May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public The Ole
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A F	or the	2015 calendar year, or tax year beginning SEP 1, 2015 and ending	JUN 30, 2016	5
	В	Check If	C Name of organization	D Employer identif	ication number
	а	pplicable		4/-/	19687.98
		Address change	College Possible, Inc		
		Name change	Doing business as	**-	***8798
		Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	urte E Telephone numbe	er
		Final return/	540 Fairview Ave N 304	•	288-9455
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,206,208.
	Γ.	Amende		H(a) Is this a group i	
		Applica-	F Name and address of principal officer: Jim McCorkell	for subordinate	
		pending	same as C above	H(b) Are all subordinates	
	1.7	av-ever			a list (see instructions)
4			: www.collegepossible.org	H(c) Group exemption	
01/					M State of legal domicile: MN
\bigcup_{N}			Summary	cai oi ioiniation. 1999	W State of legal domicile. 1411
ハリ	_		nefly describe the organization's mission or most significant activities To help	promising low	r-income
,	9		routh prepare for and earn admission to coll		
	Activities & Governance				
	Ver	1	heck this box I if the organization discontinued its operations or disposed of n	i i	15
	Ĝ	l	umber of voting members of the governing body (Part VI, line 1a)	3	14
	∞ ŏ	l	umber of independent voting members of the governing body (Part VI, line 1b)	4	
	ţį		otal number of individuals employed in calendar year 2015 (Part V, line 2a)	5	401
	ξ	l	otal number of volunteers (estimate if necessary)	. 6	246
	Ą	1	otal unrelated business revenue from Part VIII, column (C), line 12	. <u>7a</u>	
		b N	et unrelated business taxable income from Form 990-T, line 34	<u></u>	
			RECEIVED	Prior Year	Current Year
1	e e		ontributions and grants (Part VIII / line 1h)	9,612,846.	
0	Revenue	9 P	rogram service revenue (Part VIII, line 2g)	124,094.	185,466.
~	æ	10 in	vestment in the (Part-VIII, columnia) (A), lines 3, 4, and 7d)	29,184.	22,390.
29 2017)		ther revenue (Part VIII, column (A), lines 5,60, 8c, 9c, 10c, and 11e)	<9,252.	
			otal revenue - add lines 8 haruph 11 (must equal Part VIII, column (A), line 12)	9,756,872.	12,194,086.
MAR			rants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	0.
2		1	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	es		alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,466,752.	8,471,443.
Ш	Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
4	Ř	l	otal fundraising expenses (Part IX, column (D), line 25) 1,236,451.		
\mathbb{A}	ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,278,861.	3,170,944.
SCANNED			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,745,613.	11,642,387.
		19 R	evenue less expenses. Subtract line 18 from line 12	<988,741.	> 551,699.
7107	Net Assets or Fund Balances	l		Beginning of Current Year	End of Year
	Sset	20 To	otal assets (Part X, line 16)	10,132,987.	
m	₹ <u></u>	21 To	otal liabilities (Part X, line 26)	1,509,736.	
=	캳	22 N	et assets or fund balances Subtract line 21 from line 20	8,623,251.	9,182,924.
MAK			Signature Block		
≊			es of perjury, I declare that I have examined this return, including accompanying schedules and sta		ny knowledge and belief, it is
Y A	true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	 	
5		- 11	J.K. Mc Cul	1/30/	<u> 17</u>
_; ->>	Sign	ո Մ	Signature of officer	Date	
\supset	Her	e	Jim McCorkell, CEO		
2		!	Type or print name and title	- LD-11	
5			Print/Type preparer's name Preparer's signature	Date Check [PTIN
\sim	Paid		beb Nelson, CPA Deb Nelson, CPA	01/25/17 sett-emplo	
₹ (2)	-		rm's name ▶ Eide Bailly LLP	Firm's EIN	<u>**-***0958</u>
	Use	Only F	irm's address 800 Nicollet Mall, Ste. 1300		
			Minneapolis, MN 55402-7033	l Phone no. 6 1	2-253-6500

X Yes

Form	1990 (2015) College Possible, Inc	<u>**</u> -* <u>*</u> 8798	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Bnefly describe the organization's mission:		
•	College Possible is a $501(c)(3)$ nonprofit making college	admission	ьпе
			anu
	success possible for low-income students through an inte	ensive	
	curriculum of coaching and support.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3	If "Yes," describe these changes on Schedule O.	L 103	
_		10	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 9,048,153. including grants of \$ 0.) (Revenu	es 185,	<u>466.</u>)
	College Possible helps promising, low-income students be	come colleg	e
	graduates. In FY2016, College Possible served more than		
	students; participated in two White House events focused		ina
	new strategies for increasing college success; launched		
			111
	Chicago, and joined forces with major philanthropists ac		
	country to continue to achieve stellar results for the s		
	serve. 98% of College Possible students earn admission t		
	students are twice as likely to enroll in a four-year co		
	to their low income peers, and about twice as likely to	graduate on	.ce
	they get there.		
	Continued on Schedule O.		·
46			
4b	(Code) (Expenses \$	e\$	
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e_	Total program service expenses ▶ 9,048,153.		
		Form 9	90 (2015)

Form 990 (2015) 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)?	ĺ	_	
	If "Yes," complete Schedule A	1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_ X	
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		<u>X</u>
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	<u>X</u> _	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	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			4
	as applicable	."		~~~
a	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		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
đ	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		. ,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	^	—
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a	-	X
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
_	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	Ì	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,			
				37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18		17		<u> </u>
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	x	<u> </u>
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	

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Form 990 (2015) College Possible, Inc
Part IV Checklist of Required Schedules (continued)

