** PUBLIC DISCLOSURE COPY

Form **991**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

 Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, B Check if applicable C Name of organization D Employer identification number X Address COLLEGE POSSIBLE, INC Name Chang Doing business as 41-1968798 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 755 PRIOR AVENUE NORTH 210 (651)288-9455 term ated City or town, state or province, country, and ZIP or foreign postal code 19,153,680. G Cross receipts \$ Amended SAINT PAUL, MN 55104 H(a) Is this a group return Applica-F Name and address of principal officer: JIM MCCORKELL for subordinates? _Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.COLLEGEPOSSIBLE.ORG H(c) Group exemption number Form of organization; X Corporation Trust Other 🕨 Association L Year of formation: 1999 M State of legal domicile: MN Part | Summary 1 Briefly describe the organization's mission or most significant activities: TO HELP PROMISING YOUTH FROM LOW Activities & Governance INCOME BACKGROUNDS PREPARE FOR AND EARN ADMISSION TO COLLEGE AND Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 14 5 Total number of individuals employed in calendar year 2018 (Part V, Ilne 2a) 723 5 6 Total number of volunteers (estimate if necessary) 6 124 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 38. 0. 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) <u> 19,167,435.</u> <u>18,</u>430,727. 9 Program service revenue (Part VIII, line 2g) 345,225. 545,350. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 91,006. 88,698. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -29,841. 1.044.12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,573,825. 19,065,819. .13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 216,790. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,763,533. 753,742. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0 b Total fundraising expenses (Part IX, column (D), line 25)

2,728,162. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,936,150. 5,399,375. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 1<u>8,699,683</u>. 20,369,907. 19 Revenue less expenses. Subtract line 18 from line 12 874,142. -1,304,088. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) <u>14,311,022.</u> 13,433,633. 21 Total liabilities (Part X, line 26) 1,275,936. 1,527,309. 22 Net assets or fund balances, Subtract line 21 from line 20 13,035,086. 11,906,324. 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 D.R. Want Signature of officer JIM MCCORKELL,

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Paid LAWRENCE H. MOHR `CPA 1/9/20 P00447603 Preparer Firm's name BAKER TILLY VIRCHOW KRAUSE Firm's EIN 39-0859910 Use Only Firm's address > 225 S 6TH ST #2300 MINNEAPOLIS, MN 55402 Phone no. 612.876.4500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions,

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08430108 144198 142482

Total program service expenses ▶

15,515,803.

Form 990 (2018) COLLEGE POSSIBLE, 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7		-		-25
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	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
А	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			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	-23
		I I I E		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TENSOR IN P. CO. P. III. C. III. III. III. III. III. II	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fartiz, condimition, interior in Tyes, complete Schedule I, Parts I and II	41		_ 41

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		<u>X</u>
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		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai				_ `
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
92200/	19.91.10	Form	990	(2018)

COLLEGE POSSIBLE, 41-1968798 Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 723 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

..... 11b

a Is the organization licensed to issue qualified health plans in more than one state?
 Note. See the instructions for additional information the organization must report on Schedule O.

Gross income from other sources (Do not net amounts due or paid to other sources against

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
 c Enter the amount of reserves on hand

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?
 If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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12a

13a

14b

X

Х

X

COLLEGE POSSIBLE, INC. 41-1968798 Form 990 (2018) 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. 14 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN, WI, OR, PA, IL, NY, CT, OH, IA 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ___ Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records BONNIE CHRISTENSEN - (651) 288-9455 755 PRIOR AVENUE NORTH, NO. 210, SAINT PAUL,

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

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statements available to the public during the tax year.

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(do	not c	Pos	C) ition) than o	one	(D) Reportable compensation	(E) Reportable	(F) Estimated amount of
	hours per week (list any hours for related organizations below line)	stee or director				Highest compensated school semployee	tee)	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STEPHEN SMITH	0.80	7,		3,7					0	0
CHAIR (2) MILLIE ACAMOVIC	0.80	Х		Х				0.	0.	0.
VICE CHAIR & TREASURER	0.00	х		х				0.	0.	0.
(3) JEFF BERSTEIN	0.30	Α		^				0.	0.	· ·
DIRECTOR	0.30	Х						0.	0.	0.
(4) SHANNON BINS	0.30									
DIRECTOR		Х						0.	0.	0.
(5) JOANNA BURLESON	0.30									
DIRECTOR		Х						0.	0.	0.
(6) LORELLE ESPINOSA	0.30									
DIRECTOR		Х						0.	0.	0.
(7) AL FAN	0.30									
DIRECTOR		Х						0.	0.	0.
(8) SARA GAVIN	0.30	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(9) LAURA GILLUND	0.30]							_	_
DIRECTOR		Х						0.	0.	0.
(10) MARLENE IBSEN	0.30	1							_	
DIRECTOR		Х						0.	0.	0.
(11) JEFF KUTASH	0.30	ļ								_
DIRECTOR		Х						0.	0.	0.
(12) ANDREA MOKROS	0.30	ļ							•	•
DIRECTOR	0.20	Х						0.	0.	0.
(13) JOELLE MURCHISON	0.30	٠,,							0	•
DIRECTOR	0 30	Х						0.	0.	0.
(14) SCOTT NELSON	0.30	₹.						0.	0.	^
DIRECTOR (15) DEANNA GINGU	0.30	X						0.	0.	0.
(15) DEANNA SINGH DIRECTOR	0.30	х						0.	0.	0.
(16) JEFF TURNER	0.30	^	\vdash					0.	0.	U •
DIRECTOR	0.30	Х						0.	0.	0.
(17) JIM MCCORKELL	40.00	┢				\vdash		0.	0.	· ·
CHIEF EXECUTIVE OFFICER/DIRECTOR	±0.00	Х		х				286,461.	0.	28,657.
	1	22		22			l	200,401.	0.	Earm 990 (2019)

