Form 990 (Rev. January 2020)		0	Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except			ept private foundations))	OMB No. 1545-0047										
`		y 2020) le Treasury		I					-				n as it ma	-					Open to	
Interna	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest in										0.0		Inspec	ction						
A For the 2019 calendar year, or tax year beginning MAY 1, 2019 and ending APR 30, 2020																				
	neck if plicable:	C Name of	of orga	anizatio	วท									1	D Emp	loyer ide	ntifica	ation I	number	
	Address change	COLL	LEGE	s su	JMMI	т. і	NC.													
	Name change	Doing b				EERFC		RD							52	2-200	702	8		
	Initial). box if n	nail is no	t delivere	d to stre	et ad	ldress)		Room/sı	uite I	E Teler	ohone nu	mber			
	- Final return/	1140	0 3F	RD S	TRE	ET,	NE				,		320			202)		-17	63	
	termin- ated	City or t	r town,	state	or prov	/ince, cc	ountry, a	ind ZIP o	or forei	gn po	ostal co	de		(G Gross	receipts \$		(1)	3,192	,377.
	Amended return	WASH					20002								H(a) Is t	this a gro	up reti	urn		
	Applica- tion pending	F Name a					ficer: GZ	ARY 1	LINN	EN					for	subordir	ates?	[Yes	X No
		SAME													H(b) Are	all subordin	ates incl	uded?	Yes	No
		pt status:				<u> </u>) 🖊 (insert n	0.)	494	47(a)(1)) or 🔄 !	527		No," atta				tions)
		► WWW.						1								oup exen				
		ganization:		Corpora	tion	Tru	ist	Associa	tion		Other 🕨	•	L Y	'ear of	formatio	on: 199	6 M	State of	of legal do	micile: DC
га		Summary	-								т					Mano	DMG	mii		7770
e		iefly describ F LOW-																		/65
Activities & Governance		neck this bo		_																
veri		umber of vot															3	13.		14
ŝ		umber of inc	-			-	-	•									4			14
8 S		tal number															5			37
itie		tal number			-	-		-									6			184
lţ		otal unrelate															7a			0.
◄		et unrelated															7b			0.
																Year			Current Y	
0	8 Co	ontributions	ns and g	grants	(Part \	/III, line	1h)									42,80			<u> </u>	,471.
nue	9 Pr	ogram servi	rvice rev	venue	(Part \	/III, line :	2g)								1,0	54,78		1	.,017	,906.
Revenue		vestment ind															0.			0.
"	11 Ot	her revenue	ue (Part	t VIII, d	olumn	n (A), line	es 5, 6d,	8c, 9c,	10c, ar	nd 11	1e)					23,13				0.
	12 To	tal revenue	ue - add	lines	<u>8 throu</u>	ugh 11 (i	must eq	ual Part	VIII, co	lumr	n (A), lin	ie 12)			3,9	74,45		3	8,192	<u>,377.</u>
		rants and sir			•)							0.			0.
		enefits paid				-									2 0/		0.		104	0.
se		alaries, othe													2,88	33,32			o,⊥84	,301.
enses	16a Pr	ofessional f	I tundra	using f	ees (P	art IX, c	olumn (A	4), line 1	1e)		1 0						0.			0.

ЩХD **b** Total fundraising expenses (Part IX, column (D), line 25) 107,394. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,953,106. 2,528,195. 4,836,426. 5,712,496. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,520,119. -861,971. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year OL Assets -4,386,837. 2,298,360. Total assets (Part X, line 16) 20 1,536,350. 1,967,992. 21 Total liabilities (Part X, line 26) Net 2,850,487. 330,368. 22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	GARY LINNEN, CEO	
	Type or print name and title	
	Print/Type preparer's name Preparet' s sig nature	Date Check PTIN
Paid	AARON M. FOX	01/14/21 self-employed P01365820
Preparer	Firm's name MARCUM LLP	Firm's EIN ▶ 11-1986323
Use Only	Firm's address 🕨 1899 L STREET, NW, SUITE 850	
	WASHINGTON, DC 20036	Phone no. (202) 227 – 4000
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.	ΤΑΧΡΑΥΕ Ŗ ⁼©ΰ₽Ϋ

