	•				•			•		5		Х
in ies, con	PICE CONCUM	<i>- U I</i> (	J, J	إىس	<i>1</i> 3	· • • • •						

### **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	(C) Compensation				
SAP AMERICA, INC., PO BOX 7780-824024,						
PHILADELPHIA, PA 19182-4024	SOFTWARE SERVICES	929,138.				
SOLIX, INC.						
30 LANIDEX PLAZA WEST, PARSIPPANY, NJ 07054	TELECOMMUNICATION	393,084.				
INTERACTIVE RESOURCES, LLC						
PO BOX 202056, DALLAS, TX 75320-2056	CONSULTING SERVICES	348,334.				
ACQUIRE DIGITAL, LLC, 2000 GLEN ECHO RD.,						
STE 200, NASHVILLE, TN 37215	MARKETING AND ADVERTISING	327,278.				
ASTON CARTER, 3689 COLLECTION CENTER						
DRIVE, CHICAGO, IL 60693	CONSULTING SERVICES	244,364.				
2 Total number of independent contractors (including but not limited to the	2 Total number of independent contractors (including but not limited to those listed above) who received more than					
\$100,000 of compensation from the organization	14					

Form 990 (2019) STEP UP FOR Statement of Revenue

		Check if Schedule O	ontains a	a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
ဗ် ဗို		Fundraising events		1c					
fts,				1d					
ية إق			lbutions						
Sir		Government grants (contri		1e					
utio	т	All other contributions, gifts,			618 153 616				
들		similar amounts not included			618,153,616.				
on	g			1g  \$		610 152 616			
Og	h	Total. Add lines 1a-1f				618,153,616.			
					Business Code	010 173	040 470		
Se	2 a				561000	910,173.	· ·		
e <u>X</u>	b	ADVOCACY & CIVIC EN	GAG		900099	143,424.	143,424.		
Score	С	STUDENT DEVELOPMENT			900099	32,231.	32,231.		
ev ev	d								
Program Service Revenue	е								
4	f	All other program service i	revenue						
	g	Total. Add lines 2a-2f			<b>&gt;</b>	1,085,828.			
	3	Investment income (includ	ling divid	ends, intere	st, and				
		other similar amounts)			<b>&gt;</b>	1,464,788.			1,464,788.
	4	Income from investment o							
	5	Royalties			<b>.</b>				
		,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	c	Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of		Securities	(ii) Other				
	ı a		, ···	Occurrence	(ii) Otrici				
		assets other than inventory	7a						
	D	Less: cost or other basis							
ther Revenue		and sales expenses	7b						
eve		Gain or (loss)	7c						
Ř		Net gain or (loss)			<b>P</b>				
the the	8 a	Gross income from fundraisir	-	·					
Ò		including \$							
		contributions reported on	-	I .					
		Part IV, line 18		I .					
		Less: direct expenses							
		Net income or (loss) from			<b>&gt;</b>				
	9 a	Gross income from gamin							
		Part IV, line 19							
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming a	ctivities	<b></b>				
	10 a	Gross sales of inventory, le	ess returi	ns					
		and allowances		10a					
	b	Less: cost of goods sold		I .					
		Net income or (loss) from			<b></b>				
					Business Code				
sno	11 a	OTHER INCOME			900099	440.	440.		
ne Due	b								
Miscellaneous Revenue	c								
ဒ္ဓ		All other revenue							
Σ		Total. Add lines 11a-11d				440.			
	12	Total revenue. See instruction			<b>&gt;</b>	620,704,672.	1,086,268.	0.	1,464,788.

### 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).

00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		-	•	
Do I	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	667,545,702.	667,545,702.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,164,052.	338,843.	825,209.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,726,915.	13,497,132.	2,109,767.	1,120,016.
8	Pension plan accruals and contributions (include	740	400 000	404	66 5=1
	section 401(k) and 403(b) employer contributions)	749,778.	498,389.	184,518.	66,871.
9	Other employee benefits	2,154,139.	1,604,892.	364,063.	185,184.
10	Payroll taxes	1,315,574.	911,177.	288,969.	115,428.
11	Fees for services (nonemployees):				
а	Management	150 510		150 510	
b	Legal	179,710.		179,710.	
	Accounting	200,942.	414 710	200,942.	
	Lobbying	414,719.	414,719.		
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)	585,680.	518,462.	40,190.	27,028.
12	Advertising and promotion	854,949.	684,380.	74,681.	95,888.
13 14	Office expenses	031,313.	001,000.	71,001.	33,000.
15	Information technology Royalties				
16	Occupancy	1,011,666.	584,550.	301,725.	125,391.
17	Travel	471,562.	252,218.	130,674.	88,670.
18	Payments of travel or entertainment expenses	, 1	, ,	, ,	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	854,014.	503,963.	240,120.	109,931.
23	Insurance	291,726.	169,975.	83,788.	37,963.
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 0.)				
а	UNCOLLECTIBLE ACCOUNTS	20,893,325.	20,893,325.		
b	OTHER COSTS	3,924,896.	2,940,949.	631,287.	352,660.
С	BANK FEES	300,594.	262,123.	38,315.	156.
d	REPAIRS AND MAINTENANCE	272,701.	162,415.	76,744.	33,542.
е	All other expenses	261,743.	172,417.	20,829.	68,497.
25	Total functional expenses. Add lines 1 through 24e	720,174,387.	711,955,631.	5,791,531.	2,427,225.
26	<b>Joint costs</b> . Complete this line only if the 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)				5 QQQ (0040)

59-3649371

## Form 990 (2019) Part X Balance Sheet

		Check if Schedule O contains a response or	note to an	v line in this Part X			
				,	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			63,442,105.	1	71,685,413.
	2	Savings and temporary cash investments			130,000.	2	65,000.
	3	Pledges and grants receivable, net			542,649,336.	3	402,513,651.
	4	Accounts receivable, net	4,963,297.	4	3,398,534.		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			858,639.	9	889,513.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		5,590,136.			
	ь	Less: accumulated depreciation			2,896,104.	10c	3,028,266.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lii		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	82,191,159.	15	109,286,898.		
	16	<b>Total assets.</b> Add lines 1 through 15 (must e			697,130,640.	16	590,867,275.
	17	Accounts payable and accrued expenses			3,083,508.	17	4,196,061.
	18	Grants payable	1		18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			82,182,389.	21	109,276,186.
w	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to un	-		35,000,000.	23	0.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D	•	·		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			120,265,897.	26	113,472,247.
		Organizations that follow FASB ASC 958,	check her	e 🕨 🗓			
es		and complete lines 27, 28, 32, and 33.		· —			
anc	27				6,621,589.	27	13,586,344.
Bai	28	Net assets with donor restrictions	570,243,154.	28	463,808,684.		
P		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fur	nds .			29	
sets	30	Paid-in or capital surplus, or land, building, o		1		30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			576,864,743.	32	477,395,028.
~	33	Total liabilities and net assets/fund balances			697,130,640.	33	590,867,275.