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Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0	C)			(D)	(E)			(F)
Name and title	Average	(do		Pos heck) than d	one	Reportable	Reportable		Esti	mated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	1		ount of
	week	_			1	174443		from	from related			ther
	(list any hours for	irecto						the organization	organizations (W-2/1099-MIS(ensation m the
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130	رر		nization
	organizations	ruste	l trus		99/	mpen		(** 2/ 1000 101100)			•	related
	below	Individual trustee or director	Institutional trustee	<u></u>	sey employee	st co	er					izations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former					
(18) BONNIE CHRISTENSEN	40.00											
DIRECTOR OF FINANCE				Х				113,759.		0.	16	<u>,532.</u>
(19) LAURA LIU	40.00									_		4=0
CHIEF OPERATING OFFICER	40.00				Х			232,507.		0.	26	<u>,472.</u>
(20) TRACI KIRTLEY CHIEF PROGRAM OFFICER	40.00	-				7		172 666		0.	2.2	772
(21) SARA DZIUK	40.00					X		173,666.		0.	43	<u>,772.</u>
EXECUTIVE DIRECTOR OF MN	40.00	1				x		152,431.		0.	22	,555.
(22) JEN WEIKERT	40.00					1		132/1310		•		7555
EXECUTIVE DIRECTOR OF PHL	40.00	1				x		127,487.		0.	5	,755.
(23) JULIE MANCINI	40.00											,
EXECUTIVE DIRECTOR OF PDX						Х		116,865.		0.	5	,037.
(24) BETH GIESE	40.00											
SENIOR DIRECTOR OF EXTERNAL RELATION						X		143,385.		0.	19	<u>,130.</u>
		-										
		1										
1b Sub-total							<u> </u>	1,346,561.		0.	147	,910.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								1,346,561.		0.	147	,910.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												7
										1	,	res No
3 Did the organization list any former officer,	•			•	•	•		•				v
line 1a? If "Yes," complete Schedule J for si											3	X
4 For any individual listed on line 1a, is the su											4	х
and related organizations greater than \$150Did any person listed on line 1a receive or a			•								4	Λ
rendered to the organization? If "Yes." com											5	х
Section B. Independent Contractors	DIOTO CONCUAN	J U 1.	0, 0.	,	0010	011						•
1 Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	acto	s th	nat received more than \$	100,000 of compe	ensat	ion fron	n
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)				_				(B)		_	(C)	
Name and business	address	N	INC	5			-	Description of s	ervices		ompens	Sation
												
2 Total number of independent contractors (in	ncludina but n	ot lir	nite	d to	thos	se lis	ted	above) who received mo	ore than			
0100 000 of a second at the first the					11100			,				

Form **990** (2018)

Form 990 (2018) COLLEGE POSSIBLE, INC. Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
		Gricol il Coriodale C Corie	ano a response	or riote to uriy iii k	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1.0	Federated campaigns	1a			10101100	10101100	312 - 314
an ts	ı a							
يَّ ق	D	Membership dues		718,280.				
Ę,	C	Fundraising events		710,200.				
<u>.</u>	a	Related organizations		4,150,921.				
ns,	e	Government grants (contribution		4,130,321.				
e ii	Т	All other contributions, gifts, grant	· I I	12 561 526				
ĕ₽		similar amounts not included abov		13,561,526.				
out	9	Noncash contributions included in lines 1		528,339.	10 420 727			
<u>O</u> 6	n	Total. Add lines 1a-1f			18,430,727.			
	_	CONCORDING FEEG		Business Code	270 750	270 750		
<u>:</u>	2 a			611710	370,750.	370,750.		
er.	b	SERVICE FEES		611710	174,600.	174,600.		
Program Service Revenue	С							
Jar Se	d							
or L	е							
<u>п</u>	•	All other program service rever			545 250			
		Total. Add lines 2a-2f			545,350.			
	3	Investment income (including			00 401			00 401
	_	other similar amounts)			90,421.			90,421.
	4	Income from investment of tax						
	5	Royalties						
		_	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory						
	b	Less: cost or other basis		1 700				
		and sales expenses		1,723. -1,723.				
		Gain or (loss)		· · · · · ·	1 772			1 722
		Net gain or (loss)		······ •	-1,723.			-1,723.
ne	8 а	Gross income from fundraising including \$ 718,	,					
Jen Jen								
Other Revenu		contributions reported on line		77,490.				
ē		Part IV, line 18		86,138.				
₹		Less: direct expenses		00,150.	-8,648.			-8,648.
		Net income or (loss) from fund	•	P	0,040.			0,040.
	э а	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	P				
	10 a	Gross sales of inventory, less i						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
	44	Miscellaneous Revenue MISCELLANEOUS INCOME	9	Business Code 900099	9,692.			9,692.
				300033	9,092.			9,092.
	b					+		
	C					+		
	d				0 600			
		Total. Add lines 11a-11d			9,692.	E4E 2E0		00 740
	12	Total revenue. See instructions			19,065,819.	545,350.	0.	89,742.

Form 990 (2018) COLLEGE POSSIBLE, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) 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	216,790.	216,790.		
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	886,953.	266,086.	470,085.	150,782
6	Compensation not included above, to disqualified	000,333.	200,0001	17070031	230,702
U	persons (as defined under section 4958(f)(1)) and				
7	. , , , , ,	11,400,302.	8,838,153.	901,687.	1,660,462
7	Other salaries and wages Pension plan accruals and contributions (include	±±,±00,304•	0,000,100	JU1,001•	1,000,402
8	· · · · · · · · · · · · · · · · · · ·	334,025.	250,322.	23 /12	6N 201
0	section 401(k) and 403(b) employer contributions)	1,198,700.	974,289.	23,412. 83,242.	60,291 141,169
9	Other employee benefits	933,762.	700,510.	97,188.	136,064
0	Payroll taxes	333,104.	700,510.	31,100•	130,004
1	Fees for services (non-employees):				
	Management	25 221		25 221	
b	Legal	35,331.		35,331.	
_	Accounting	42,494.		42,494.	70 605
d	Lobbying	78,625.			78,625
е	Professional fundraising services. See Part IV, line 17	12 065		12 065	
f	Investment management fees	13,865.		13,865.	
g	Other. (If line 11g amount exceeds 10% of line 25,	60= =00			
	column (A) amount, list line 11g expenses on Sch O.)	687,538.	378,155.	229,589.	79,794 175,834
12	Advertising and promotion	230,457.	36,415.	18,208.	
13	Office expenses	72,493.	64,749.	3,181.	4,563
14	Information technology	827,202.	738,801.	36,331.	52,070
15	Royalties				
16	Occupancy	1,281,881.	1,144,890.	56,300.	80,691
7	Travel	321,534.	261,088.	16,077.	44,369
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	99,113.	85,325.	5,340.	8,448
20	Interest	2,414.		2,414.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	417,041.	372,473.	18,316.	26,252
3	Insurance	36,673.	32,754.	1,611.	2,308
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STAFF ACQUISITION & TRA	701,592.	606,136.	69,016.	26,440
	STUDENT SUPPORT COSTS	548,867.	548,867.	,	•
c	TAXES	2,255.	.,	2,255.	
d		_,		-,	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,369,907.	15,515,803.	2,125,942.	2,728,162
<u>:5</u> 26	Joint costs. Complete this line only if the organization	_0,000,001	,,	_,,	_,,,
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2018)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,042,090.	2	2,123,464.
	3	Pledges and grants receivable, net	7,224,808.	3	5,497,191.
	4	Accounts receivable, net	26,566.	4	335.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	348,960.	9	337,534.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 3,207,270. 10b 1,631,610.	1 000 010		4 505 660
	l	Less: accumulated depreciation 10b 1,631,610.	1,009,918.	10c	1,575,660.
	11	Investments - publicly traded securities	3,658,680.	11	3,899,449.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	14,311,022.	15 16	13,433,633.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	1,148,547.	17	1,219,564.
	18	Grants payable	1,110,517	18	1,215,504.
	19	Deferred revenue	58,826.	19	0.
	20	Tax-exempt bond liabilities	30,0200	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
"	22	Loans and other payables to current and former officers, directors, trustees,			
Ęį		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	68,563.	25	307,745. 1,527,309.
	26	Total liabilities. Add lines 17 through 25	1,275,936.	26	1,527,309.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and 34.	F 042 C01		F F0F 101
anc	27	Unrestricted net assets	5,243,621.	27	5,585,181.
Bala	28	Temporarily restricted net assets	7,791,465.	28	6,321,143.
2	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	13,035,086.	33	11,906,324.
	34	Total liabilities and net assets/fund balances	14,311,022.	34	13,433,633.
			,,		