*** ELECTRONICALLY FILED ON 01/14/2021 ***

	990 (2019) COLLEGE SUMMIT, INC. 52-2007028 Pag	ge
Par	rt III Statement of Program Service Accomplishments	
		X
1	Briefly describe the organization's mission:	
	COLLEGE SUMMIT, INC. D/B/A PEERFORWARD (PEERFORWARD)'S MISSION IS TO	
	UNLEASH THE POWER OF POSITIVE PEER INFLUENCE TO TRANSFORM THE LIVES OF	
	YOUTH LIVING IN LOW-INCOME COMMUNITIES BY CONNECTING THEM TO COLLEGE	
	AND CAREERS.IN LOW-INCOME COMMUNITIES ACROSS AMERICA, PEERFORWARD	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	N
	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?	N
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4,052,902. including grants of \$) (Revenue \$ 1,017,906	5.
	PEERFORWARD- THIS PROGRAM TRAINS INFLUENTIAL HIGH SCHOOL STUDENTS TO	
	BUILD A COLLEGE-GOING CULTURE BY PERSUADING AND COACHING THEIR	
	CLASSMATES AND FRIENDS THROUGH THE COLLEGE ADMISSIONS PROCESS. THESE	
	STUDENTS ARE KNOWN AS PEER LEADERS, AND THEY ARE TRAINING IN POWERFUL	
	SUMMER WORKSHOPS AND SCHOOL-YEAR TRAINING SESSION FOCUSING ON THREE	
	MAJOR CAMPAIGNS SURROUNDING EARLY FAFSA FILING, APPLYING TO THREE OR	
	MORE POSTSECONDARY INSTITUTIONS AND CONNECTING CAREER WITH ACADEMIC	
	CHOICES AND PLANNING.	
41.	(Code:) (Expenses \$1,025,866. including grants of \$) (Revenue \$)	
4b	(Code:) (Expenses \$1,025,800. including grants of \$) (Revenue \$) (Revenue \$] (Revenue \$_Revenue \$_Reven	
	STUDENTS IN LOW-INCOME COMMUNITIES NAVIGATE THE COLLEGE-GOING PROCESS	—
	BY COLLABORATING WITH GOVERNMENT, TECHNOLOGY COMPANIES, BUSINESSES, FOUNDATIONS AND POLICY ORGANIZATIONS. IT CREATES NEW WAYS TO REACH	—
	STUDENTS, SUCH AS THE DEVELOPMENT OF MOBILE APPLICATIONS THAT GUIDE	—
	STUDENTS AND FAMILIES THROUGH THE COLLEGE ACCESS PROCESS AND SUPPORT	
	PROGRAM ALUMNI BY PROVIDING INFORMATION AND ENCOURAGEMENT TO STAY ON	
	TRACK WHILE IN COLLEGE.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		-
44	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 5,078,768.	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 5,078,768. Form 990 (2)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 5,078,768.	

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 COLLEGE SUMMIT, INC.
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 Part IV
 Checklist of Required Schedules
 52-2007028
 Page 3