Form **990** (2019)

	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		620,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		720,	174,	387.
3	Revenue less expenses. Subtract line 2 from line 1	3		-99,		
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		576,	864,	743.
5 I	Net unrealized gains (losses) on investments	5				
6 I	Donated services and use of facilities	6				
	Investment expenses	7				
	Prior period adjustments	8				
9 (	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		477,	395,	028.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Х
			,		Yes	No
1 /	Accounting method used to prepare the Form 990:   Cash X Accrual  Other					
I	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a \	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
ı	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
;	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b \	Were the organization's financial statements audited by an independent accountant?			2b	Х	
J	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,			
(	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c l	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit	,			
1	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
ı	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (	o.			
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
,	Act and OMB Circular A-133?			3a		Х
b I	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed au	dit			
(	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** 

STEP UP FOR STUDENTS INC. 59-3649371 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 (	Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")	521,372,137.	533,245,078.	705,681,555.	714,828,892.	618,153,616.	3093281278.
2	Tax revenues levied for the organ-						
į.	zation's benefit and either paid to						
C	or expended on its behalf						
3	The value of services or facilities						
f	urnished by a governmental unit to						
t	he organization without charge						
4 1	Fotal. Add lines 1 through 3	521,372,137.	533,245,078.	705,681,555.	714,828,892.	618,153,616.	3093281278.
5	The portion of total contributions						
k	by each person (other than a						
•	governmental unit or publicly						
5	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
C	column (f)						1237401370.
	Public support. Subtract line 5 from line 4.						1855879908.
	ion B. Total Support	<b>r</b>		_	Т	г т	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7 /	Amounts from line 4	521,372,137.	533,245,078.	705,681,555.	714,828,892.	618,153,616.	3093281278.
8 (	Gross income from interest,						
C	dividends, payments received on						
5	securities loans, rents, royalties,						
a	and income from similar sources	90,396.	397,500.	999,419.	1,673,206.	1,464,788.	4,625,309.
9 1	Net income from unrelated business						
a	activities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital		222	2 222	45.055		05.000
	assets (Explain in Part VI.)	7,046.	339.	3,990.	15,075.	440.	26,890.
	Total support. Add lines 7 through 10						3097933477.
	Gross receipts from related activities,	· ·				12	3,630,656.
	First five years. If the Form 990 is for				•	. , . ,	<b>.</b> —
	organization, check this box and stop ion C. Computation of Publi						<b>P</b>
	Public support percentage for 2019 (li			olumn (f)\		14	59.91 %
	Public support percentage for 2019 (ii					15	59.91 % 60.46 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
	33 1/3% support test - 2018. If the c					or more, check this	
	and <b>stop here.</b> The organization qual						
	10% -facts-and-circumstances test		•			and line 14 is 10% o	
	and if the organization meets the "fac	ŭ					*
	meets the "facts-and-circumstances"		•	-	•	•	
	10% -facts-and-circumstances test						
	nore, and if the organization meets the	ū				•	2,00.
	,		•				
•	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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# Schedule A (Form 990 or 990-EZ) 2019 STEP UP FOR STUDENTS, INC. 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	ction A. Public Support	now, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					<del> </del>	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•				•	. $\square$
00	line 18 is not more than 33 1/3%, chec		-	•		-	
<b>Z</b> U	Private foundation. If the organization	u dia not check a	DOX OR IDE 14 19	a or igo check fr	us nox and see ins	SITUCTIONS	

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### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
104		
10b		
	10-F7	2010

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Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described	in (b) and (c)		
	below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in (a) above?	11b		
С	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provi	ide detail in Part VI.		
	ection B. Type I Supporting Organizations			
		,	Yes	No
1	1 Did the directors, trustees, or membership of one or more supported organizations have the	power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all t	imes during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated,	supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization			
	describe how the powers to appoint and/or remove directors or trustees were allocated amount			
	organizations and what conditions or restrictions, if any, applied to such powers during the ta	ax year.		
2	2 Did the organization operate for the benefit of any supported organization other than the su	pported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes	s," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s)	that operated,		
	supervised, or controlled the supporting organization.	2		
Sect	ection C. Type II Supporting Organizations			
			Yes	No
1	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 Par	t VI how control		
	or management of the supporting organization was vested in the same persons that controlle	d or managed		
	the supported organization(s).	1		
Sect	ection D. All Type III Supporting Organizations			
			Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provide	*		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, ar			
	organization's governing documents in effect on the date of notification, to the extent not pr	, ,		
	, , , , , , , , , , , , , , , , , , , ,	* 11		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," ex	'		
	the organization maintained a close and continuous working relationship with the supported			
	, , , , , , , , , , , , , , , , , , , ,			
	significant voice in the organization's investment policies and in directing the use of the organization o			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the or	rganization's		
Sect	supported organizations played in this regard. ection E. Type III Functionally Integrated Supporting Organizations			
		during the year (see instructions)		
' a		during the year (see instructions).		
b	· · · · · · · · · · · · · · · · · · ·	3 holow		
c				
2			Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in P			
	those supported organizations and explain how these activities directly furthered their exe			
	how the organization was responsive to those supported organizations, and how the organization	, , ,		
	that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involver	nent, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explication of the organization of the o			
	reasons for the organization's position that its supported organization(s) would have engaged			
	activities but for the organization's involvement.	2b		
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, d	irectors, or		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, a	and activities of each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990 or 990-EZ) 2019 STEP UP FOR STUDENTS, INC.			59-3649371	Page 6
Pa		ıg Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	ganization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ion D - Distributi	ions		,	Current Year			
1	Amounts paid to							
2	Amounts paid to							
	organizations, ir	excess of income from activity						
3	Administrative e	xpenses paid to accomplish exempt purpose	s of supported organizations	3				
4	Amounts paid to	acquire exempt-use assets						
5	Qualified set-asi	de amounts (prior IRS approval required)						
6	Other distribution	ns (describe in <b>Part VI</b> ). See instructions.						
7	Total annual di	stributions. Add lines 1 through 6.						
8	Distributions to	attentive supported organizations to which th	e organization is responsive					
	(provide details	in <b>Part VI</b> ). See instructions.						
9	Distributable am	nount for 2019 from Section C, line 6						
10	Line 8 amount o	livided by line 9 amount		T				
			(i)	(ii)	(iii)			
Secti	ion E - Distributi	on Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable am	nount for 2019 from Section C, line 6						
2	Underdistribution	ns, if any, for years prior to 2019 (reason-						
	able cause requ	ired- explain in Part VI). See instructions.						
3	Excess distribut	ions carryover, if any, to 2019						
a	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a	ı through e						
g	Applied to unde	rdistributions of prior years						
	• •	distributable amount						
<u>i</u>	•	2014 not applied (see instructions)						
_ <u>i</u> _		tract lines 3g, 3h, and 3i from 3f.						
4		2019 from Section D,						
	line 7:	\$						
		rdistributions of prior years						
		distributable amount						
		tract lines 4a and 4b from 4.						
5		erdistributions for years prior to 2019, if						
	-	nes 3g and 4a from line 2. For result greater						
	<i></i>	in in <b>Part VI.</b> See instructions.						
6	-	erdistributions for 2019. Subtract lines 3h at 1. For result greater than zero, explain in						
7	Part VI. See ins	itions carryover to 2020. Add lines 3j						
'	and 4c.	itionis carryover to 2020. Add illies of						
8	Breakdown of li	ne 7·						
	Excess from 20							
	Excess from 20							
	Excess from 20							
	Excess from 20							
	Excess from 20:							