L——				1
		r	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	l ,		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	ļ
	Schedule J	23	<u> </u>	<u> </u>
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			7,7
_	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </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			77
	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,"			37
	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			v
	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)	00-	-	v
a	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		
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_
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- <u>A</u>	
30	contributions? If "Yes," complete Schedule M	30	- 1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JŁ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
~	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
-	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	1	
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	
				2015)

Par	 			
	Concern Concease & contains a response or note to any mission and		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	_110_
	Enter the frames reported in 2011			
				
·	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 401	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<i>'</i> .
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to 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)?	4a		_ X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		*****	***
	mber reported in Box 3 of Form 1096. Enter -0 ·f not applicable interest of Forms W-2G included in line 1a. Enter -0 ·f not applicable incation comply with backup withholding rules for reportable payments to vendors and reportable gaming winnings to prize winners? Included a payment in the very solicitation an express statement that such contributions or gifts a deductible? In the organization nelle, exchange, or otherwise dispose of tangble personal personal benefit contract? To a granization neve cess business holdings at any time during the organization file a Form 1096. The received a contribution of qualified intellectual property, did the organization nicided on Part VIII, line 12 pts, included on Form 990, Part VIII, line 12, for public use of club facilities.			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	·	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7			x	
_			X	
b		75	21	
С	to file Form 8282?	70		Х
d		,,,		
e	• •	7e		х
f				Х
g		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			_
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а				
b				
11	Section 501(c)(12) organizations. Enter:			
a				İ
b				
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		120		
D 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			
h	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015) College Possible, Inc **-***8798 Page
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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	•
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	•
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	***********
-	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ►MN, WI, OR, PA, IL, NY, TX, CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
13	statements available to the public during the tax year	· · · · · cu · · ·	J.a.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Bonnie Christensen - 651-288-9455			
	540 Fairview Ave N Suite 304 St Paul MN 55104			

College Possible, I

Page 7

Form 990 (2015) 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

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		not c	Pos heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offi		and a director/trustee) from		compensation	compensation from related	amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Laura Gillund	0.80	Ţ	Г							
Chair		X	<u> </u>	Х		ļ		0.	0.	0
(2) Stephen Smith	0.50	1	Ì)		1	_ '	_	_
Vice Chair		X	<u> </u>	X		<u> </u>		0.	0.	0
(3) Alex Ware	0.50									_
Treasurer		X	-	X	ļ	ļ		0.	0.	0
(4) Jeff Berstein	0.30	↓				i			•	0
Director	0.30	Х	┢		┝			0.	0.	0
(5) Kweilin Ellingrud	0.30	X						0.	0.	0
Director Coming	0.30	^	-		 	-		U •		
(6) Sara Gavin	0.30	X						0.	0.	0
Director (7) Jeff Kutash	0.30	<u> </u>	\vdash							
Director	0.30	x						0.	0.	0
(8) Tulaine Montgomery	0.30				_					
Director	-	x						0.	0.	0
(9) Julie Moore	0.30									
Director		X		l				0.	0.	0
(10) Joelle Murchison	0.30									
Director	0 20	X	<u> </u>			\vdash	_	0.	0.	0
(11) Scott Nelson	0.30	٠,							0	•
Director	0.30	X			-		<u> </u>	0.	0.	0
(12) Millie Acamovic	0.30	x						0	ο.	^
Director	0.30	^	 					0.		0
(13) Thomas Ranese	0.30	X						0.	0.	0
Director	0.30		\vdash						- 0.	
(14) Jeff Turner	0.30	X						0.	0.	0
Director (15) Jim McCorkell	40.00	 * 	\vdash							
Chief Executive Officer/Director	10.00	x		X				256,790.	0.	77,340
(16) Bonnie Christensen	40.00						-	200,.500		.,,540
Director of Pinance		1		х				105,308.	0.	27,188
(17) Laura Liu	40.00									
Chief Operating Officer		1			X			184,443.	0.	52,299

Form **990** (2015)