Par	Part IV Checklist of Required Schedules			
			Yes	No
1	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than	a private foundation)?		
	If "Yes," complete Schedule A	1	Х	
2	2 Is the organization required to complete Schedule B, Schedule of Contrib	outors?	Х	
3	3 Did the organization engage in direct or indirect political campaign activiti	ies on behalf of or in opposition to candidates for		
	public office? If "Yes," complete Schedule C, Part I	3		X
4				
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5				
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," compl	ete Schedule C, Part III5		X
6				
	provide advice on the distribution or investment of amounts in such funds	s or accounts? If "Yes," complete Schedule D. Part I		X
7				
	the environment, historic land areas, or historic structures? If "Yes," com	plete Schedule D. Part II		X
8				
	Schedule D, Part III			X
9	9 Did the organization report an amount in Part X, line 21, for escrow or cus	stodial account liability, serve as a custodian for		
	amounts not listed in Part X; or provide credit counseling, debt managem	-		
	If "Yes," complete Schedule D, Part IV			x
10				
	or in quasi endowments? If "Yes," complete Schedule D, Part V			X
11				
	as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment	in Part X, line 10? If "Yes," complete Schedule D,		
	Part VI	11	X	
b	b Did the organization report an amount for investments - other securities in	n 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	11)	X
с	c Did the organization report an amount for investments - program related i	n 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 VII	/	;	X
d	d Did the organization report an amount for other assets in Part X, line 15, t	hat is 5% or more of its total assets reported in		
	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
е	e Did the organization report an amount for other liabilities in Part X, line 25	? If "Yes," complete Schedule D, Part X	, X	
f	f Did the organization's separate or consolidated financial statements for the	he tax year include a footnote that addresses		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 7		X	<u> </u>
12a	12a Did the organization obtain separate, independent audited financial state	ments for the tax year? If "Yes," complete		
	Schedule D, Parts XI and XII		n X	<u> </u>
b	b Was the organization included in consolidated, independent audited finar	ncial statements for the tax year?		
	If "Yes," and if the organization answered "No" to line 12a, then completing)	X
				X
			۱ 	X
b	b Did the organization have aggregate revenues or expenses of more than S			
	investment, and program service activities outside the United States, or a			
	or more? If "Yes," complete Schedule F, Parts I and IV		<u> </u>	<u> </u>
15	G I C C C C C C C C C C			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV		_	X
16				v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			X
17	3	-		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		_	X
18				v
10	1c and 8a? If "Yes," complete Schedule G, Part II			X
19		- ,		x
20-	complete Schedule G, Part III			X
	20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>corr</i>	,		<u></u>
	 b If "Yes" to line 20a, did the organization attach a copy of its audited finan 21 Did the organization report more than \$5,000 of grants or other assistanc 		<u>'</u>	<u> </u>
- 1	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete S</i>			x
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 COLLEGE SUMMIT, INC.
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 Part IV
 Checklist of Required Schedules (continued)
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 89	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1	Х	
c	(gambling) winnings to prize winners? 4 01-20-20 A TAXPAYER	1c		

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Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
0.			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 37				
h	filed for the calendar year ending with or within the year covered by this return [2a] 3 /	2b	х		
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	20			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х	
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b			
	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		х	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		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	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v	
	to file Form 8282?	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		х	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X	
f					
g b	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8					
0	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand	14-		x	
14а ь	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 23	
	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х	
	If "Yes," see instructions and file Form 4720, Schedule N.	15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х	
	If "Yes," complete Form 4720, Schedule O.				
		Form	990	(2019)	

Form	990	(2019
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Form 990 (2019

 Form 990 (2019)
 COLLEGE SUMMIT, INC.
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		1.1	1 4		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		1.4			
	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
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	•				
	of officers, directors, 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 9			4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following	J:			
	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
					Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
	in Schedule O how this was done	,		12c	х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva					
Ŭ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		it.			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15a	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	opt with a				
ua				16a		X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			10a		- 23
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		JII			
				166		
001	exempt status with respect to such arrangements?	<u></u>		16b		
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AL, AZ, CA, CO, C		TT TN	VC	vv	м
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990-1 (Sectio	on 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
_		on Schedule C		_		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of interest	policy, and	financ	cial	
_	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records	▶			
	WES TOMER - (202) 319-1763					
	1140 3RD STREET, NE, NO. 320, WASHINGTON, DC 20002				Ø	