Schedule A (Form 990 or 990-EZ) 2019

line Sect	1; Partion D	ection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, t IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, P	ART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME		
2015 AMOUNT:	\$	7,046.
2016 AMOUNT:	\$	339.
2017 AMOUNT:	\$	3,990.
2018 AMOUNT:	\$	15,075.
2019 AMOUNT:	\$	440.

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

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

2040

Employer identification number

**2019** 

OMB No. 1545-0047

S'	TEP UP FOR STUDENTS, INC.	59-3649371		
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 foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.		
General Rule				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	•		
Special Rules				
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount Z, line 1. Complete Parts I and II.	or 16b, and that received from		
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, II, and III.				
year, contributior is checked, enter purpose. Don't c	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year			
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	, , , ,	
Name of organization		Employer identification number
STEP UP FOR STUDENTS	INC.	59-3649371

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
1			ы 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
2		Personal Payron Nonco (Comple	on X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
3		Personal Personal Payronal Nonco (Comple	on X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
4	- Nume, addition and En 1 1	Personal Personal Payronal Nonco (Comple	on X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
5		Personal Personal Payronal Nonco (Comple	on X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
6		Personal Payro Nonc (Comple	on X

Name of organization

Employer identification number

STEP UP FOR STUDENTS, INC.

59-3649371

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	\$ 24,000,000.	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
9		\$38,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 33,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

STEP UP FOR STUDENTS, INC.

59-3649371

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
1		1.30	

Name of or	rganization			Employer identification number
STEP UP	FOR STUDENTS, INC.			59-3649371
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	nift	
-	Transferee's name, address, a			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	(see separate instructions), then	ing a Committee Book III			
	Section 501(c)(4), (5), or (6) organizat	lions: Complete Part III.		Emi	oloyer identification number
· •an	•	R STUDENTS, INC.			59-3649371
Pa		anization is exempt unde	er section 501(c) o	or is a section 527 o	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect politica	al campaign activities in	n Part IV.	
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1 2 3 4a b Pa 1 2 3 4	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the organization of the filing organization activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization received that were pro-	incurred by the organization under incurred by organization manage in 4955 tax, did it file Form 4720 for anization is exempt under its by the filing organization for section is funds contributed to other.  Add lines 1 and 2. Enter here are included in the incurrence in the incurre	er section 4955 rs under section 4955 for this year?  er section 501(c), tion 527 exempt function of the reganizations for section for section 527 polypoints of the filing organization of the filing organization of the separate political organization of the section of the filing organization organization of the filing organization organizati	except section 501( ion activities  ction 527  itical organizations to whice ation's funds. Also enter the anization, such as a separate	\$ No Yes No No C)(3).  \$ Yes No Yes No
	political action committee (PAC). If  (a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule C (Form 990 or 990-EZ) 2019					649371 Page <b>2</b>
Part II-A Complete if the org	janization is exem	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check ► if the filing organiza	ation belongs to an affil	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying e	xpenditures).			
B Check ▶ if the filing organiza	ation checked box A an	d "limited control" pro	visions apply.		T
	its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (g	rassroots lobbying)		241,907.	
<b>b</b> Total lobbying expenditures to infl	uence a legislative bod	y (direct lobbying)		172,811.	
c Total lobbying expenditures (add li	ines 1a and 1b)			414,718.	
d Other exempt purpose expenditure	es			719,609,788.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)			720,024,506.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) o	or (b) is: The lob!	oying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	\$100,000 plus 15% of the excess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	ro or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ero on either line 1h or l	ne 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section 50	raging Period Under 01(h) election do not h te instructions for lin	nave to complete all o	f the five columns be	elow.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	( <b>d)</b> 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	66,809.	115,003.	256,683.	414,718.	853,213.

250,000.

18,858.

250,000.

124,725.

250,000.

10,454.

Schedule C (Form 990 or 990-EZ) 2019

1,000,000.

1,500,000.

395,944.

250,000.

241,907.

d Grassroots nontaxable amounte Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2019 STEP UP FOR STUDENTS, INC. 59-3649371 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		1)	(b)	
	e lobbying activity.	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912		-		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Do	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A   Complete if the organization is exempt under section 501(c)(4), section	n 501/a\/5	-) or ooo	tion	
rai	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	11 30 1 (0)(0	,, or sec	uon	
	30 1(C)(O).			Yes	No
				162	NO
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
· ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3. is
	answered "Yes."		(,	,	-,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical			
	expenditure next year?		4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 ar	nd 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
SCH	DULE C, PART II-A				
THE	SENIOR POLICY DIRECTOR AND LEGISLATIVE AFFAIRS MANAGER AIDED				
LEG:	SLATORS AND LEGISLATIVE STAFF BY ANSWERING QUESTIONS AND PROVIDING				
DE	TIED THEODMANTON ADOLUM MILE GRAMP'S HARTONS SQUELLES PROSPANS STORY				
DET?	LILED INFORMATION ABOUT THE STATE'S VARIOUS SCHOLARSHIP PROGRAMS. STEP				
IIP I	MPLOYEES ALSO HELPED SCHOLARSHIP PARENTS MEET STATE SENATORS AND				
<u> </u>	MILEGIES MESS HERED SCHOUMNSHIT INNERTS MEET STATE SERVICES WAN				
REPI	ESENTATIVES TO DISCUSS THEIR EXPERIENCE ON THE PROGRAMS. DURING THE				

Schedule C (Form 990 or 990-EZ) 2019 STEP UP FOR STUDENTS, INC.  Part IV Supplemental Information (continued)	59-3649371	Page 4
2019 SESSION, LAWMAKERS CREATED A NEW DIRECT STATE-FUNDED PROGRAM CALLED		
THE FAMILY EMPOWERMENT SCHOLARSHIP AND ALSO ADOPTED IMPROVEMENTS TO THE		
TAX CREDIT SCHOLARSHIP AND OTHER SCHOLARSHIP PROGRAMS. THESE LOBBYING		
EFFORTS ARE FINANCED BY SEPARATE PRIVATE FUNDRAISING AND NOT THROUGH ANY		
OF THE ADMINISTRATIVE ALLOWANCE STEP UP RECEIVES FOR EACH PROGRAM.		
of the abanticianity abbonated the of abeliable for men freedam.		