Section A. Officers, Directors, 1		PiU	ces	, all	<u>U I II</u>	igne	31 C	zompensated Employer	sa (continued)				
· (A)	(B)	}	(C) Position					(D) (E)			ĺ	(F)	
Name and title	Average	(do				n e than	one	Reportable Reportabl		1			ed
	hours per week					is bot or/trus		compensation	compensation		ar	nount	
	(list any	-	 			1	from	from related		200	other		
	hours for	diect	ľ				ľ	the organization	organization: (W-2/1099-MIS			npensa rom th	
	related	90	stee			Sate		(W-2/1099-MISC)	(** 27 1000 14110	,,,		anıza	
	organizations	trust	al tru		ee A	1		(_	d rela	
	below	Individual trustee or director	Institutional trustee	 	Key employee	est co	<u>ت</u> و				org	anizat	ons
	line)	ğ	Instr	Officer	Key	Highest compensated employee	퉏						
(18) Traci Kirtley	40.00		l										
Chief Program Officer						X		133,955.		0.	2	8,2	08.
(19) Wyneshia Foxworth	40.00			ļ	ļ								
Executive Director - PHL			<u> </u>	<u>L</u>		X		124,406.		0.	2	0,1	<u>98.</u>
(20) Sara Dzuik	40.00												
Executive Director - MN			<u> </u>		<u> </u>	X		132,597.		0.	4	<u>1,5</u>	<u>21.</u>
(21) Edie Turnbull	40.00												
Executive Director - WI			<u> </u>	ļ		X		104,476.		0.	1	7,7	<u>60.</u>
(22) Arvin Frazir, III	40.00			<u> </u>			ļ	<u> </u>					
Executive Director - NE			<u> </u>	L.	_	X		105,056.		0.	1	2,0	<u>53.</u>
			<u> </u>		ļ								
						1	1			ļ			
		<u> </u>	<u> </u>					_					
					<u> </u>	l		4 4 4 5 6 6 4		_			
1b Sub-total								1,147,031.		0.	<u>27</u>	6,5	
c Total from continuation sheets to Par	t VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,147,031.		0.	27	6,5	<u>67.</u>
Total number of individuals (including but		ose	liste	ed al	bove	e) wt	no re	eceived more than \$100	,000 of reportabl	е			_
compensation from the organization	<u> </u>												9
										ſ		Yes	No
3 Did the organization list any former offic	•		e, ke	y er	nplo	oyee,	or	highest compensated er	nployee on	i			.,
line 1a? If "Yes," complete Schedule J fo						-				}	3_		X
4 For any individual listed on line 1a, is the									he organization				
and related organizations greater than \$			-							}	4	Х	
5 Did any person listed on line 1a receive					•		elat	ed organization or indivi	dual for services		_	-	77
rendered to the organization? If "Yes," c	omplete Schedul	e J f	or st	ıch	pers	son		 _			5		X
Section B. Independent Contractors									1100 000 1				
Complete this table for your five highest	· ·									pensa	t noite	rom	
the organization. Report compensation	for the calendar y	ear	endi	ng v	vith	or w	thir		ear.	_			
(A) Name and busine	ess address	BT/	ONE	,				(B) Description of se	ervices	C	(C	زز) nsatio	n
Traine and Basine		14(INI	<u>. </u>			-		Si vices		- Inpu	iisatio	''
							-						
			-			_	\dashv			_			
							\dashv						
			_	-			\dashv						
							\dashv						
2 Total number of independent contractor	re (including but n	ot I	mıtc	d to	the		<u></u>	Labova) who received m	ore than				
\$100,000 of compensation from the org	-	JE III		u (U		0	, CU	above, who received in	o.c man				
\$100,000 or compensation nomente org						_							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Total revenue Related or exempt function business revenue revenue Gifts, Grants lar Amounts 1 a Federated campaigns 1a 75,000 b Membership dues 1b c Fundraising events 1c 163,930. d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e 3,118,164 f All other contributions, gifts, grants, and similar amounts not included above 1f 8,618,108 g Noncash contributions included in lines 1a-1fr \$ 181,876 h Total. Add lines 1a-1f 11,975,202 Business Code Program Service Revenue 130,833 2 a Consortium Fees 611710 130,833 **b** Service Fees 611710 54,633. 54,633 f All other program service revenue g Total. Add lines 2a-2f 185 466 Investment income (including dividends, interest, and other similar amounts) 22,390. 22,390. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net 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 and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 163,930. of contributions reported on line 1c) See Part IV, line 18 а 23,150 **b** Less: direct expenses 12,122 c Net income or (loss) from fundraising events 11,028 11,028. 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 12,194,086 185,466 33 418,

•1

A 1

Form 990 (2015) College Possible, Inc Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
Do i	Check if Schedule O contains a responsion include amounts reported on lines 6b,	nse or note to any line in (A) Total expenses	this Part IX (B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E21 200	156 010	272 112	01 270
•	trustees, and key employees	521,308.	156,818.	273,112.	91,378.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	6,619,844.	5,408,749.	641,089.	570,006.
7	Other salaries and wages Pension plan accruals and contributions (include	0,019,044.	3,400,743.	041,005.	370,000.
8	section 401(k) and 403(b) employer contributions)	167,739.	141,839.	11 073	14 027
9	Other employee benefits	625,208.	497,597.	11,873. 68,631.	14,027. 58,980.
10	Payroll taxes	537,344.	418,229.	68,581.	50,534.
11	Fees for services (non-employees)	337,322.	410,227.	00,301.	30,334.
'' a	Management				
b	Legal	30,271.		30,271.	······································
c	Accounting	35,617.		35,617.	
d	Lobbying	45,000.	_	45,000.	
e	Professional fundraising services. See Part IV, line 17			2370001	
f	Investment management fees	2,393.		2,393.	
g	Other. (If line 11g amount exceeds 10% of line 25,				·
•	column (A) amount, list line 11g expenses on Sch O.)	269,519.	138,385.	23,936.	107,198.
12	Advertising and promotion	202,266.	30,434.	17,183.	154,649.
13	Office expenses	133,491.	82,517.	28,549.	22,425.
14	Information technology	516,295.	468,952.	27,258.	20,085.
15	Royalties				<u>-</u> <u>-</u>
16	Occupancy	744,406.	676,145.	39,302.	28,959.
17	Travel	279,409.	237,292.	11,029.	31,088.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	99,038.	43,663.	6,286.	49,089.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	202,782.	185,106.	9,748.	7,928.
23	Insurance .	41,084.	37,317.	2,169.	1,598.
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 O.)				
а	Student Support Costs	342,179.	342,179.		
þ	Staff Acquisition, Train	227,194.	182,931.	15,756.	28,507.
С					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	11,642,387.	9,048,153.	1,357,783.	1,236,451.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