Form 990 (2019)	COLLEGE SUMMIT, INC.	52-2007028 Page 7				
Part VII Compensa	ation of Officers, Directors, Trustees, Key Emplo	yees, 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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is officer and a directo		s both	n an	compensation	compensation	amount of	
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	trust		ee	n pens		(W-2/1099-MISC)		organization and related
	below	dual ti	itiona	_	nploy	st cor yee	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) KEITH FROME, ED.D.	40.00									
CEO/SEC./CO-FOUNDER - UNTIL 01/2020		Х		Х				265,576.	0.	11,039.
(2) JOANNE SMITH	40.00									
PRESIDENT AND COO				Х				233,434.	Ο.	17,620.
(3) SEAN MURRAY	40.00									
VICE PRESIDENT STRATEGIC PARTNER				Х				171,767.	0.	20,731.
(4) REAGAN WALKER	40.00									
MANAGING DIRECTOR, MARKETING						Х		137,193.	0.	15,788.
(5) BESS AMERMAN	40.00									
MANAGING DIRECTOR, FINANCE/OPERATION				Х				141,752.	0.	5,556.
(6) KATHRYN BARNES	40.00									
DIRECTOR, STRATEGIC PARTNERSHIP OPS.						Х		124,923.	0.	14,205.
(7) GARY LINNEN	40.00									
CEO - AS OF 02/2020				Х				119,121.	0.	10,786.
(8) RAQUEL FIGUEROA	40.00									
MANAGING DIR., PROGRAM/INNOVATION				Х				105,610.	0.	13,417.
(9) NICHOLAS M. FLORIO	1.00									
CHAIR		Х		Х				0.	0.	0.
(10) RAMSEY WALKER	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) RENEE TRIBBET	1.00									
SECRETARY		Х		Х				0.	0.	0.
(12) BORIS BERSHTEYN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) BILLY BUTCHER	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(14) ANTHONY EKMEKJIAN	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(15) DEAN FURBUSH	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(16) ALAN GHELBERG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) JOSHUA GREENWALD	1.00									_
BOARD MEMBER		Х						0.	0.	0.
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2019.05020 COLLEGE SUMMIT, INC.

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Form 990 (2019)	
Part VII	Section A	Offic

Form 990 (2019) COLLEGE	SUMMIT,	ΤV	с.						52-20	070	128	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)
Name and title	Average	(10		Posi		۱ than c		Reportable	Reportable		Estir	nated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation		amo	unt of
	week		cer an	d a di	recto	or/trust	tee)	from	from related		ot	her
	(list any	ector						the	organizations		•	ensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	fron	n the
	related	stee (ruste			pensa		(W-2/1099-MISC)			•	ization
	organizations below	al tru	onal t		loyee	com						elated
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organı	zations
(1.6)	,	Inc	ű	1 0	Ke	en (ß			\rightarrow		
(18) TIMOTHY HOEFFNER	1.00											•
BOARD MEMBER		Х						0.		0.		0.
(19) AADON PENNY	1.00											
BOARD MEMBER		Х						0.		0.		0.
(20) DIONNE ROGERS	1.00											
BOARD MEMBER		Х						0.		0.		0.
(21) OWEN RYAN	1.00											
BOARD MEMBER		х						0.		0.		0.
(22) J.B. SCHRAMM	1.00											
BOARD MEMBER		х						0.		0.		0.
(23) IRVIN SCOTT	1.00											
BOARD MEMBER - UNTIL 07/2019		х						0.		0.		0.
										<u> </u>		
										-+		
										\rightarrow		
										_		
1b Subtotal								1,299,376.		0.	109	,142.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)					<u></u>			1,299,376.		0.	109	,142.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												8
											Y	es No
3 Did the organization list any former officer,	director, trust	ee, k	ev e	mple	ove	e, or	hiq	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su				•	-				•		3	X
4 For any individual listed on line 1a, is the su											-	
and related organizations greater than \$150											4 2	x
5 Did any person listed on line 1a receive or a										F		
											5	x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fe	or su	ich p	bers	on .				<u></u>	5	
· · · · · · · · · · · · · · · · · · ·									100.000 (<u> </u>		
1 Complete this table for your five highest con	-									nsati	on from	l
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig wi	ith c	or wi	thin		ear.			
(A)								(B)		•	(C)	
Name and business								Description of s	ervices		ompens	ation
THE BRIDGESPAN GROUP, 2 C				, '	7T	Н						
FLOOR, SUITE 3700B, BOSTO	<u>n, ma 0</u>	<u>21</u>	16					CONSULTING S	ERVICES		180	<u>,000.</u>
NONPROFIT HR SOLUTIONS, L	LC, 144	1	L	ST								
,NW, 12TH FLOOR, WASHINGT	ON, DC	20	00	5				HR SERVICES			104	,921.
9 Total number of independent contractory for		. + 15-	oiter	1+0.4	her		+		are then			
2 Total number of independent contractors (ir		st iir	niteo	1 to t	-		ιed	above) who received mo	bre than			
\$100,000 of compensation from the organiz					2	2					- 00	
								<u> </u>				0 (2019)
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			001110		551100		<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 5
1	a	Federated campaigns		1a						
1		Membership dues								
		Fundraising events			-					
		Related organizations			-					
	е	Government grants (cont				19,931.				
	f	All other contributions, gifts,								
		similar amounts not included				2,154,540.				
	g	Noncash contributions included in			\$	3,004.				
	h	Total. Add lines 1a-1f				►	2,174,471.			
						Business Code				
2	2 a	AGENCY AND SCHOOL F	EES			900099	1,017,906.	1,017,906.		
	b									
	с									
	d									
	е									
	f	All other program service								
		Total. Add lines 2a-2f					1,017,906.			
3		Investment income (inclu								
		other similar amounts)	•			·				
4	Ļ	Income from investment								
5		Royalties		•	•					
				(i) Re		(ii) Personal				
6	6 a	Gross rents	6a	()		()				
Ŭ	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
7		Gross amount from sales of		(i) Secu	rities	(ii) Other				
'	a	assets other than inventory		(1) 0000	11000					
	h	,	7a							
	D	Less: cost or other basis	71.							
	_	and sales expenses								
		Gain or (loss)								
_		Net gain or (loss)			·····	▶				
8	за	Gross income from fundrais								
		including \$								
		contributions reported on		-						
		Part IV, line 18								
		Less: direct expenses								
		Net income or (loss) from		U U		<u>,</u>				
9) a	Gross income from gamir								
		Part IV, line 19								
	b	Less: direct expenses			. 9b					
	С	Net income or (loss) from	gami	ng activit	ies	🕨				
10) a	Gross sales of inventory,	less r	eturns						
		and allowances			. 10 a	1				
	b	Less: cost of goods sold			. 10b					
	с	Net income or (loss) from	sales	of invent	tory	►				
						Business Code				
11	a									
	b									
	c									
	-	All other revenue								
		Total. Add lines 11a-11d								
12							3,192,377.	1,017,906.	0.	
	-	Total revenue. See instructi	0113			····· 🔽 🖊	-,-,2,3,1,.	,,, _,	· · ·	