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		065				
2	Total expenses (must equal Part IX, column (A), line 25)	2		369				
3	Revenue less expenses. Subtract line 2 from line 1	3		304				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,	035	5,08	<u>86.</u>		
5	Net unrealized gains (losses) on investments	5		175	5,32	26.		
6	Donated services and use of facilities	nated services and use of facilities						
7	Investment expenses	7						
8	8 Prior period adjustments 8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	11,	906	5,32	24.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X		
	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?		L	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				ı		
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				ı		
	Act and OMB Circular A-133?	_		За	X	ı		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	Γ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b	Х			
		_		Form	990 ((2018)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

-

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

2018

Open to Public Inspection

Name of the organization

COLLEGE POSSIBLE, INC.

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

га	111	neason for Public C	Jilanty Status (All organizations must co	mpiete th	is part.) Se	e instructions.			
he.	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)				
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:	•							
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov								
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental i	unit or from the general إ	oublic described in		
		section 170(b)(1)(A)(vi). (C								
8	\square	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(x) operate	ed in conju	inction with a land-grant	college		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:								
10	Ш	An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	rom gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ıfter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).			
12	Ш	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.			
а			nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ıpporting		
		organization. You must o	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	uirement and an attentiv	/eness		
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information			(i) In the area	-i-dia listad				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
ota	.i									

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9612846.	11975202.	17550033.	19167435.	18430727.	76736243.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9612846.	11975202.	17550033.	19167435.	18430727.	76736243.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8399383.
6	Public support. Subtract line 5 from line 4.						68336860.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	9612846.	11975202.	17550033.	19167435.	18430727.	76736243.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,184.	22,390.	39,660.	92,056.	90,421.	273,711.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				7,299.	9,692.	
11	Total support. Add lines 7 through 10						77026945.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	88.72 %
	Public support percentage from 2017					15	90.80 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how th	e
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	cly supported organ	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
					Sche	edule A (Form 990	or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T			_	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	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						
c	Add lines 10a and 10b						
11	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	· ·			•	. , . ,	
0	check this box and stop here						.
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2018 (li	, (,,	,	(,,		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	%
				20 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2018. If the						. .
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Van Na

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.)

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Pai	TIV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	and 2. Type i capperang organizations		Yes	No
_	Did the directors to store as recently order of one or many assessment of one beautiful or beautiful order.		162	INO
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 times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> , y y		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 Year
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-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
ее	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2018 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
<u>b</u>	Excess from 2015			
c	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section 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, line 1; Part 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,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
SCHEDULE A, PART II, COLUMN (B):
THE ORGANIZATION FILED A SHORT PERIOD RETURN FOR THE 2015 FORM 990.
THE INFORMATION IN COLUMN (B) IS FOR THE TEN-MONTH PERIOD SEPTEMBER 1,
2015 TO JUNE 30, 2016.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

4,000,000. 6,931,000. 2,090,000.	2,459,461. 5,390,461. 549,461.
2,090,000.	549,461.
	8,399,383.

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization	Employer identification number
COLLEGE POSSIBLE, INC.	41-1968798

Organization type (check one):						
Filers of	Filers of: Section:					
Form 990 or 990-EZ		\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 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) (2018)

Name of organization

COLLEGE POSSIBLE, INC.

Employer identification number

41-1968798

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,042,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		500,000.	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
3		\$ 450,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 813,842.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$645,126.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>2,000,000</u> .	Person X Payroll

Name of organization

COLLEGE POSSIBLE, INC.

Employer identification number

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

Name of organization

COLLEGE POSSIBLE, INC.

Employer identification number

41-1968798

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

Name of organization **Employer identification number** COLLEGE POSSIBLE, INC. 41-1968798 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor 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

c) and section 527

Open to Public Inspection

OMB No. 1545-0047

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 Tax) (see separate instructions), then

Tax) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		Т_	
Nan	ne of organization			E	mployer identification number
_	COLLEGE	POSSIBLE, INC.	1: 504/)		41-1968798
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			> \$
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)).	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955)	> \$
2	Enter the amount of any excise tax	incurred by organization managers			
	If the organization incurred a section				
	Was a correction made?				
	If "Yes." describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 50	1(c)(3).
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If a	ization's funds contributed to othe . Add lines 1 and 2. Enter here and . 1120-POL for this year? . ployer identification number (EIN) tion listed, enter the amount paid fomptly and directly delivered to a second	or organizations for section of all section 527 polition the filing organization organizations organization	tion 527 lical organizations to w tion's funds. Also ente sization, such as a separation as a separation is a separation.	Yes No hich the filing organization r the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received and

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018 COLLEGE POSSIBLE, INC. 41-19687 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	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
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:				
	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		./ 8	3,625.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
	Total. Add lines 1c through 1i			78	3,625.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- FO1/a\/	-\	1: a.a	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n 501(c)(o), or sec	tion	
	501(c)(6).			Vaa	NI-
				Yes	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?				
Dar	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	
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ie
	answered "Yes."	110, 011	(b) i dit	A,c	, 0, 13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
_	expenses for which the section 527(f) tax was paid).	Jui			
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	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\. Dart II.	Δ lines 1 aı	nd 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	1100,11 011	, 100 T Q	14 2 (000	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	11 11 11 11 10 1011 1111 1111 1111 1111 1111 1111 1111 1111				
COI	LEGE POSSIBLE PAID ROGER J ARONSON, AN OUTSIDE CONS	ULTANT	3. \$30	.000	
			7 4 5 5	,	
FOI	R LOBBYING IN FY19. THE ORGANIZATION ALSO PAID EBI I	UBLIC	AFFAI	RS, AN	Ī
יטס	SIDE CONSULTANT, \$18,000 FOR LOBBYING IN FY19. THE	ORGANI	ZATIO	N ALSC)
PA:	D WISCONSIN CAPITOL SOLUTIONS, AN OUTSIDE CONSULTAN	ıт, \$30	0,000	FOR	
LOI	BBYING IN FY19. THE ORGANIZATION ALSO PAID WISCONSIN	I ETHIC	CS		
		0 - 1 1 -	- 0 /F	000 000	. ==\

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COLLEGE POSSIBLE, INC.