Par	t 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	3,874,266.	2	4,419,875
-	3	Pledges and grants receivable, net	4,196,142.	3	4,489,992
-	4	Accounts receivable, net	6,963.	4	7,333
	5	Loans and other receivables from current and former officers, directors,			
ĺ	-	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			
l		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
-		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr) Complete Part II of Sch L	* /	6	• •
	7	Notes and loans receivable, net		7	
?	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	355,837.	9	284,163
ĺ		Land, buildings, and equipment cost or other			
İ	IUa	basis. Complete Part VI of Schedule D 1, 280, 215.			•
- 1	h	Less: accumulated depreciation 10b 604,220.	738,207.	10c	675 995
-	11	Investments - publicly traded securities	961,572.	11	675,995 986,635
-	12	Investments - other securities See Part IV, line 11	301,372.	12	200,033
	13	·	<u></u>	13	
		Investments - program-related See Part IV, line 11 Intangible assets		14	
ļ	14	Other assets. See Part IV, line 11		15	
	15 16	Total assets. Add lines 1 through 15 (must equal line 34)	10,132,987.	16	10,863,993
-	17	Accounts payable and accrued expenses	795,595.	17	981,108
	18	Grants payable	17575751	18	
	19	Deferred revenue	540,963.	19	553,578
	20	Tax-exempt bond liabilities	32073031	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,			
<u> </u>	22	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ן נ	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			
ŀ	_~	parties, and other liabilities not included on lines 17-24). Complete Part X of			
- 1		Schedule D	173,178.	25	146,383
ĺ	26	Total liabilities. Add lines 17 through 25	1,509,736.	26	1,681,069
寸		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
,		complete lines 27 through 29, and lines 33 and 34.			
בַּ	27	Unrestricted net assets	4,321,629.	27	4,822,773
<u> </u>	28	Temporarily restricted net assets	4,301,622.	28	4,360,151
š	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u> </u>		and complete lines 30 through 34.			
<u> </u>	30	Capital stock or trust principal, or current funds		30	
3	31	Paid in or capital surplus, or land, building, or equipment fund		31	
ivet Assets of Fully balances	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
ע ב	33	Total net assets or fund balances	8,623,251.	33	9,182,924
	~	Total flot assets of furid palarites	10,132,987.		10,863,993

Form **990** (2015)

Forn	n 990 (2015)College Possible, Inc	**_:	<u>***</u> 8798	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,194	<u>l, 0</u>	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,642	2,3	87.
3	Revenue less expenses Subtract line 2 from line 1	3	551	.,6	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,623	3,2	51.
5	Net unrealized gains (losses) on investments	5		7,9	74.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	9,182	, 9	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1	•	, ,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				200
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audr	t <u> </u>	_	
	Act and OMB Circular A·133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	: []		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	X	

532012 12-16-15 Form **990** (2015)

SCHEDULE A (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

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

orm990. Inspection Employer identification number

							identification number		
-	Coll	<u>ege Possib</u>	le, Inc					*- ** 8798	
Part I	Reason for Public	Charity Status (All organizations must co	omplete th	is part) Se	e instruction:	S		
The orga	nization is not a private found								
1 🚐	A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ))				
з [A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	i).			
4	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state								
5	An organization operated to		llege or university owner	d or opera	ted by a go	overnmental u	ınıt describ	ed in	
_ اے	section 170(b)(1)(A)(iv). (C		nantal unit dasarbad in	ocation 1	70/LV4VAV	r. A			
6 L	A federal, state, or local go	•				• •	ha ganaral	nublic desembed in	
المما	<u> </u>	•	intial part of its support	ioni a gov	emmentai	unit or from t	ne general	public described in	
• [section 170(b)(1)(A)(vi). (C		(4)/A)/wii) (Complete Bor	+ 11 N					
8 <u> </u>	A community trust describe				contributio	na mambar	hin food o	nd aross resents from	
9	An organization that norma	-							
	activities related to its exenuncome and unrelated busin	•							
	See section 509(a)(2). (Cor		(less section on tax) ii	om busine	sses acqu	iled by the or	gariization	arter ourieso, 1975.	
10 🗀	An organization organized a	•	ively to test for nublic sa	ifety See	section 50	O(a)(4)			
11	An organization organized a						arry out the	purposes of one or	
	more publicly supported or								
	lines 11a through 11d that								
а	Type I. A supporting orga							aıvina	
	the supported organization								
	organization You must o								
ь <u>Г</u>	Type II. A supporting org	•		tion with it	s supporte	ed organizatio	n(s), by ha	ving	
	control or management o	•				-		-	
	organization(s). You mus							'	
c [Type III functionally inte	•		ın connec	tion with, a	and functiona	ily integrate	ed with,	
	its supported organization	•					,		
d [Type III non-functionally						rted organi	zation(s)	
	that is not functionally int	=							
	requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	٧.			
e [Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
	functionally integrated, or	r Type III non-functio	nally integrated support	ıng organı	zation.				
f Ent	ter the number of supported o	organizations							
g Pro	ovide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization n your	(v) Amount of	-	(vi) Amount of	
	organization		above (see instructions))	governing	document?	support	-	other support (see instructions)	
		<u> </u>		Yes	No				
Total					[

Schedule A (Form 990 or 990-EZ) 2015 College Possible, Inc **-**8'
| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	5079695.	6902009.	9747298.	9612846.	11975202.	43317050.
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		i				
4	Total, Add lines 1 through 3	5079695.	6902009.	9747298.	9612846.	11975202.	43317050.
	The portion of total contributions			,			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		٠				
	on line 1 that exceeds 2% of the	,					
	amount shown on line 11,						
	column (f)		,	,	•		10730459.
e	Public support. Subtract line 5 from line 4		,		,		32586591.
	etion B. Total Support					<u> </u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	5079695.	6902009.	9747298.	9612846.	11975202.	43317050.
_	Gross income from interest,	00,000,					
Ŭ	dividends, payments received on						
	securities loans, rents, royalties					•	
	and income from similar sources	39,634.	37,892.	30,479.	29,184.	22,390.	159,579.
9	Net income from unrelated business	02,002,	<u> </u>				, , , , , ,
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						43476629.
	Gross receipts from related activities,	etc (see instruction	nne)			12	710,506.
	First five years. If the Form 990 is for			d fourth or fifth ta	ix vear as a sectio		. = 0 / 0000
13	organization, check this box and stop	-	, mot, occoria, triii	a, 10a111, or milita	or your as a sooms	00 . (0)(0)	•
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I			olumn (f))		14	74. 95 %
	Public support percentage from 2014	• • • • • • • • • • • • • • • • • • • •	•	\ <i>"</i>		15	73.94 %
	33 1/3% support test - 2015. If the o			n line 13, and line	14 is 33 1/3% or r	nore, check this be	
	stop here. The organization qualifies						▶ X
h	33 1/3% support test - 2014. If the		-	-	line 15 is 33 1/3%	6 or more, check t	
~	and stop here. The organization qual					·	
172	10% -facts-and-circumstances tes	-			13, 16a, or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶
	10% -facts-and-circumstances tes	_				17a, and line 15 is	10% or
1.	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organization						ns
<u></u>	THE TO TOWN THE STATE OF THE ST	sie iiei eiieeii u					or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 College Possible, Inc Part III | Support Schedule for Organizations Described in Section 509(a)(2)