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

OMB No. 1545-0047

Name of the organization

STEP UP FOR STUDENTS, INC.

**Employer identification number** 

59-3649371 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? \_\_\_\_\_\_ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III   Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	easures, oi	r Other S	Similar As	sets	(contin	ued)	
3	Using the organization's acquisition, accessi-	on, and other record	s, check ar	y of the t	following that	make sigr	nificant use o	of its	•		
	collection items (check all that apply):										
а	Public exhibition	d	I Lo	an or exc	hange progra	am					
b	Scholarly research	е	Otl	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizatio	n's exemp	t purpose in	Part >	KIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, histo	rical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiza	tion's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the or	ganizatio	n answered "	'Yes" on F	orm 990, Pa	rt IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for cor	tribution	s or other ass	sets not inc	cluded				
	on Form 990, Part X?							. X	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c		82,	182,3	389.
	Additions during the year						1d		153,	346,0	054.
	Distributions during the year						1e		126,	252,2	257.
f	Ending balance						1f		109,	276,3	186.
2a	Did the organization include an amount on Fe						?	Х	Yes		No
b	If "Yes," explain the arrangement in Part XIII.									Х	
Par	t V Endowment Funds. Complete i	f the organization an	swered "Y	es" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	<b>(b)</b> Prio	r year	(c) Two year	rs back (c	i) Three years	back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment >	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that a	re held ar	nd administer	ed for the	organization		_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	ds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, li	ne 11a. S	See Form 990	, Part X, Iir	ne 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)	. ,	cumulated eciation		(d) Book	( value	<del>)</del>
1a	Land										
	Buildings	I									
	Leasehold improvements				47,544.		43,886			3,6	658.
	Equipment			5	,542,592.		2,517,984		3,	024,6	508.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	ß). line 1	0c.)		<b>&gt;</b>		3,	028,2	266.

Complete if the organization answered "Yes" on Form 990, Part IX, line 11b. See Form 990, Part IX, line 12.  (g) Closely heid equity interests (g) Cheer (g) Closely heid equity interests (g) Closely heid equity interests (g) Cheer (g) Closely heid equity interests (height of the statements had respond to short and a statements had respond to short and a statements had respond to the interest in the positions had height of the statements had respond to the statements had respond to the statements had respond t	Part VII Investments - Other Securities.	·		
(1) Financial denyatives (2) Closely held equity interests (3) Other (4) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(3) Other   (4)   (8)   (9)   (9)   (10)	. ,			
A				
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other			
C				
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				
(E) (F) (G) (H) (Total. ((Ub. (b) must equal form 990, Part X, col. (B) line 12.) ▶ (Part VIII) Investments - Program Related.  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) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(F) (G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(G) (H) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
Total. (Col. (1)) must equal Form 990, Part X, col. (8) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII   Investments - Program Related.    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   (d)     (e)				
Investments - Program Related.				
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)  10tal. (Col. (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 (f) FUNDS HELD IN TRUST FOR STUDENTS (a) Description (b) Book value (c) (d) (e) (f) (f) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h				
(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) (9) (1) FUNDS HELD IN TRUST FOR STUDENTS (2) DUE FROM AFFILIATES (2) DUE FROM AFFILIATES (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (a) Description (b) Book value 10 9, 276, 186 (c) (d) Book value 11 9, 276, 186 (d) (e) (f) (f) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X				f-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X	(1)			
(3)				
(5) (6) (7) (8) (9)  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) FUNDS HELD IN TRUST FOR STUDENTS 109,276,186 (2) DUE FROM AFFILIATES 109,712 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 109,286,898  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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 109,286,898				
(6) (77 (8) (9)  Total. (Col. (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) FUNDS HELD IN TRUST FOR STUDENTS 109, 276, 186 (2) DUE FROM APPILIATES 110, 712 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 109, 286, 898  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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(4)			
(7) (8) (9) Total. (Col. (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) FUNDS HELD IN TRUST FOR STUDENTS 109, 276, 186 (2) DUE FROM AFFILIATES 110, 712 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 109, 286, 898  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) (3) (4) (4) (5) (6) (7) (8) (9) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(5)			
(8) (9)    Part IX   Other Assets.	(6)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   ▶	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►   Part IX	(8)			
Part IX   Other Assets.	(9)			
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 109, 276, 186 (2) DUE FROM AFFILIATES 109, 772 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (b) line 15.)  (a) Description of liability (b) Book value  (b) Book value  109, 286, 898  109, 286, 898  109, 286, 898  (a) Description of liability (b) Book value  (b) Book value				
(a) Description (b) Book value  (1) FUNDS HELD IN TRUST FOR STUDENTS 109,276,186  (2) DUE FROM AFFILIATES 10,712  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 109,286,898  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)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▼ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		5 000 D 1 N 1 I	44.1.0 5 000 5 1 1 1 1 5	
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(2) DUE FROM AFFILIATES 10,712 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		Description		• • • • • • • • • • • • • • • • • • • •
(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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) ▶ 109 , 286 ,898  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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				10,712.
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ■ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         ■ 109, 286, 898           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)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
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)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)			
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)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Total. (Column (b) must equal Form 990. Part X. col. (B) line	: 15.)	<b>&gt;</b>	109,286,898.
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Part X Other Liabilities.			
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1. (a) Description of liability			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
		. 05.)		
A DEMONSTRATE OF A PROPERTY OF		•		t 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