Employer identification number 41-1968798

Pai	rt I Organiza	tions Maintaining Donor Advised	I Funds or Other Similar Funds o	r Accounts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.	
			(a) Donor advised funds (b) Funds and othe	
1	Total number at er	nd of year		
2		f contributions to (during year)		
3	Aggregate value of	f grants from (during year)		
4	Aggregate value at	end of year		
5	Did the organization	n inform all donors and donor advisors in w	riting that the assets held in donor advised	funds
	are the organizatio	n's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization	on inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be us	sed only
	for charitable purp	oses and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
Da	impermissible priva			
Pai		ation Easements. Complete if the org	· · · · · · · · · · · · · · · · · · ·	rt IV, line 7.
1	<u> </u>	ervation easements held by the organization	·	
		of land for public use (e.g., recreation or ed		ically important land area
	=	f natural habitat	Preservation of a certification	ed historic structure
_		of open space		
2		through 2d if the organization held a qualifi	ed conservation contribution in the form of	
	day of the tax year			Held at the End of the Tax Year
-		onservation easements		
b	_		ature included in (a)	
C C		ration easements on a certified historic stru ration easements included in (c) acquired a		
d				I I
3		al Register		
Ü	year ▶	valion casements modified, transferred, refe	asea, extinguished, of terminated by the of	ganization during the tax
4	· -	 where property subject to conservation eas	ement is located	
5		tion have a written policy regarding the peri		
_		orcement of the conservation easements it		Yes No
6	•	r hours devoted to monitoring, inspecting, h		
	>			
7	Amount of expens	es incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservatio	n easements during the year
	> \$			
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)	(4)(B)(ii)?		Yes No
9	In Part XIII, describ	e how the organization reports conservation	n easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicab	le, the text of the footnote to the organizati	on's financial statements that describes the	e organization's accounting for
D	conservation ease		And Historical Transcriptor and Oth	Oiilau Aaaata
Pai		tions Maintaining Collections of		er Similar Assets.
	-	the organization answered "Yes" on Form		
1a	ū	elected, as permitted under SFAS 116 (ASC	,, ,	, ,
		s, or other similar assets held for public exh		e of public service, provide, in Part XIII,
L		note to its financial statements that describ		ad balance about warks of ort. historical
D	-	elected, as permitted under SFAS 116 (ASC	***	
		similar assets held for public exhibition, ed	ucation, or research in turtherance of public	service, provide the following amounts
	relating to these its	erns. ded on Form 990, Part VIII, line 1		•
2	• •	received or held works of art, historical trea		·
_	-	unts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	an, p. 3140
а		on Form 990, Part VIII, line 1	-	> \$
	Assets included in			L A
		eduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

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

		POSSIBLE,						<u>41-19</u>	<u>68798</u>	Page 2
Par	t III Organizations Maintaining Co	llections of A	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continue	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition		d 🔲	Loan or exc	hange progra	ams				
b	Scholarly research		е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explai	n how th	ey further th	ne organizatio	on's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be main	ntained as part of	he organ	ization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ements. Comp	lete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodiar	n or other intermed	diary for d	contributions	s or other as:	sets not in	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabilit	y?	\square	Yes	No
	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds. Complete if	the organization a	nswered	"Yes" on Fo	rm 990, Part	IV, line 10).		ı	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears 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 current	nt year end baland	e (line 1g	g, column (a))) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3а	Are there endowment funds not in the possess	sion of the organiz	ation tha	t are held ar	nd administe	red for the	organiza	ation	_	
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	\perp
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment f	unds.						
Par	, , ,									
	Complete if the organization answered	"Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or			or other	` '	cumulate		(d) Book v	/alue
		basis (invest	ment)	basis	(other)	dep	reciation	\perp		
1a	Land									
	Buildings									
	Leasehold improvements	I			3,987.		30,6			,326.
	Equipment	I		2,40	3,283.	1,5	00,9	49.	902	,334.
е	Other									

Schedule D (Form 990) 2018

1,575,660.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Ochedule D (1 01111 330) 2010	0 	11 1300,30 Tage
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		

(1) Financial derivatives
(2) Closely-held equity interests
(3) Other
(A)
(B)
(C)
(D)
(E)
(F)
(G)
(H)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►
Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

eemplete it the erganization answered Tes	orri orri oco, i artiv, iiro	110. 000 1 0111 000, 1 dit X, iiio 10.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 990 Part X col (R) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED COMPENSATION LIABILITY	30,000.	
(3)	CAPITAL LEASE OBLIGATION	4,452.	
(4)	DEFERRED RENT LIABILITY	273,293.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	307,745.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Pai	t XI	Reconciliation of Revenue per Audited Financial State	ments Wit	h Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total r	revenue, gains, and other support per audited financial statements			1	21,023,839.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	175,326.		
b	Donate	ed services and use of facilities	2b	1,696,556.		
С	Recov	reries of prior year grants	2c			
d		(Describe in Part XIII.)		86,138.		
е	Add lir	nes 2a through 2d			2e	1,958,020.
3	Subtra	act line 2e from line 1			3	19,065,819.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	19,065,819.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per F	letur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a			
1						
•	Total e	expenses and losses per audited financial statements			1	22,152,601.
2	Amou	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25:			1	22,152,601.
-	Amou	expenses and losses per audited financial statements		1,696,556.	1	22,152,601.
2	Amoui Donate	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	22,152,601.
2	Amour Donate Prior y	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities	2a 2b 2c	1,696,556.	1	22,152,601.
2 a b c	Amount Donate Prior y Other Other	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities /ear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2c	1,696,556. 86,138.		
2 a b c	Amount Donate Prior y Other Other	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities /ear adjustments losses	2a 2b 2c 2c	1,696,556. 86,138.	1 2e	1,782,694.
2 a b c	Amount Donate Prior y Other Other Add lin	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities /ear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2c 2d	86,138.		
2 a b c d	Amount Donate Prior y Other Other Add lin Subtra	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities /ear adjustments losses (Describe in Part XIII.) nes 2a through 2d	2a 2b 2c 2c 2d	86,138.		1,782,694.
2 a b c d e	Amount Donate Prior y Other Other Add lin Subtra Amount	expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities //ear adjustments losses (Describe in Part XIII.) Ines 2a through 2d act line 2e from line 1	2a 2b 2c 2d	86,138.		1,782,694.
2 a b c d e 3	Amount Donate Prior y Other Other Add lin Subtra Amount Investor	expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities //ear adjustments losses (Describe in Part XIII.) Ines 2a through 2d act line 2e from line 1 Ints included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	86,138.		1,782,694. 20,369,907.
2 a b c d e 3 4 a b	Donate Prior y Other Other Add lin Subtra Amoun Investe Other Add lin	expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities /ear adjustments losses (Describe in Part XIII.) Intes 2a through 2d Ints included on Form 990, Part IX, line 25, but not on line 1: Ints included on Form 990, Part IX, line 25, but not on line 1: Interest expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.) Intes 4a and 4b	2a 2b 2c 2d 4a 4b	86,138.	2e 3	1,782,694. 20,369,907.
2 a b c d e 3 4 a b c 5	Amount Donate Prior y Other Other Add lir Subtra Amount Investr Other Add lir Total 6	expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities //ear adjustments losses (Describe in Part XIII.) Intes 2a through 2d Ints included on Form 990, Part IX, line 25, but not on line 1: Internet expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	86,138.	2e 3	1,782,694. 20,369,907.