COLLEGE SUMMIT, INC.

Form 990 (2019)

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2019.05020 COLLEGE SUMMIT, INC.

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COLLEGE SUMMIT, INC. Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ľ		•
	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,				
	trustees, and key employees	943,280.	857,687.	85,593.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,450,643.	1,390,145.	7,773.	52,725
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	49,804.	47,732.	199.	<u> 1,873</u> 12,838
9	Other employee benefits	526,819.	493,286.	20,695.	12,838
0	Payroll taxes	213,755.	200,681.	8,221.	4,853
1	Fees for services (nonemployees):				
а	Management	10.010		10.150	
b	Legal	48,240.	34,348.	13,172.	720
С	Accounting	47,777.	34,017.	13,046.	714
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		F44 200	405 000		2 025
	column (A) amount, list line 11g expenses on Sch 0.)	544,322.	485,800.	55,487.	3,035
2	Advertising and promotion	15,930.	15,930.	22 675	4 5 2 7
3	Office expenses	236,580.	209,378.	22,675.	4,527
4	Information technology	69,944.	54,651.	14,500.	793
15	Royalties	247 296	251 617	00 707	4 062
6		347,286. 548,369.	251,617.	90,707.	4,962
7	Travel	540,509.	531,780.	4,608.	11,981
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	23,513.	20,150.	3,188.	175
9	Conferences, conventions, and meetings	22,678.	16,119.	6,219.	340
20		22,070.	10,119.	0,219.	540
21	Payments to affiliates	81,051.	57,609.	22,226.	1,216
2	Depreciation, depletion, and amortization	25,014.	18,567.	4,223.	2,224
3	Insurance	23,014.	10,507.	4,223.	4,224
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM DELIVERY	315,353.	303,395.	11,494.	464
b	BAD DEBT EXPENSE	133,614.	,	133,614.	
c	DUES/SUBCRIPTIONS	26,635.	19,771.	4,496.	2,368
d	AWARDS & HONORARIA	19,600.	19,015.	555.	30
	All other expenses	22,289.	17,090.	3,643.	1,556
25	Total functional expenses. Add lines 1 through 24e	5,712,496.	5,078,768.	526,334.	107,394
26	Joint costs. Complete this line only if the organization	-,,,	2,2.3,7000		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here The if following SOP 98-2 (ASC 958-720)				