· (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	low, please com	plete Part II)				
Section A. Public Support				,		
Calendar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not			}	}		
include any "unusual grants.")						
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-				İ	1	
iness under section 513						
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) Section B. Total Support				<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6		12725	(0) 23.5	(L) = 0 · · ·	197=3.13	(9, 5.1
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 carned 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)		<u> </u>		<u> </u>	<u> </u>	
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2015 (lii	ne 8, column (f) c	divided by line 13, o	column (f))		15	9
16 Public support percentage from 2014					16	9
Section D. Computation of Inves	tment incom	e Percentage				
17 Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	9
18 Investment income percentage from 2	014 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2015. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2014. If the	organization did i	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The orga	anization qualifies	as a publicly sup	ported organization	. ▶⊑
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see if	nstructions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 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 11a or 11b 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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

[Yes	No
1		
2	-	- ·
		·
3b		
3c		<i>w</i> :
4a		
4b		7 . v 2006
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4c	-	2 4 5 5 7 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5
_		out of the control of
5a		.*
5b 5c		<u>'</u>
	-	
6		t c t
7		
8		
9a		
9b		
9c		
10a		
10b 990 or 99		

Sche	dule A (Form 990 or 990-EZ) 2015 College Possible, Inc			**-***8798 Page 6
Pai		ng Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ructions. All
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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		
	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			

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

emergency temporary reduction (see instructions)

instructions)

Sch	edule A (Form 990 or 990-EZ) 2015 College Poss			**-***8798 Page 7
		9(a)(3) Supporting Org	anizations (continued)	т
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
_	organizations, in excess of income from activity		· · · · <u> · · · · </u>	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
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 organization is responsiv	e	
_	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			<u> </u>
10	Line 8 amount divided by Line 9 amount		· · · · · · · · · · · · · · · · · · ·	ļ
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2015			1
<u>a</u>				1
<u>b</u>			`	· _
<u>c</u>				,
	From 2013			* * * * * * * * * * * * * * * * * * * *
	From 2014	·		
	Total of lines 3a through e	<u> </u>	*	
	Applied to underdistributions of prior years			^ *
h	Applied to 2015 distributable amount			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f	<u> </u>		i
4	Distributions for 2015 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			1
	and 4c.			
8_	Breakdown of line 7:			
a				
<u>b</u>				
C	Excess from 2013	1		

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 College Possible, Inc Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; F	nes 1 and 2. Part IV. Section C									
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any ac (See instructions.)	Iditional information.									
Part II, Short Year Explanation:										
College Possible changed their year-end from August 31st	to June 30th.									
Information reported for 2015 is for the ten month period of September										
1, 2015 - June 30, 2016.										
										
										

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015
Open to Public Inspection

Internal Revenue Service

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

 Section 501(c)(4), (5), or (6) or 	ganizations: Complete Part III			
Name of organization			Emp	loyer identification number
Coll	ege Possible, Inc			<u>**-***8798</u>
Part I-A Complete if th	e organization is exempt und	der section 501(c) or is a section 527 c	organization.
 Provide a description of the c Political expenditures Volunteer hours 	organization's direct and indirect politi	cal campaign activities		S
Part I-B Complete if th	e organization is exempt und	der section 501(c)(3)	·
	se tax incurred by the organization un		▶ \$	
•	se tax incurred by organization manage		. .	`
	section 4955 tax, did it file Form 4720	•		Yes No
4a Was a correction made?	,	, ,	•	Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the	e organization is exempt und	der section 501(c), except section 501	(c)(3).
1 Enter the amount directly exp	pended by the filing organization for se	ection 527 exempt fun	ction activities	S
2 Enter the amount of the filing	organization's funds contributed to o	ther organizations for	section 527	
exempt function activities			▶ 9	S
3 Total exempt function expend	ditures Add lines 1 and 2 Enter here	and on Form 1120-PO		
lıne 17b			▶ \$	SNo.
4 Did the filing organization file	Form 1120-POL for this year?			Yes No
,	and employer identification number (E	•	•	• •
	ganization listed, enter the amount pa			
	vere promptly and directly delivered to AC). If additional space is needed, pro			ate segregated fund or a
<u>`</u> `	<u> </u>			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds If none, enter -0-	promptly and directly
	1			delivered to a separate political organization.
				If none, enter -0-
				<u> </u>
				-