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

PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A MINNESOTA NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON ANY NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. DURING FISCAL YEARS 2019 AND 2018, THE ORGANIZATION DID NOT EARN ANY INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

lame of the	organization
-------------	--------------

Employer identification number

COLLEGE	POSSIBLE, INC.				41-1968	798	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Fotal			>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from req	gistration	

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

Schedule G (Form 990 or 990-EZ) 2018

Ď	ırt l	II Fundraising Events. Complete if the				1900/90 Page 2
Г		of fundraising event contributions and gr				
				(b) Event #2 RESULTS BY DEGREES	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	145,040.	431,349.	219,381.	795,770.
	2	Less: Contributions	126,215.	407,049.	185,016.	718,280.
	3	Gross income (line 1 minus line 2)	18,825.	24,300.	34,365.	77,490.
	4	Cash prizes				
Se	5	Noncash prizes	228.			228.
bense	6	Rent/facility costs	2,922.	6,700.	3,831.	13,453.
Direct Expenses	7	Food and beverages	998.	12,874.	19,987.	33,859.
	8	Entertainment Other direct expenses		16,859.	11,569.	38,598.
	1	Direct expense summary. Add lines 4 through				86,138.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		>	-8,648.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
 e		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ē			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c)
Revenue	1	Gross revenue	(a) Dirigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c)
	2	Gross revenue	(a) Birigo	bingo/progressive bingo	(c) Other gailing	col. (a) through col. (c)
	2	Cash prizes	(a) Birigo	bingo/progressive bingo	(c) Other gailing	col. (a) through col. (c)
Direct Expenses Reven	2	Cash prizes	(a) Birigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c)
rect Expenses	2	Cash prizes Noncash prizes	(a) Birigo	bingo/progressive bingo	(c) Other gailing	col. (a) through col. (c)
rect Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo Yes% No	Yes%	col. (a) through col. (c)
rect Expenses	1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %			col. (a) through col. (c)
rect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No h 5 in column (d)		Yes%No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d)		Yes%No	col. (a) through col. (c)
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conductions in the state in the	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities:	Yes% No	Yes% No	
b 6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes% No	
Direct Expenses	2 3 4 5 6 7 8 En: Istilistic	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:	Yes% No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	Yes% No	☐ Yes % ☐ No ▶	Yes No
9 a b	2 3 4 5 6 7 8 Entre list 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these servoked, suspended, or te	Yes% No	☐ Yes % ☐ No ▶	Yes No

Schedule G (Form 990 or 990-EZ) 2018

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Sch	edule G (Form 990 or 990-EZ) 2018 COLLEGE POSSIBLE, INC.	41-19	968798	Page 3
11			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt		
	of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-	Manufacture d'al-Manufacture			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	า the		
D-	organization's own exempt activities during the tax year > \$			
Ра	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-EZ)	COLLEGE POSSIBLE, mation (continued)	INC.	41-1968798	Page 4
Part IV	Supplemental Infor	mation _(continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the orga	anization							Employer identification number				
	COLLEGE P		INC.					41-1968798				
Part I Gen	eral Information on Grants a	nd Assistance										
	organization maintain records t											
criteria use	ed to award the grants or assis	stance?						No				
2 Describe in	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
Part II Gran	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any											
recip	pient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is need		(c) Mada ada a		1				
	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				
2 Enter total	number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				>				
3 Enter total	number of other organizations	s listed in the line 1	table									

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

(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
	Teolpients	ousir grant	Cush ussistance	(,,,,	
RECT STUDENT AID	90	216,790.	0.		
art IV Supplemental Information. Provide the information r	equired in Part I. lin	e 2: Part III. column	(b): and any other ac	Iditional information.	
	<u> </u>	,	(2), 22. 2)		
RT I, LINE 2:					
LLEGE POSSIBLE UTILIZES SALESFO	RCE TO MON	ITOR THE U	JSE OF AWAR	DED DIRECT	
UDENT AID.					

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.

INC.

OMB No. 1545-0047
2018

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

COLLEGE POSSIBLE

Part I Questions Regarding Compensation

Employer identification number 41-1968798

			Yes	No		
1 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 filing 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					
	 Independent compensation consultant Compensation survey or study 					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X		
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
_	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:					
а	The organization?	5a	Х			
	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:					
а	The organization?	6a	Х			
	Any related organization?	6b		X		
-	If "Yes" on line 6a or 6b, describe in Part III.	0.0				
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	Ť				
•	Regulations section 53 /458.6/c/2	a				

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

Schedule J (Form 990) 2018

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	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	in column (B) reported as deferred on prior Form 990	
1) JIM MCCORKELL		253,382.	15,793.	17,286.	15,660.	12,997.	315,118.	0.	
	(i) (ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LAURA LIU	(i)	193,325.	39,182.	0.	13,475.	12,997.	258,979.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) TRACI KIRTLEY	(i)	148,775.	24,891.	0.	10,821.	12,951.	197,438.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) SARA DZIUK	(i)	142,162.	10,269.	0.	9,639.	12,916.	174,986.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BETH GIESE	(i)	125,266.	17,957.	162.	6,179.	12,951.	162,515.	0.	
SENIOR DIRECTOR OF EXTERNAL RELATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 5:
REVENUE IS ONE ELEMENT OF THE SLT BONUSES.
PART I, LINE 6:
NET EARNINGS IS ONE ELEMENT OF THE SLT BONUSES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

COLLEGE POSSIBLE, INC.