X

Sched	ule D (Form 990) 2019 STEP UP FOR STUDENTS, INC.			59-36493	71 Page <b>4</b>
Part		nents With R	evenue per Re	turn.	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	620,945,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	160,567.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		80,000.		
	Add lines 2a through 2d			2e	240,567.
3	Subtract line <b>2e</b> from line <b>1</b>			3	620,704,672.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	620,704,672.
Par	Reconciliation of Expenses per Audited Financial Stater	ments With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	720,511,234.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	160,567.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	176,280.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	336,847.
3	Subtract line <b>2e</b> from line <b>1</b>			3	720,174,387.
	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 <b>4a</b> and <b>4b</b>			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	720,174,387.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X, line	2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional informa	tion.		
חמ את	TV ITME OD.				
PART	IV, LINE 2B:				
TN .TI	NE 2014, LEGISLATION CREATED A SCHOLARSHIP FOR SPECIAL NEED	OS CHILDREN			
	THE POST , BESTERNITER CHARLES IT SCHOOLINGSHIT TON STREET HERE				
тнат	WAS SIGNED INTO LAW IN FLORIDA. A GARDINER SCHOLARSHIP ACC	COLLINE IS			
	210122 1110 1111 11 1201221. 11 011121121 2011011121111 1100				
ESTAI	SLISHED FOR EACH CHILD THAT IS AWARDED A SPECIAL NEEDS SCHOL	ARSHTP			
	DIBNID TON MICH CHILD THAT IS AMARDED IN STRUCTURE MEEDS SONOT				
PAREI	ITS USE THIS MONEY TO PERSONALIZE THE EDUCATION OF THEIR CHI	LDREN WITH			
UNIOU	E ABILITIES BY DIRECTING MONEY TOWARDS A COMBINATION OF PRO	OGRAMS AND			
STATI	APPROVED PROVIDERS. THESE INCLUDE SCHOOLS, THERAPISTS, SF	PECTALISTS			
	THE INCLUSE THE INCLUSE SCHOOLS, INCHAILED ST	LICITIDID,			
CURR	CULUM AND TECHNOLOGY AND COLLEGE SAVINGS ACCOUNTS.				
	,				
IN JU	NE 2018, LEGISLATION CREATED A SCHOLARSHIP TO PROVIDE ACADE	EMIC			
SUPPO	ORT FOR ELEMENTARY SCHOOL STUDENTS IN DISTRICT OR CHARTER SC	CHOOLS WHO			
STRUC	GLE IN READING THAT WAS SIGNED INTO LAW IN FLORIDA. THE SC	CHOLARSHIP			

Part XIII | Supplemental Information (continued) IS AVAILABLE TO STUDENTS IN THIRD THROUGH FIFTH GRADE WHO HAVE SCORED A LEVEL 1 OR 2 ON THE ENGLISH LANGUAGE ARTS SECTION OF THE FLORIDA STANDARDS ASSESSMENT. PARENTS USE THIS SCHOLARSHIP TO PAY FOR TUITION AND FEES RELATED TO PART-TIME TUTORING. SUMMER AND AFTER-SCHOOL LITERACY PROGRAMS INSTRUCTIONAL MATERIALS AND MORE. DURING THE YEARS ENDED JUNE 30, 2020 AND 2019, STEP UP FOR STUDENTS DISTRIBUTED APPROXIMATELY \$126.2 MILLION AND \$104.9 MILLION, LEAVING A BALANCE OF APPROXIMATELY \$109.2 MILLION AND \$82.1 MILLION RESPECTIVELY, WHICH IS RECORDED IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS BOTH AN ASSET AND A LIABILITY. STEP UP FOR STUDENTS IS ACTING AS AN AGENT FOR BOTH OF THESE PROGRAMS, THEREFORE, THERE ARE NO REVENUES AND EXPENSES REPORTED ON THE STATEMENT OF ACTIVITIES FOR SCHOLARSHIP FUNDS RECEIVED AND DISTRIBUTED FROM THE STATE OF FLORIDA. PART X, LINE 2: STEP UP FOR STUDENTS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS. STEP UP FOR STUDENTS HAS MADE AN ELECTION UNDER SECTION 501(H) OF THE INTERNAL REVENUE CODE, WHICH PERMITS CERTAIN ELIGIBLE 501(C)(3) ORGANIZATIONS TO MAKE LIMITED EXPENDITURES TO INFLUENCE LEGISLATION. STEP UP FOR STUDENTS WOULD BE SUBJECT TO AN EXCISE TAX IF IT SPENDS MORE THAN THE AMOUNTS PERMITTED. SUCH LIMITS HAVE NOT BEEN EXCEEDED.

THE ALABAMA OPPORTUNITY SCHOLARSHIP FUND IS A DISREGARDED ENTITY FOR

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Employer identification number

	STEP UP FOR S	TUDENTS, INC.						59-3649371
Part I	General Information on Grants a	nd Assistance					_	
<b>1</b> Doe	es the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on .
crite	eria used to award the grants or assis	stance?						X Yes No
2 Des	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than	5,000. Part II can	be duplicated if additi	onal space is need	ed.	(0.14.11.1.1		
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>2</b> Ent	er total number of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table	•	•	•	<b>•</b>
	er total number of other organization	-						
	r Paperwork Reduction Act Notice							Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FLORIDA TAX CREDIT SCHOLARSHIP PROGRAM	108370	658,496,253.	0.	NA	NA
ALABAMA OPPORTUNITY SCHOLARSHIP FUND	1280	7,992,191.	0.	NA	NA
HOPE SCHOLARSHIP PROGRAM	455	806,456.	0.	NA	NA
C2 SCHOLARSHIPS	48	250,802.	0.	NA	NA
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
STEP UP FOR STUDENTS RECEIVES GRANTS TO FUND PROJE	CTS AND INITI	ATIVES TO			
EMPOWER THE FAMILIES OF OUR STUDENTS. THE GRANT E	XPENSES ARE I	RACKED BY			
PROJECT CODE FOR EASE OF REPORTING TO OUR GRANTORS	, IF APPLICAE	BLE.			

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

STEP UP FOR STUDENTS, INC.

Employer identification number 59-3649371

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

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) DOUG TUTHILL	(i)	286,847.	0.	0.	16,031.	14,029.	316,907.	0.
PRESIDENT, SUFS	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE WHITE	(i)	176,536.	0.	0.	10,200.	16,824.	203,560.	0.
CAO, SUFS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOE PFOUNTZ	(i)	216,315.	0.	0.	11,940.	15,589.	243,844.	0.
TREASURER & CFO, SUFS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN BECKHAM	(i)	175,541.	0.	0.	10,015.	23,570.	209,126.	0.
CIO, SUFS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GINA LYNCH	(i)	177,765.	0.	0.	10,015.	14,872.	202,652.	0.
COO, SUFS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LESLEY SEARCY	(i)	162,326.	0.	0.	8,046.	0.	170,372.	0.
CEAO, SUFS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALISSA RANDALL	(i)	182,184.	0.	0.	9,793.	13,174.	205,151.	0.
CMO, SUFS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAROL MACEDONIA	(i)	162,676.	0.	0.	9,186.	7,224.	179,086.	0.
VP STUDENT LEARNING	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHARLES PARKER	(i)	153,399.	0.	0.	7,645.	7,351.	168,395.	0.
DIRECTOR OF SOFTWARE & TECHNICAL OPE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SUSAN DUGAN	(i)	146,218.	0.	0.	8,135.	264.	154,617.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JILL LAROSE	(i)	144,216.	0.	0.	8,077.	7,484.	159,777.	0.
VP LEADERSHIP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019