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2019.05020 COLLEGE SUMMIT, INC.

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		Check if Schedule O contains a response or note	e to an	y line in this Part X			······
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,984,343.	1	1,078,900.	
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	1,677,614.	3	616,014.		
	4	Accounts receivable, net			28,180.	4	19,500.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9				59,904.	9	16,311.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	811,781.			
	b	Less: accumulated depreciation	10b	298,372.	583,095.	10c	513,409.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	I1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			53,701.	15	54,226.
	16	Total assets. Add lines 1 through 15 (must equa			4,386,837.	16	2,298,360.
	17	Accounts payable and accrued expenses			219,361.	17	261,333.
	18	Grants payable			100 000	18	101 504
	19	Deferred revenue			108,380.	19	101,724.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		Γ		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	500,000.	23	500,000.
	24	Unsecured notes and loans payable to unrelated			0.	24	435,400.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	708,609.	0.5	669,535.
		of Schedule D			1,536,350.	25	1,967,992.
	26	Total liabilities. Add lines 17 through 25		V	1,330,330.	26	1,907,992.
ŝ		Organizations that follow FASB ASC 958, cher	ck ner				
ъс	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		994,623.	27	66,152.	
ala	27				1,855,864.	28	264,216.
Net Assets or Fund Balances	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 99			1,000,004.	20	204,210.
'n			50, CHE				
P	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				29 30	
SS	31	Retained earnings, endowment, accumulated inc				31	
et /	32	Total net assets or fund balances		Г	2,850,487.	32	330,368.
Ż	22	Total lightilities and not aparts / und kalances	1 386 837	32	2 298 360		

COLLEGE SUMMIT, INC.

Total liabilities and net assets/fund balances

2,298,360. Form **990** (2019)

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4,386,837.

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Form 990 (2019) Part X Balance Sheet

Form	1 990 (2019) COLLEGE SUMMIT, INC.	52-	2007028	Page	∋ 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,192	,37	<u>7.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,712		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,520		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,850	,48	7.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	330	,36	8.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> L</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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				
	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 on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	it		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