Inspection Employer identification number 41-1968798

Pai	rt I Types	of Property								
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	(d Method of d noncash contrib	etermin	_	s
1	Art - Works of a	art								
2		reasures								
3		interests								
4		lications								
5		ousehold goods								
6		vehicles								
7		es								
8		perty								
9		olicly traded	Х	16	349	,183.	FMV			
10		sely held stock				-				
11		tnership, LLC, or								
	trust interests									
12	Securities - Mis									
13		ervation contribution -								
	Historic structu	ires								
14	Qualified conse	ervation contribution - Other								
15		esidential								
16		ommercial								
17		ther								
18										
19			X	88	13	,913.	COST			
20		lical supplies								
21										
22		cts								
23		mens								
24	Archeological a									
25	Other \blacktriangleright (SUPPLIES FOR)	X	53		<u>,188.</u>				
26	Other \blacktriangleright (SCHOOL SUPPLI)	X	6		<u>,265.</u>				
27	Other \blacktriangleright (STUDENT PRIZE)	X	133	14	,769.	COST			
28	Other 🕨 (OTHER SUPPLIE)	X	7	8	,021.	COST			
29	Number of For	ns 8283 received by the organiz	zation during	the tax year for c	ontributions					
	for which the o	rganization completed Form 82	83, Part IV, [Donee Acknowledg	gement	29			0	
									Yes	No
30a	During the year	, did the organization receive by	y contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for a	t least three years from the date	of the initia	l contribution, and	which isn't require	ed to be us	sed for			
	exempt purpos	es for the entire holding period?	?					30a		X
b	•	be the arrangement in Part II.								
31	Does the organ	ization have a gift acceptance p	policy that re	quires the review	of any nonstandard	d contribut	tions?	31	Х	
32a	Does the organ	ization hire or use third parties	or related or	ganizations to soli	cit, process, or sell	noncash				_
	contributions?							32a		X
b	If "Yes," descri									
33	If the organizat	ion didn't report an amount in c	olumn (c) for	a type of property	for which column	(a) is ched	cked,			
	describe in Par	t II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COLLEGE POSSIBLE, INC.

Employer identification number 41-1968798

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GRADUATE. FORM 990, PART III, LINE 4A: COLLEGE POSSIBLE'S FLAGSHIP HIGH SCHOOL PROGRAMMING STARTS AT THE BEGINNING OF STUDENTS' JUNIOR YEAR. AMERICORPS SERVICE MEMBERS, CALLED SERVE FULL-TIME AT THE HIGH SCHOOL. COACHES SERVE AS STUDENT RESOURCES AND ADVOCATES, BUILDING A CULTURE OF HIGH EXPECTATIONS IN WHICH STUDENTS EXCEL. COACHES LEAD MULTIPLE SMALL GROUP SESSIONS PER WEEK, WITH 10-20 HIGH SCHOOL STUDENTS AT A TIME. TYPICALLY THESE COACHES WILL SUPPORT 35-40 STUDENTS THROUGHOUT THE YEAR. OVER THE COURSE OF TWO YEARS, STUDENTS COMMIT TO PARTICIPATING IN AFTER-SCHOOL SESSIONS, COLLEGE FAIRS AND COLLEGE CAMPUS VISITS. THESE AFTER-SCHOOL SESSIONS ARE TWO HOURS EACH, TWICE PER WEEK, GIVING STUDENTS A CONSISTENT MEETING SCHEDULE THAT ALLOWS THEM TO BUILD A SUPPORTIVE PEER GROUP, A KEY FACTOR TO STUDENT ACADEMIC SUCCESS. EACH HIGH SCHOOL STUDENT HAS THE OPPORTUNITY TO RECEIVE A TOTAL OF 320 HOURS OF DIRECT INSTRUCTION. STUDENTS WORK WITH COACHES TO APPLY TO "BEST-FIT" IN THEIR SENIOR YEAR, SCHOOLS THAT FIT THEIR ACADEMIC, SOCIAL AND FINANCIAL NEEDS. STUDENTS ALSO WORK WITH COACHES TO APPLY FOR FINANCIAL AID THROUGH THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND BY COMPLETING SCHOLARSHIP APPLICATIONS. ONCE A SENIOR SELECTS THE SCHOOL THEY WILL ATTEND FOR THE FALL, THEY RECEIVE CONTINUED COACHING SUPPORT TO GUIDE

THEM THROUGH THE COMPLEX ENROLLMENT PROCESS WHICH INCLUDES ACCEPTING

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

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** 41-1968798 COLLEGE POSSIBLE, INC. AND MANAGING FINANCIAL AID PACKAGES, REGISTERING FOR CLASSES AND DEVELOPING A HOUSING AND/OR TRANSPORTATION PLAN. AFTER HIGH SCHOOL GRADUATION, AMERICORPS COACHES HELP FOSTER OUR STUDENTS' SUCCESSFUL TRANSITION TO COLLEGE BY PROVIDING INTENSIVE SUMMER BRIDGE SERVICES. EXTERNAL DATA SIGNALS THAT, WHILE MANY STUDENTS INTEND TO GO TO COLLEGE, SOMETHING HAPPENS TO PREVENT THEM FROM ENROLLING IN COLLEGE ON TIME AND, OFTEN, AT ALL. THIS PHENOMENON, CALLED "SUMMER MELT", ESPECIALLY IMPACTS STUDENTS FROM LOW-INCOME BACKGROUNDS. SUMMER MELT CAN BE CAUSED BY A NUMBER OF BARRIERS INCLUDING: UNEXPECTED FEES, LACK OF ACCESS TO THEIR PARENT'S TAX FORMS, UNCERTAINTY ABOUT COURSES, IMPOSTER SYNDROME AND FAMILIAL PRESSURE TO CHOOSE ANOTHER PATH. COLLEGE POSSIBLE'S SUMMER BRIDGE PROGRAMING GIVES STUDENTS ONE-ON-ONE SUPPORT AS PART OF A FOUR-HOUR WORKSHOP, AS WELL AS THE OPPORTUNITY FOR ADDITIONAL SERVICES AS NEEDED TO ENSURE THAT THEY COMPLETE ALL NECESSARY TASKS FOR SUCCESSFUL ENROLLMENT IN AND MATRICULATION TO COLLEGE. BY PROVIDING THIS CRITICAL TRANSITION PROGRAMMING, COLLEGE POSSIBLE HELPS STUDENTS STAY FIRMLY ON THE PATH TO COLLEGE MATRICULATION. AFTER HIGH SCHOOL, COLLEGE POSSIBLE CONTINUES TO SERVE OUR STUDENTS THROUGHOUT THEIR COLLEGE CAREER AS THEY WORK TOWARD GRADUATION AND WORKFORCE ENTRY. COLLEGE COACHES ARE HIGHLY TRAINED TO ASSIST WITH THE CHALLENGES STUDENTS FROM LOW-INCOME BACKGROUNDS FACE WHEN NAVIGATING HIGHER EDUCATION. THEY PROVIDE TARGETED, PROACTIVE SUPPORT TO FOSTER COLLEGE ENROLLMENT, PERSISTENCE AND GRADUATION BY ADDRESSING COMMON ACADEMIC, FINANCIAL AND CULTURAL BARRIERS TO STUDENTS' COLLEGE SUCCESS.