Open to Public Inspection

**Employer identification number** 

STEP UP FOR STUDENTS, INC. 59-3649371 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STEP UP FOR STUDENTS EMPOWERS FAMILIES TO PURSUE AND ENGAGE IN THE MOST APPROPRIATE LEARNING OPTIONS FOR THEIR CHILDREN, WITH AN EMPHASIS ON FAMILIES WHO LACK THE INFORMATION AND FINANCIAL RESOURCES TO ACCESS THESE OPTIONS. BY PURSUING THIS MISSION, WE HELP PUBLIC EDUCATION FULFILL THE .PROMISE OF EQUAL OPPORTUNITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FULFILL THE PROMISE OF EQUAL OPPORTUNITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: A STUDY ON STANDARDIZED TEST SCORES RELEASED IN JULY 2020 SHOWED THAT SCHOLARSHIP STUDENTS ACHIEVED THE SAME GAINS IN READING AND MATH AS STUDENTS OF ALL INCOME LEVELS NATIONALLY, EVEN AS THE STUDENTS WHO CHOSE THE SCHOLARSHIP WERE AMONG THE POOREST AND LOWEST-PERFORMING STUDENTS FROM THE PUBLIC SCHOOLS THEY LEFT BEHIND. IN FEBRUARY 2019 THE URBAN INSTITUTE REPORTED THAT SCHOLARSHIP STUDENTS ARE 43 PERCENT MORE LIKELY THAN THEIR PUBLIC-SCHOOL PEERS TO ATTEND COLLEGE AND 20 PERCENT MORE LIKELY TO EARN BACHOLER'S DEGREES FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HOPE SCHOLARSHIP PROGRAM: STEP UP FOR STUDENTS ADMINISTERS THE HOPE SCHOLARSHIP, WHICH WAS CREATED IN 2018 TO PROVIDE THE OPTION OF PRIVATE SCHOOL SCHOLARSHIPS TO STUDENTS IN PUBLIC SCHOOLS WHO HAVE EXPERIENCED ACTS OF BULLYING AND INTIMIDATION. THE SCHOLARSHIPS ARE FINANCED BY

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization STEP UP FOR STUDENTS, INC.	Employer identification number 59-3649371
CONTRIBUTIONS FROM AUTOMOBILE BUYERS, WHO ARE ALLOWED UNDER THE LAW TO	
REDIRECT UP TO \$105 OF THEIR STATE TAXES ON EACH PURCHASE. THOSE	
CONTRIBUTIONS ARE USED TO PROVIDE TUITION SCHOLARSHIPS TO PARTICIPATING	
PRIVATE SCHOOLS WORTH UP TO \$7,169 OR A \$750 TRANSPORTATION SCHOLARSHIP	
TO A PUBLIC SCHOOL IN ANOTHER DISTRICT. THE SCHOLARSHIP BEGAN IN 2018	
AND SERVED 436 STUDENTS DURING THE 2019-20 SCHOOL YEAR. ANY UNUSED	
FUNDS IN THE HOPE SCHOLARSHIP PROGRAM CAN BE USED TO FUND SCHOLARSHIPS	
TO STUDENTS ON THE FLORIDA TAX CREDIT SCHOLARSHIP PROGRAM IN THE NEXT	
STATE OF FLORIDA FISCAL YEAR.	
EXPENSES \$ 1,673,569. INCLUDING GRANTS OF \$ 806,456. REVENUE \$ 0.	
STUDENT DEVELOPMENT AND STUDENT LEARNING: THE STUDENT DEVELOPMENT AND	
STUDENT LEARNING DEPARTMENT EXISTS TO ENGAGE, EQUIP, AND EMPOWER	
EDUCATION PARTNERS TO SUPPORT STUDENT SUCCESS. THIS DEPARTMENT CONNECTS	
SCHOOLS TO INTERNAL AND EXTERNAL PROFESSIONAL LEARNING OPPORTUNITIES	
AND DEVELOPS CONNECTIONS TO AVAILABLE HIGH-QUALITY RESOURCES AND	
NETWORKING OPPORTUNITIES. THEY HOST THE ANNUAL RISING STARS EVENT TO	
HONOR AND RECOGNIZE EXCEPTIONAL STUDENTS, TEACHERS AND FAMILY MEMBERS.	
THEY ALSO HOST THE ANNUAL CHOICE IN EDUCATION CONFERENCE, AN EDUCATOR'S	
CONFERENCE WITH BREAKOUT SESSIONS RELATED TO EDUCATION CHOICE AND	
TEACHING AND LEARNING. THE DEPARTMENT BUILDS A SUPPORT BASE OF SCHOOL	
STAKEHOLDERS TO EDUCATE THEM ABOUT SCHOLARSHIPS, AND TRAIN THEM TO	_
PARTICIPATE IN ADVOCACY SO THAT THEY CAN BE ACTIVATED WHEN NEEDED. THE	
STUDENT DEVELOPMENT AND STUDENT LEARNING DEPARTMENT IS COMMITTED TO	
SUPPORTING AND BUILDING RELATIONSHIPS WITH OUR EDUCATIONAL PARTNERS.	
EXPENSES \$ 1,553,199. INCLUDING GRANTS OF \$ 0. REVENUE \$ 32,231.	

Name of the organization  STEP UP FOR STUDENTS, INC.	Employer identification number 59-3649371
SIGNED INTO LAW THE FAMILY EMPOWERMENT SCHOLARSHIP, WHICH IS INTENDED	
TO HELP REDUCE THE WAITING LIST FOR THE TAX CREDIT SCHOLARSHIP AND	
SIMILARLY SERVES STUDENTS FROM LOW-INCOME AND WORKING-CLASS HOUSEHOLDS.	
STEP UP WORKS DIRECTLY WITH THE STATE OF FLORIDA DEPARTMENT OF	
EDUCATION TO ADMINISTER THIS SCHOLARSHIP AND SERVED APPROXIMATELY	
18,000 K-12 STUDENTS IN 2019-2020 SCHOOL YEAR.	
EXPENSES \$ 1,388,678. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
READING SCHOLARSHIP PROGRAM: THE READING SCHOLARSHIP WAS CREATED IN	
2018 TO PROVIDE ACADEMIC SUPPORT FOR ELEMENTARY SCHOOL STUDENTS IN	
DISTRICT OR CHARTER SCHOOLS, WHO STRUGGLE IN READING. STEP UP FOR	
STUDENTS, AS AN APPROVED SCHOLARSHIP FUNDING ORGANIZATION, ADMINISTERS	
THE PROGRAM. THE SCHOLARSHIP IS AVAILABLE TO STUDENTS IN THIRD-	
THROUGH FIFTH-GRADE WHO HAVE SCORED A LEVEL 1 OR 2 ON THE ENGLISH	
LANGUAGE ARTS SECTION OF THE FLORIDA STANDARDS ASSESSMENT. EACH	
SCHOLARSHIP IS WORTH \$500, WHICH THE PARENT CAN USE TO PAY FOR TUITION	
AND FEES RELATED TO PART-TIME TUTORING, SUMMER AND AFTER-SCHOOL	_
LITERACY PROGRAMS, INSTRUCTIONAL MATERIALS AND MORE. THE READING	
SCHOLARSHIP BEGAN IN 2018 AND THE SCHOLARSHIP SERVED 6,258 STUDENTS	
DURING THE 2019-20 SCHOOL YEAR.	
EXPENSES \$ 842,349. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
ADVOCACY AND CIVIC ENGAGEMENT (ACE): ACE THROUGH FLORIDA VOICES FOR	
CHOICES, ORGANIZES ADVOCATES AND SUPPORTERS WHO BELIEVE CHILDREN SHOULD	
BE EDUCATED BASED ON HOW THEY LEARN, RATHER THAN WHERE THEY LIVE. THIS	
INCLUDES PARENTS AND STUDENTS WHO UTILIZE SCHOLARSHIPS AS WELL AS	
DISTRICT, CHARTER, MAGNET, HOME AND VIRTUAL SCHOOLS. THE FLORIDA	
VOICES FOR CHOICES EDUCATES, INFORMS AND TRAINS ADVOCATES AND	