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015	Colle	ge Pos	sible, Inc		**_	***8798 Page 2			
Part II-A Complete if the org	anizatio	on is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (election under			
section 501(h)).									
A Check If the filing organiza	tion belon	gs to an aff	iliated group (and list	in Part IV each affiliated	group member's na	me, address, EIN.			
expenses, and sha					· .	, , ,			
B Check Lift the filing organiza	tion check	ed box A a	nd "limited control" pi	rovisions apply.					
					(a) Filing	(b) Affiliated group			
		bying Expe			organization's	totals			
(1 ne term "expend	iltures" m	ieans amo	unts paid or incurred	l-)	totals				
1a Total lobbying expenditures to infli	Jence pub	lic opinion	(grass roots lobbying)		·				
b Total lobbying expenditures to infli	•	•							
c Total lobbying expenditures (add li		_	-, (e,g)	İ					
d Other exempt purpose expenditure		,			··				
e Total exempt purpose expenditure		s 1c and 1	d)			 			
f Lobbying nontaxable amount Ente	•		•	th columns		 			
If the amount on line 1e, column (a) o	I (U) 15.		bying nontaxable an						
Not over \$500,000	2.000		the amount on line 1						
Over \$500,000 but not over \$1,000			00 plus 15% of the ex			· ·			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.					
Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exc	ess over \$1,500,000					
Over \$17,000,000		\$1,000	,000						
g Grassroots nontaxable amount (en		•				· · · · · · · · · · · · · · · · · · ·			
h Subtract line 1g from line 1a If zer	o or less, e	enter -0-				-			
i Subtract line 1f from line 1c If zero	or less, e	nter -0-		Ĺ		<u> </u>			
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organi	zation file Form 4720					
reporting section 4911 tax for this	year?					Yes No			
			eraging Period Unde						
(Some organizations the			• •	t have to complete all o	of the five columns	below.			
			ate instructions for I	 	······································				
	Lobi	bying Expe	nditures During 4-Ye	ear Averaging Period					
Calendar year		2010	# > 0040	4) 0044	4 5 0045	4 N.T. (1.1			
(or fiscal year beginning in)	(a)	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
						<u> </u>			
2a Lobbying nontaxable amount			ļ	<u> </u>		<u> </u>			
b Lobbying ceiling amount									
(150% of line 2a, column(e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount									
(150% of line 2d, column (e))									
f Grassroots lobbying expenditures				<u> </u>					

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990 EZ) 2015 College Possible, Inc **-**879 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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		9)	(Ł))
of the lobbying activity.	Yes	No	Amo	ount
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				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?	<u> </u>	X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
j Other activities?	X			5,000.
j Total Add lines 1c through 1ı			4.5	5,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912		,		<u>. </u>
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	in- F01/a)	/F\	4!	
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion ou i(c)	(5), or sec	tion	
501(c)(6).		· · · · · · · · · · · · · · · · · · ·	Yes	No
4 More substantially all (000), as mare) dura recovered manded with la by mambare 2			162	140
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization gares to correspond to the organization of the organization		3		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)		tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				e 3. is
answered "Yes."	,			,
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		_2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the description	ıp lıst), Part II	-A, lines 1 an	d 2 (see	
instructions), and Part II-B, line 1. Also, complete this part for any additional information				
Part II-B, Line 1, Lobbying Activities:				
College Desgible paid B. Amengen, an outside sensult	da	0 000	£	
College Possible paid R. Aronson, an outside consult	ant, şs	50,000	IOI	
lobbying in FY16. The organization also paid EBI Pu	blic Af	fairs,	an	
outside consultant, \$15,000 for lobbying in FY16.				

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

College Possible Inc Employer identification number **-**8798

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	be used only
	for chantable purposes and not for the benefit of the donor o		•
	impermissible private benefit?	, , ,	Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a h	storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the foi	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic stru	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	_
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describ	es the organization's accounting for
D	conservation easements.	6 Aut Historical Tuescours	Other Circiles Assets
Pai	organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treating the control of the contro		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	> a
a	Revenue included on Form 990, Part VIII, line 1		. \$
h	Assets included in Form 990 Part Y		*

		<u>Possible,</u>								Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	at are a sig	gnıficant	use of its	collection	items
	(check all that apply):		_							
а	Public exhibition	C	,	Loan or exc	hange progra	ams				
ь	Scholarly research	•	, [_]	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how ti	ney further t	he organızatı	on's exen	npt purp	ose ın Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not i	ncluded		_	
	on Form 990, Part X?								」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	-
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L <u>-</u> -		,
	Did the organization include an amount on F						ty?	<u> </u>	」Yes	L No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete	f the organization ar	7		1				· · · · · ·	
		(a) Current year	(b) F	rior year	(c) Two year	rs back (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions		ļ							
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships						_			
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		ļ							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organi	zation	r-	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				-				3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Do:	Describe in Part XIII the intended uses of the		owment	funds						
L Pai	t VI Land, Buildings, and Equipm		0.04.1	/ l 44 a C	See Fee- 000	D-4 V I	10			
	Complete if the organization answere								(-0 D1	
	Description of property	(a) Cost or o			or other		cumulate	l l	(d) Book	value
	Land	basis (investi	nent)	Dasis	(other)	чер	reciation	<u> </u>		
	Land									
b	Buildings									
ر	Leasehold improvements .			1 20	0 215	-	04,2	20	675	905
d -	Equipment			1,40	0,215.	0	04,2	20.	0/3	<u>,995.</u>
	Other Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X colur	nn (R) line 1	10c)				675	.995.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 College Poss	sible, Inc		**-***8798 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of Valuation Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B) (C)	· · · · · · · · · · · · · · · · · · ·		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		ne 11c. See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value	(c) Method of valuation Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col (b) must appel form 000 Part V and (f) line 12 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV lir	ne 11d. See Form 990. Part X. line 1	5
	escription	io the coordinates, are A, and t	(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)	<u>. </u>	> L
Part X Other Liabilities.			
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, III	(b) Book value	, line 25
"		(b) Book value	
(1) Federal income taxes	\ 1 1 i + + +	30 000	
(2) Deferred compensation liab	DITILY	30,000. 45,633.	
(3) Capital lease obligation (4) Deferred rent liability		70,750.	
		70,750.	
(5) 			
(7)	-		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	146,383.	
2 Liability for uncertain tax positions. In Part XIII. provide			ements that reports the

532053 09-21-15

Schedule D (Form 990) 2015

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 X

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Part XIII Supplemental Information.

Return (Form 990-T) with the IRS.

Amounts included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b

Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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.