Schedule O (Form 990 or 990-EZ) (2018)

COACHES CONTINUE TO WORK WITH STUDENTS THROUGH COLLEGE GRADUATION.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 **Employer identification number** Name of the organization 41-1968798 COLLEGE POSSIBLE, INC. IN ORDER TO FULFILL OUR MISSION, COLLEGE POSSIBLE FOCUSES ON: IDENTIFYING LOW-INCOME STUDENTS WITH THE POTENTIAL FOR HIGHER EDUCATION. NATIONALLY, 240,000 LOW-INCOME HIGH SCHOOL STUDENTS GRADUATE FROM HIGH SCHOOL PREPARED FOR COLLEGE, BUT DON'T GO (GEORGETOWN UNIVERSITY CENTER ON EDUCATION AND THE WORKFORCE, 2013). COLLEGE POSSIBLE SERVES LOW-INCOME STUDENTS WHO HAVE COLLEGE POTENTIAL BUT LACK THE TOOLS TO APPLY. PROVIDING ACADEMIC SUPPORT FOR COLLEGE ACCESS AND SUCCESS. IN HIGH SCHOOL, INTENSIVE ACT/SAT TEST PREPARATION ENSURES THAT STUDENTS' SCORES REFLECT THEIR TRUE APTITUDE FOR HIGHER EDUCATION IN ORDER TO IMPROVE COLLEGE ADMISSION OPPORTUNITIES WHILE IMPROVING STUDENTS' ACADEMIC PREPARATION. ONCE IN COLLEGE, WE SUPPORT STUDENTS IN IDENTIFYING MAJORS, COURSES AND ACADEMIC SUPPORTS THAT WILL LEAD TO COLLEGE SUCCESS. INCREASING STUDENTS' UNDERSTANDING OF THE ADMISSIONS PROCESS AND IMPROVING COLLEGE ADMISSION RATES. COLLEGE POSSIBLE PROVIDES INTENSIVE ADMISSIONS CONSULTING TO HELP STUDENTS COMPETE WITH THEIR MORE AFFLUENT PEERS, CHOOSE COLLEGES THAT ARE THE BEST FIT FOR THEM AND ENROLL IN THE COLLEGE OF THEIR CHOICE. * ENSURING FINANCIAL AID FOR STUDENTS. COLLEGE POSSIBLE HELPS STUDENTS IDENTIFY SCHOLARSHIPS, COMPLETE THE ANNUAL FINANCIAL AID PROCESS AND SECURE WORK-STUDY POSITIONS ON CAMPUS. STUDENTS ALSO RECEIVE FINANCIAL LITERACY EDUCATION TO HELP THEM MANAGE AND MAKE THE MOST OF THEIR FINANCIAL RESOURCES. BUILDING AND SUSTAINING PEER NETWORKS TO PROVIDE SOCIAL AND CULTURAL SUPPORT. RESEARCH SHOWS THE IMPORTANCE OF PEER SUPPORT IN BOTH

PREPARING FOR AND SUCCEEDING IN COLLEGE. COLLEGE POSSIBLE HELPS

Employer identification number Name of the organization 41-1968798 COLLEGE POSSIBLE, INC. STUDENTS BUILD AND EXPAND SOCIAL NETWORKS TO PROVIDE THIS SUPPORT THROUGHOUT THEIR PURSUIT OF A COLLEGE DEGREE. LEVERAGING EXISTING NETWORKS OF SUPPORT THROUGH COLLABORATIVE PARTNERSHIPS AND COMMUNITY OUTREACH, COLLEGE POSSIBLE WORKS CLOSELY WITH OTHER MENTORING AND ENRICHMENT PROGRAMS CREATING A PIPELINE OF SERVICES AND LIMITING DUPLICATION OF EFFORT. PROGRAM RESULTS FOR THE FISCAL YEAR ENDING JUNE 30, 2019 ARE AS FOLLOWS: HIGH SCHOOL STUDENTS SERVED: 5,383 AREA HIGH SCHOOLS SERVED: 72 TEST SCORE (ACT / SAT) INCREASES ACHIEVED BY HIGH SCHOOL JUNIORS: 19% HIGH SCHOOL SENIORS ADMITTED TO COLLEGE: 98% COLLEGE STUDENTS SERVED: 9,474 COLLEGE STUDENTS RENEWING FINANCIAL AID: 63.2% SPECIAL INITIATIVES NAVIGATE COLLEGE POSSIBLE CONTINUALLY STRIVES TO IMPROVE AND EXPAND OUR PROGRAMING. IN RESPONSE TO THE NEEDS IN AREAS OUTSIDE OF THE METROPOLITAN AREAS WHERE WE ARE BASED, WE ARE IMPLEMENTING A TECH-CONNECTED MODEL FOCUSED ON IMPROVING ACHIEVEMENT OF STUDENTS FROM LOW-INCOME BACKGROUNDS, IN GEOGRAPHICALLY UNDERSERVED AREAS. AFTER A TWO-YEAR PILOT IN MINNESOTA, SIMILAR PROGRAMING HAS BEEN IMPLEMENTED IN OREGON AND WISCONSIN. RURAL COMMUNITIES AND NONMETROPOLITAN AREAS ACROSS THE U.S. ARE NOT

IDENTICAL, AND THE SOLUTIONS TO INCREASED COLLEGE ACCESS MUST BE

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Employer identification number Name of the organization 41-1968798 COLLEGE POSSIBLE, INC. ADAPTABLE. IN MINNESOTA, WE HAVE IMPLEMENTED A PURELY TECH-CONNECTED COACHING MODEL, IN WHICH COACHES ENGAGE SELECTED STUDENTS THROUGH EMAIL, TEXT, SOCIAL MEDIA, DISCUSSION BOARDS AND VIRTUAL WORKSHOPS. IN OREGON AND WISCONSIN, EACH SITE HAS DEVELOPED A SPECIFIC BLEND OF STRATEGIES FOR STUDENT ENGAGEMENT, UTILIZING BOTH TRADITIONAL IN-PERS+B24ON, NEAR-PEER COACHING METHOD AND TECH-CONNECTED APPROACHES. COLLEGE POSSIBLE COACHES TRAVEL TO EACH PARTNER SCHOOL TO MEET IN-PERSON WITH A COHORT OF STUDENTS AND ALSO MEET VIRTUALLY WITH EACH STUDENT. STUDENTS SERVED: 563 AREA HIGH SCHOOLS SERVED: 50 SENIORS ADMITTED TO COLLEGE: 99% COLLEGEPOINT STUDENTS FROM LOW-INCOME BACKGROUNDS ARE OFTEN STEERED TOWARD

LESS-DEMANDING COLLEGES, REGARDLESS OF THEIR QUALIFICATIONS. THIS

UNDERMATCHING CAN RESULT IN LOWER GRADUATION RATES, AND, LONG-TERM, CAN

HAVE SIGNIFICANT NEGATIVE IMPACTS ON ECONOMIC INEQUALITY. IN 2014,

COLLEGE POSSIBLE WAS INVITED TO JOIN A COMMUNITY OF COLLEGE ACCESS

ORGANIZATIONS CONVENED BY BLOOMBERG PHILANTHROPIES TO ADDRESS THIS

CHALLENGE. THE COLLEGEPOINT TECH-CONNECTED COACHING MODEL WAS LAUNCHED

WITH THE GOAL TO INCREASE THE NUMBER OF HIGH-ACHIEVING, LOW-AND

MODERATE-INCOME STUDENTS WHO APPLY TO RIGOROUS, SELECTIVE SCHOOLS.