Name of the organization  STEP UP FOR STUDENTS, INC.	Employer identification number 59-3649371
SUPPORTERS FOR THE PROTECTION AND EXPANSION OF CHOICE OPPORTUNITES.	
ADVOCACY AND CIVIC ENGAGEMENT PROVIDES THESE SERVICES TO PARENTS OF	
CHILREN PARTICIPATING IN PROGRAMS ADMINISTERED BY THE ORGANIZATION AND	
TO PARENTS UTILIZING OTHER CHOICE OPTIONS UNDER CONTRACT SERVICE	
AGREEMENTS WITH CHOICE ADVOCACY GROUPS.	
EXPENSES \$ 725,052. INCLUDING GRANTS OF \$ 0. REVENUE \$ 143,424.	
ILLINOIS INVEST IN KIDS SCHOLARSHIP PROGRAM: STEP UP FOR STUDENTS HAS	
CONTRACTED WITH EMPOWER ILLINOIS, AN APPROVED 501(C)(3), SCHOLARSHIP	
GRANTING ORGANIZATION (SGO) IN THE STATE OF ILLINOIS, THAT ADMINISTERS	
THE ILLINOIS INVEST IN KIDS SCHOLARSHIP PROGRAM, A TAX CREDIT	
SCHOLARSHIP PROGRAM. SINCE NOVEMBER 2017, STEP UP FOR STUDENTS HAS	
PROVIDED SCHOLARSHIP ADMINISTRATION SERVICES FOR EMPOWER ILLINOIS.	
EMPOWER ILLINOIS CAN SOLICIT AND RECEIVE CORPORATE AND INDIVIDUAL	
CONTRIBUTIONS THAT ARE ENTITLED TO A 75% STATE TAX CREDIT OF CORPORATE	
AND INDIVIDUAL STATE INCOME TAX. THOSE CONTRIBUTIONS, IN TURN MUST BE	
SPENT TO PROVIDE SCHOLARSHIPS TO LOW INCOME ILLINOIS SCHOOL CHILDREN IN	
COMPLIANCE WITH THE INVEST IN KIDS ACT. FOR THE 2019- 2020 SCHOOL	
YEAR, QUALIFIED STUDENTS RECEIVED SCHOLARSHIPS OF UP TO \$13,336, OR FOR	
INDIVIDUAL DISABILITY EDUCATION ACT STUDENTS, UP TO \$26,673, TO ATTEND	
A PARTICIPATING PRIVATE SCHOOL WITHIN THE STATE OF ILLINOIS.	
SCHOLARSHIPS ARE EXPENDED WHEN A STUDENT ATTENDS A PARTCIPATING SCHOOL.	
EMPOWER ILLINOIS IS ALLOWED TO USE UP TO 5% OF THE CONTRIBUTIONS	
COLLECTED TO ADMINISTER THE SCHOLARSHIP PROGRAM, AND STEP UP FOR	
STUDENTS IS COMPENSATED FOR ITS WORK BY EMPOWER ILLINOIS VIA THOSE	
ADMINISTRATIVE FUNDS. THE CONTRACT BETWEEN EMPOWER ILLINOIS AND STEP	
UP FOR STUDENTS ENDED ON APRIL 10, 2020.	
EXPENSES \$ 906,509. INCLUDING GRANTS OF \$ 0. REVENUE \$ 910,173.	

Name of the organization STEP UP FOR STUDENTS, INC.	Employer identification number 59-3649371
·	
RESEARCH ON STUDENT OUTCOMES: EACH TAX CREDIT SCHOLARSHIP IS INTENDED	
TO PROVIDE A LOW-INCOME STUDENT IN FLORIDA WITH A VIABLE LEARNING	
OPTION THAT CAN MAKE A DIFFERENCE IN HIS OR HER EDUCATIONAL LIFE.	
TOWARD THAT OBJECTIVE, STEP UP CONTINUES TO BUILD TOOLS TO ROBUSTLY	
ASSESS ACADEMIC PROGRESS. THE STATE COLLECTS STANDARDIZED TEST SCORES	
EVERY YEAR AND IN ITS MOST RECENT REPORT DETERMINED THAT SCHOLARSHIP	
STUDENTS ACHIEVED THE SAME ACADEMIC GAINS IN READING AND MATH AS	
STUDENTS OF ALL INCOME LEVELS NATIONALLY. FOR 12 CONSECUTIVE YEARS,	
THESE ACADEMIC REPORTS FIND THAT FLORIDA'S MOST DISADVANTAGED STUDENTS	
ACHIEVE THE SAME LEARNING GAINS AS ALL STUDENTS NATIONALLY ONCE ON THE	
PROGRAM. STEP UP HAS COMPLETED A DATA WAREHOUSE THAT PULLS TOGETHER	
STUDENT ACADEMIC, DEMOGRAPHIC AND ENROLLMENT INFORMATION FOR MOST OF	
THE PROGRAM'S HISTORY. FURTHER, STEP UP ALLOWS OUTSIDE RESEARCH	
ORGANIZATIONS ACCESS TO DATA TO STUDY THE PROGRAMS IMPACT ON K12	
EDUCATION AND BEYOND. THE URBAN INSTITUTE RELEASED A SECOND INDEPENDENT	
REPORT IN FEBRUARY 2019 FINDING THAT STUDENTS ON THE SCHOLARSHIP WERE	
UP TO 43 PERCENT MORE LIKELY TO ATTEND COLLEGE. STUDENTS WHO	
PARTICIPATED FOR FOUR OR MORE YEARS WERE UP TO 45 PERCENT MORE LIKELY	
THAN THEIR COUNTERPARTS IN PUBLIC SCHOOLS TO GRADUATE WITH BACHELOR'S	
DEGREE.	
EXPENSES \$ 1,299,587. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
THE C2 OPPORTUNITY SCHOLARSHIP FUND (C2) IS A SCHOLARSHIP GRANTING	
ORGANIZATION FORMED TO IMPLEMENT THE ALABAMA ACOUNTABILITY ACT FOR	
PARENTS INTERESTED IN CATHOLIC EDUCATION WITHIN THE DIOCESE OF	
BIRMINGHAM. C2 AWARDS SCHOLARSHIPS TO ELIGIBLE LOW-INCOME STUDENTS WITH	
PRIORITY GIVEN TO STUDENTS WHO ARE ZONED TO ATTEND A FAILING PUBLIC	