4a

4b

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. The Organization is not subject to unrelated business income tax and has not filedan Exempt Organization Business Income Tax

09-21-15

11,642,387.

3

4c

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

990. Inspection

Name of the organization		,					ntification number	
College Possible, Inc								
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization raise A	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g gover using o ding or ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aicer ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
Yes No								
			-					
Total			•					
List all states in which the organization or licensing	on is registered or licensed to solicit o	contrib	utions	or has been notified	d it is	exempt from re	egistration	

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

	Chedule G (Form 990 or 990-EZ) 2015 College Possible, Inc **-***8798 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000						
		of fundraising event contributions and gr					
	Γ		(a) Event #1	(b) Event #2	(c) Other events		
	1		Dream Big] ``	None	(d) Total events	
			Event	}	2.0-20	(add col (a) through	
•			(event type)	(event type)	(total number)	col (c))	
Revenue							
eve	1	Gross receipts	187,080.			187,080.	
α		·					
	2	Less Contributions	163,930.			163,930.	
	3	Gross income (line 1 minus line 2)	23,150.			23,150.	
	4	Cash prizes					
				1	i		
	5	Noncash prizes	621.			621.	
ses				ļ			
bec	6	Rent/facility costs	4,688.	ļ) 	4,688.	
Direct Expenses							
rec	7	Food and beverages	304.	ļ		304.	
۵	_				•		
	8	Entertainment	6 500	 		6 500	
	9	Other direct expenses	6,509.	<u> </u>		6,509.	
	10					12,122. 11,028.	
Pa	irt l	Net income summary Subtract line 10 from I III Gaming. Complete if the organization		n 990 Part IV line 19 or	reported more than	11,020.	
تـــا		\$15,000 on Form 990-EZ, line 6a	anoword roo on rom	1000, 1 411, 11, 11, 10, 01	roportod moro anam		
		\$ 10,000 cm cm dec 22, me ca		(b) Pull tabs/instant		(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))	
eve							
ď	1	Gross revenue					
ç	2	Cash prizes .					
Expenses							
xpe	3	Noncash prizes			<u></u>		
<u>ب</u> ب							
Direc	4	Rent/facility costs					
ப						1	
	5	Other direct expenses	ļ <u>_</u>				
			Yes %	Yes %	Yes %	i	
	6	Volunteer labor	L No	No No	No		
					_		
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•		
_	8	Net gaming income summary Subtract line 7	from line 1, column (d)		·		
^	-	to the state(s) is which the supplication and	unto nomina notuitioni				
		ter the state(s) in which the organization condi the organization licensed to conduct gaming a	_	ctatoe?		Yes No	
				States?		res NO	
IJ		No," explain					
	_						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes No	
		Yes,* explain:	·		· · · · · · · · · · · · · · · · · · ·		
	_						
	_						

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	nedule G (Form 990 or 990-EZ) 2015 College Possible, Inc	**_*	<u>**8798</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in.			
a	The organization's facility	.	13a	%
t	An outside facility	{	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds		
	Name ▶			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt		
	of gaming revenue retained by the third party > \$			
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			
17	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	ın the		
_	organization's own exempt activities during the tax year ▶ \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	°art III, lin ————	es 9, 9b, 10	0b, 15b,
				

Schedule (G (Form 990 or 990-EZ)	College Possible,	Inc	**-***8798 Page 4
Part IV	Supplemental Info	College Possible, rmation (continued)		
,				
				
-				
				<u></u>
				_ -
		·		
				
			·	

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

College Possible, Inc

Employer identification number **-***8798

Pa	art I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		ļ	,
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			١.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			l '
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 in line 1a?	2		l
			-	
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	1		
	X Compensation committee	_ ^		. !
	X Independent compensation consultant X Compensation survey or study			2 3
	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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	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			
			İ	1
	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?	<u>5a</u>		X
b	Any related organization?	_5b_		X
	If "Yes" to line 5a or 5b, describe in Part III.		1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ .
	contingent on the net earnings of			1
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7_		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		ļ .	1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			ĺ
	Populations section 53 4058.6(c)?	ا م	ı	1

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

Schedule J (Form 990) 2015

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Page 2

College Possible, Inc

Schedule J (Form 990) 2015

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 are not 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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) Jim McCorkell	Ξ	192,76	46,853.	17,172.	41,148.	36,193.	334,131.	16,538.
ef	€	0		0	0	0	0	0
(2) Laura Liu	ε	160,12	23,482.	83	9,48	42,813.	236,74	
er	(E)	0				0		
(3) Traci Kirtley	Ξ	119,327.	13,884.	74	7,57	20,629.	162,16	
Chief Program Officer	€	0	0	• 0	0	0	0	0
(4) Sara Dzuik	ε	115,00	16,862.	732.	7,612.	33,909.	174,11	0
Executive Director - MN		0	0	0	0	0	0	0
	Θ			<u> </u>				
	<u> </u>							
	Θ							
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610110				(Schedu	Schedule J (Form 990) 2015

532112 10-14-15

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 III | Supplemental Information

Part I, Line 4b:

Schedule J (Form 990) 2015

The Board of Directors has a non-qualified 457(F) deferred compensation

On June 30, 2016 the plan balance plan in place for CEO, Jim McCorkell.

was \$30,000; however, none of this was vested and Mr. McCorkell had no

ability to access the funds in fiscal year 2016.

IRS rules require including the entire plan balance as Deferred

Compensation on Schedule J, Part II, Column C, despite the fact that none

of it was actually paid to Mr. McCorkell and none of it is under his

if he He may eventually receive that compensation in the future, control.

meets certain standards set by the board of directors. The board of

directors approved \$15,000 during fiscal year 2016 which is included in

Schedule J, Part II, Column B(iii). This compensation was reported in a

but is previous year as deferred compensation as noted in Column (F),

required to be shown as taxable compensation in the year of receipt

Column B represents the total taxable compensation Schedule J, Part III,

reported to Mr. McCorkell on his Form W-2 for the calendar year ended

- \$256,790 2015 December 31, 40

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of	the	organization
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College Possible, Inc.