COLLEGEPOINT STUDENTS SERVED: 7,185

COLLEGEPOINT STUDENTS WHO ULTIMATELY ENROLLED IN A RIGOROUS, SELECTIVE

SCHOOL: 54%

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

UNIVERSITY. IN 2018-19, CATALYZE EXPANDED TO COE COLLEGE (IA), LUTHER

COLLEGE (IA) AND THE UNIVERSITY OF CINCINNATI-COLLEGE OF ARTS AND

SCIENCES (OH). EACH OF THESE INSTITUTIONS HOSTS ON-CAMPUS COACHES WHO

SUPPORT COLLEGE STUDENTS, FROM LOW-INCOME BACKGROUNDS, WITH COLLEGE

POSSIBLE'S TRIED-AND-TRUE CURRICULUM AND COACHING. DATA FROM THE FIRST

TWO YEARS OF CATALYZE HAVE SHOWN PROMISING RESULTS: CATALYZE STUDENTS

AT PARTNER INSTITUTIONS HAVE SHOWN A 12% INCREASE IN ANNUAL RETENTION

RATES COMPARED TO THE OVERALL PELL-ELIGIBLE POPULATION ON THE CAMPUS,

AND CATALYZE STUDENTS HAVE A FALL-TO-FALL PERSISTENCE RATE OF 76%.

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

THE FORM 990 WILL BE REVIEWED BY THE DIRECTOR OF FINANCE AND CHIEF

EXECUTIVE OFFICER. THE BUDGET & OVERSIGHT COMMITTEE WILL RECEIVE THE FORM

990 AND REVIEW. THE COMMITTEE WILL VOTE TO AUTHORIZE MANAGEMENT TO SIGN IT

ON THE ORGANIZATION'S BEHALF AT THE COMMITTEE MEETING.

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

ALL BOARD MEMBERS AND OFFICERS ARE REQUIRED TO FILL OUT AN ANNUAL CONFLICT
OF INTEREST FORM. EMPLOYEES COMPLETE A CONFLICT OF INTEREST FORM AS PART OF
THEIR EMPLOYMENT WITH THE ORGANIZATION. BOARD FORMS ARE REVIEWED BY THE CEO
INITIALLY, THEN BY THE BOARD OF DIRECTORS IF POTENTIAL CONFLICTS ARE
IDENTIFIED. STAFF FORMS ARE REVIEWED BY THE DIRECTOR OF FINANCE INITIALLY,
THEN BY THE COO AND CEO IF POTENTIAL CONFLICTS ARE IDENTIFIED. PERSONS
WITH IDENTIFIED CONFLICTS OF INTEREST ARE RECUSED FROM PARTICIPATION IN
DECISIONS AFFECTED BY THE CONFLICT OF INTEREST. TRANSACTIONS WITH PARTIES
WITH WHOM A CONFLICTING INTEREST EXIST MAY BE UNDERTAKEN ONLY IF ALL OF THE

2018.05020 COLLEGE POSSIBLE, INC.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization COLLEGE POSSIBLE, INC. Employer identification number 41–1968798

FOLLOWING ARE OBSERVED:

- 1. THE CONFLICT OF INTEREST IS FULLY DISCLOSED,
- 2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION,
- 3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND
- THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

 DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CEO (OR IF SHE OR HE

 IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE

 MATTER TO THE ATTENTION OF THE BOARD CHAIR OR THE BUDGET AND OVERSIGHT

 COMMITTEE. DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR

 (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD

 VICE-CHAIR), WHO SHALL BRING THESE MATTERS TO THE BOARD OR A DULY

 CONSTITUTED COMMITTEE THEREOF. THE BOARD OR A DULY CONSTITUTED COMMITTEE

 THEREOF SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN

 EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED

 AS JUST, FAIR, AND REASONABLE TO COLLEGE POSSIBLE. THE DECISION OF THE

 BOARD, OR THE DESIGNATED COMMITTEE, ON THESE MATTERS WILL REST IN THEIR

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

AND THE ADVANCEMENT OF ITS PURPOSE.

THE CEO'S COMPENSATION IS DETERMINED ANNUALLY BY THE ORGANIZATION'S BOARD

OF DIRECTORS. AN INDEPENDENT CONSULTANT IS HIRED REGULARLY (MOST RECENTLY

IN 2016) TO DETERMINE THE MARKET RATE FOR THE CEO'S COMPENSATION. ANNUALLY,

THE HUMAN RESOURCES (HR) COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS

COMPARABLE COMPENSATION DATA FOR NONPROFIT CEO'S/EXECUTIVE DIRECTORS AS

WELL AS PRE-DETERMINED PERFORMANCE METRICS FOR THE ORGANIZATION'S CEO.

Employer identification number Name of the organization 41-1968798 COLLEGE POSSIBLE, INC. 1. FOLLOWING THE 2016 MARKET RATE STUDY, THE CEO'S BASE SALARY INCREASES FOR 2017 AND 2018 WERE DETERMINED BY ASSESSING PERFORMANCE AGAINST ANNUAL GOALS THAT WERE SET BY MUTUAL AGREEMENT BETWEEN THE CEO AND THE HR COMMITTEE, COMPARING THE SALARY AGAINST THE MARKET RATE DATA ('AGED' BY 3% EACH YEAR), AND THEN THE HR COMMITTEE USED DISCRETION TO CHOOSE AN INCREASE. 2. THE BOARD OF DIRECTORS APPROVED A SALARY INCREASE FOR THE CEO TAKING EFFECT AT THE END OF NOVEMBER, 2018. 3. THE DOCUMENTATION OF THE PROCESS INCLUDED AN OUTLINE OF ACTIONS REQUIRED BY THE HR COMMITTEE, MATERIALS/SPREADSHEETS USED BY THE COMMITTEE TO MAKE THE DECISIONS, AND E-MAIL INSTRUCTION FROM THE CHAIR OF THE HR COMMITTEE TO THE COO CONVEYING THE RESULTS OF THE BOARD VOTE. THE ORGANIZATION ALSO USES AN INDEPENDENT COMPENSATION CONSULTANT TO DETERMINE MARKET RATE FOR THE COO AND CPO COMPENSATION PACKAGES. FORM 990, PART VI, SECTION C, LINE 19: THE AUDIT REPORT AND FORM 990 ARE AVAILABLE ON COLLEGE POSSIBLE'S WEBSITE. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: NEITHER THE OVERSIGHT PROCESS FOR THE AUDIT OR THE SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANT CHANGED DURING THE TAX YEAR.