Name of the organization  STEP UP FOR STUDENTS, INC.	Employer identification number 59-3649371
SCHOOL IN GRADES K5-12. THE SCHOLARSHIPS ARE FUNDED BY DONATIONS OF	
INCOME TAX LIABILITY FROM INDIVIDUALS AND CORPORATIONS WHO RECEIVE AN	
ALABAMA STATE INCOME TAX CREDIT.	
EXPENSES \$ 250,802. INCLUDING GRANTS OF \$ 250,802. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PREPARED BY THE FUND'S INDEPENDENT CPA FIRM. AFTER BEING	
REVIEWED BY MANAGEMENT, THE FULL FORM 990 INFORMATIONAL RETURN IS PROVIDED	
TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. THE BOARD OF DIRECTORS IS	
ALSO AFFORDED THE OPPORTUNITY TO ASK QUESTIONS WITH RESPECT TO THE FORM 990	
BEFORE THE RETURN IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
STEP UP FOR STUDENTS ENSURES THAT THE CONFLICT OF INTEREST POLICY IS	
ADHERED TO WITH THE FOLLOWING ACTIVITIES: 1) REGULAR EDUCATION WITH THE	
BOARD OF DIRECTORS, OFFICERS AND KEY STAFF. EACH YEAR, THE POLICY IS	
REVIEWED WITH THE BOARD OF DIRECTORS AND THE EXECUTIVE TEAM. EACH	
ACKNOWLEDGE THEIR UNDERSTANDING AND COMPLIANCE BY SIGNING AN ANNUAL	
COMPLIANCE STATEMENT. 2) THE CFO REVIEWS EACH CONTRACT THE ORGANIZATION	
ENTERS. 3) FINANCE STAFF AND THE PRESIDENT REVIEW ALL PAYMENTS AS THEY ARE	
MADE FOR POSSIBLE CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABLE	
COMPENSATION AND BENEFITS DATA OF SIMILAR ORGANIZATIONS. DURING FISCAL YEAR	
2016, AN INDEPENDENT COMPENSATION CONSULTING FIRM CONDUCTED A FULL	
COMPARATIVE STUDY FOR EACH INDIVIDUAL EXECUTIVE POSITION AND ALL	
NON-EXECUTIVE JOB GRADES. THE COMMITTEE USES THIS INFORMATION, COMBINED	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number 59-3649371
STEP UP FOR STUDENTS, INC.	59-3649371
WITH THE PERFORMANCE OF THE PRESIDENT, TO RECOMMEND THE PRESIDENT'S	
COMPENSATION PACKAGE FOR APPROVAL OF THE FULL BOARD. THE FULL BOARD	
APPROVES THE PACKAGE.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK,AR,CA,CO,CT,FL,DC,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,OH	
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, AL, ND, MO	
FORM 990, PART VI, SECTION C, LINE 19:	
STEP UP FOR STUDENTS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE,	
WWW.STEPUPFORSTUDENTS.ORG. PRINTED COPIES ARE AVAILABLE BY REQUEST FOR THE	
SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).	
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STEP UP FOR STUDENTS, INC.

Employer identification number
59-3649371

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
THE ALABAMA OPPORTUNITY SCHOLARSHIP FUND -					
49-3813722, 2101 MAGNOLIA AVE S, STE 425,					
BIRMINGHAM, AL 35205	SCHOLARSHIP FUNDING	ALABAMA	-5,104,732.	3,463,252.	STEP UP FOR STUDENTS
C2 OPPORTUNITY SCHOLARSHIPS - 83-2425710					
2101 MAGNOLIA AVE S, STE 425					
BIRMINGHAM, AL 35205	SCHOLARSHIP FUNDING	ALABAMA	148,123.	571,985.	STEP UP FOR STUDENTS
ACADEMICS+ OPPORTUNITY SCHOLARSHIP FUND -					
84-3332619, 2101 MAGNOLIA AVE S, STE 425,					
BIRMINGHAM, AL 35205	SCHOLARSHIP FUNDING	ALABAMA	84,813.	14,983.	STEP UP FOR STUDENTS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	g) 512(b)(13) rolled tity?
ALADAMA ODDODRINITHY AGETON BUND 02 2070210				501(c)(3))		Yes	No
ALABAMA OPPORTUNITY ACTION FUND - 83-3979219 2101 MAGNOLIA AVE. S., STE. 425 BIRMIINGHAM, AL 35205		ALABAMA	501(C)(4)		STEP UP FOR STUDENTS		x
DIMITINGMAN, IND. SSESS	-				DIODENTE.		

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

		0 1 - 1 - 1 - 1 - 1 - 1	IIX / II F 000	D - + N / P O / 1	and a contract of the contract
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, t	decause it nad one or more related
	organizations treated as a partnership during the tax year.			, ,	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		Country)						Yes	No

Yes No

Х

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Giff, grant, or capital contribution for related organization(s) c Giff, grant, or capital contribution from related organization(s) c Cants or loan guarantees to or for related organization(s) c Loans or loan guarantees to related organization(s) c Cants or loan guarantees to related organization(s) c Dividends from related organization(s) c Sale of assets to related organization(s) c Sale of assets with related organization(s) c Sale of assets with related organization(s) c Sale of assets with related organization(s) c Sale of facilities, equipment, or other assets to related organization(s) c Sale of facilities, equipment, or other assets to related organization(s) c Sale of facilities, equipment, or other assets from related organization(s) c Sale of facilities, equipment, or other assets from related organization(s) c Sale of facilities, equipment, or other assets from related organization(s) c Sale of facilities, equipment, or other assets from related organization(s) c Sale of facilities, equipment, or other assets from related organization(s) c Sale of facilities, equipment, or other assets from related organization(s) c Sale of facilities, equipment, or other assets from related organization(s) c Sale of facilities, equipment, or other assets with related organization(s) c Sale of facilities, equipment, or other assets with related organization(s) c Sale of facilities, equipment, or other assets with related organization(s) c Sale of facilities, equipment, or other assets with related organization(s) c Sale of facilities, equipment, or other assets with related organization(s) c Sale of facilities, equipment, or other assets with related organization(s) c Sale of facilities, equipment, or other assets with related organization(s) c Sale of facilities, equipment, or other assets with	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х		
c Giff, grant, or capital contribution from related organization(s)         1d 2										
1	С	Gift, grant, or capital contribution from related organization(s)	Gift, grant, or capital contribution from related organization(s)							
1						1d		Х		
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Schedule R (Form 990) 2019

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040