Employer identification number **-***8798

Pai	rt I Types of Property							
_		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported or	noncash contribu	etermini		s
	}		items contributed	Form 990, Part VIII, line	19			
1	Art · Works of art							
2	Art - Historical treasures			<u> </u>				
3	Art · Fractional interests			 				
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			442.00	4			
9	Securities - Publicly traded	<u> </u>	14	113,29	4.FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests			·				
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential			· · · · · · · · · · · · · · · · · · ·				
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles .							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy .							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>Miscellaneous</u>)	X	180	68,58	2.FMV			
26	Other							
27	Other • ()							
28	Other ()						-	
29	Number of Forms 8283 received by the organiz						_	
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29		 -	_0	
							Yes	No
30a	During the year, did the organization receive by				=		- 1	l
	must hold for at least three years from the date	of the initia	al contribution, and	which is not required to	be used for			
	exempt purposes for the entire holding period?		••			30a]	X
b	If "Yes," describe the arrangement in Part II							l
31	Does the organization have a gift acceptance p			-		31	Х	
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell nonc	ash		j	
	contributions?					32a		X
b	If "Yes," describe in Part II.							ļ
33	If the organization did not report an amount in o	column (c) f	or a type of proper	ty for which column (a) i	s checked,	} }	1	l
	describe in Part II					$\perp \perp$		

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

Schedule M (Form 990) (2015)

Schedule M	(Form 990) (2015) College Possible, Inc	<u>**-**8</u> 798	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30 is reporting in Part I, column (b), the number of contributions, the number of items receiths part for any additional information.	b. 32b, and 33, and whether the organizat	ion
			
			-

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.

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

Open to Public

Inspection Employer identification number

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization College Possible, Inc

College Possible, Inc **-**8798				
Form 990, Part III, Line 4a, Program Service Accomplishments:				
Overall, this ultimately makes our students FOUR TIMES as	likely to			
earn a college degree as similar low-income students.				
College Possible produces unmatched results:				
* High school juniors have raised their ACT scores from t	he bottom 18th			
percentile to the 43rd percentile of test takers, putting college				
admission within reach. In 2015-16, student ACT scores increased 22				
percent.				
* 83.2 percent of 2016 high school seniors enrolled in college the fall				
immediately following high school graduation, compared to 49 percent				
fall enrollment for all low-income students (National Center for				
Education Statistics, 2013).				
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 succe	ss. In high			
school, intensive ACT/SAT test preparation ensures that s	tudents'			
scores reflect their true aptitude for higher education i	n order to			

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

532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization Employer identification number College Possible, Inc **~***8798 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 students build and expand social networks to provide this support throughout their pursuit of a college degree. * Starting all students on the college-going track early. College

Possible coaches and high school seniors deliver College Prep Talks for

underclassmen to foster early college planning and preparation.

^{*} Leveraging existing networks of support through collaborative

Name of the organization College Possible, Inc	Employer identification number
partnerships and community outreach. College Possible wor	
with other mentoring and enrichment programs creating a p	ipeline of
services and limiting duplication of effort.	
Program results for the fiscal year ending June 30, 2016	at College
Possible's six sites are as follows:	
Minnesota	
High school students served: 6797	
Area high schools served: 25	
ACT score increase achieved by juniors: 24 percent	
Seniors admitted to college: 98 percent	
College students served: 3,279	
Students who immediately enroll in college: 84 percent	
Students renewing FAFSA: 78 percent	
Greater Milwaukee, WI	
High school students served: 2776	
Area high schools served: 14	
ACT score increase achieved by juniors: 20 percent	
Seniors admitted to college: 93 percent	
College students served: 1,306	
Students who immediately enroll in college: 75.4 percent	
Students renewing FAFSA: 89 percent	
Greater Omaha, NE	
High school students served: 1768	
Area high schools served: 9	

ACT score increase achieved by juniors: 16 percent

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization College Possible, Inc	Employer identification number **-**8798
College students served: 122	
Students renewing FAFSA: 77 percent	
Pilot Programming:	
Pilot Programming:	
College Point	
Wigh school students served. 2065	
High school scudencs served: 3905	
Tech-Connected High School Program	
High school students served: 119	
Area high schools served: 33	
Strategic Growth Program	
College students served: 206	
Students renewing FAFSA: 98 percent	
Form 990, Part VI, Section A, line 8b:	
The Board of Directors may act by and through such commit	tees as may be
specified in resolutions approved by a majority of the to	tal number of
directors. Committees are subject at all times to the di	rection and
control of the Board of Directors.	
Form 990, Part VI, Section B, line 11:	
The Form 990 will be reviewed by the Director of Finance	and Chief
Executive Officer. The board will receive the Form 990 vi	a e-mail. The
board will review the Form 990 and authorize management t	o sign it on the
organization's behalf.	

College Possible, Inc

Employer identification number **-**8798

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 Operations Manager 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 exists may be undertaken only if all of the 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
- 4. The board chair or a duly constituted committee thereof has determined 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.

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization Employer identification number **-***8798 College Possible, Inc 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 sole discretion, and their concern must be the welfare of College Possible and the advancement of its purpose. Form 990, Part VI, Section B, Line 15a: The CEO's compensation is determined annually by the organization's board of directors. An independent consultant is hired regularly (most recently in 2013) to determine the market rate for the CEO's compensation. Annually, the compensation committee reviews comparable compensation data for nonprofit CEO's/Executive Directors as well as pre-determined performance metrics for the organization's CEO. 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.