932012 01-20-20



SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

COLLEGE SUMMIT, INC.			2 - 2007028
Part I Reason for Public Charity Status (All organizations must complete	ete this part.) See instruction	ons.	2-2007020
The organization is not a private foundation because it is: (For lines 1 through 12, check			
 A church, convention of churches, or association of churches described in s A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital desc city, and state: 	ection 170(b)(1)(A)(i). or 990-EZ).) n 170(b)(1)(A)(iii).	(A)(iii). Enter	the hospital's name,
5 An organization operated for the benefit of a college or university owned or operated for th	perated by a governmenta	l unit describ	ed in
section 170(b)(1)(A)(iv). (Complete Part II.)			
6 A federal, state, or local government or governmental unit described in section			
7 X An organization that normally receives a substantial part of its support from a	governmental unit or fron	the general	public described in
section 170(b)(1)(A)(vi). (Complete Part II.)			
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)			
9 An agricultural research organization described in section 170(b)(1)(A)(ix) or			
or university or a non-land-grant college of agriculture (see instructions). Enter	r the name, city, and state	of the college	e or
 university:	rom contributions, momb	rehin foos or	d gross receipts from
activities related to its exempt functions - subject to certain exceptions, and (,	, ,	0
income and unrelated business taxable income (less section 511 tax) from bu			
See section 509(a)(2). (Complete Part III.)		0	,
11 An organization organized and operated exclusively to test for public safety.	See section 509(a)(4).		
12 An organization organized and operated exclusively for the benefit of, to perfe	orm the functions of, or to	carry out the	purposes of one or
more publicly supported organizations described in section 509(a)(1) or sec	tion 509(a)(2). See section	n 509(a)(3). (Check the box in
lines 12a through 12d that describes the type of supporting organization and	-	-	
a Type I. A supporting organization operated, supervised, or controlled by its	• •		
the supported organization(s) the power to regularly appoint or elect a majo	ority of the directors or trus	tees of the si	upporting
organization. You must complete Part IV, Sections A and B.	with its supported organize	tion(a) by ba	ling
b Type II. A supporting organization supervised or controlled in connection w control or management of the supporting organization vested in the same p			-
organization(s). You must complete Part IV, Sections A and C.		lage the sup	boned
c Type III functionally integrated. A supporting organization operated in co	nnection with, and functio	hally integrate	ed with,
its supported organization(s) (see instructions). You must complete Part I		, ,	
d Type III non-functionally integrated. A supporting organization operated	in connection with its sup	ported organi	zation(s)
that is not functionally integrated. The organization generally must satisfy a	distribution requirement a	nd an attenti	veness
requirement (see instructions). You must complete Part IV, Sections A ar			
e Check this box if the organization received a written determination from the		e II, Type III	
functionally integrated, or Type III non-functionally integrated supporting or	ganization.		[]
f Enter the number of supported organizations			
	the organization listed (v) Amoun	t of monetary	(vi) Amount of other
organization (described on lines 1-10		e instructions)	support (see instructions)
Total			
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990	F7		

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2019.05020 COLLEGE SUMMIT, INC.

 Schedule A (Form 990 or 990-EZ) 2019
 COLLEGE SUMMIT, INC.
 52-2007

 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.) Dublic Support

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7418461.	3294477.	2108253.	3242809.	2174471.	18238471.
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 \dots						
4	Total. Add lines 1 through 3	7418461.	3294477.	2108253.	3242809.	2174471.	18238471.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4537021.
	Public support. Subtract line 5 from line 4.						13701450.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	7418461.	3294477.	2108253.	3242809.	2174471.	18238471.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	235,300.	11.	1,054.			236,365.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,050.					4,050.
11	Total support. Add lines 7 through 10						18478886.
12	,	•	,				<u>,990,087.</u>
13	First five years. If the Form 990 is for	•					. —
Sar	organization, check this box and stor ction C. Computation of Publi	<u>o here</u> c Support Per	contago				·····
				- (1)			74.15 %
	Public support percentage for 2019 (li		•			14	80.45
	Public support percentage from 2018					15	
104	33 1/3% support test - 2019. If the c stop here. The organization gualifies						57
h	33 1/3% support test - 2018. If the c	, , ,	0		line 15 is 33 1/3%		
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		-	•			
b	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio		•		,		
					Sche	edule A (Form 990	or 990-EZ) 2019

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52-2007028 Page 2

Schedule A (Form 990 or 990-EZ) 2019 COLLEGE SUMMIT, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

52-2007028 Page 3

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

Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose 3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
· · · · · ·						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and						
3 received from disgualified 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						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	e e					• · _
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2019 (lin	e 8, column (f), c	livided by line 13, o	column (f))		15	(
16 Public support percentage from 2018 S					16	ç
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 201	9 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	ç
18 Investment income percentage from 20					18	ç
19a 33 1/3% support tests - 2019. If the c					3 1/3%, and	line 17 is not
more than 33 1/3%, check this box and	-					▶□
						/3%, and
b 33 1/3% support tests - 2018. If the o			nization avalifian		ortod organiz	ration
	k this box and st	top here. The orga	anization quaimes a	as a publicity suppo	nieu organiz	
 b 33 1/3% support tests - 2018. If the cline 18 is not more than 33 1/3%, check 20 Private foundation. If the organization 						

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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			Yes	
11	Has the organization accepted a gift or contribution from any of the following persons?			Γ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			т
			Yes	╞
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ł
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ł
	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		1
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		1
			Yes	1
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			_
			Yes	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		l
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		ĺ
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions		-
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	<u>2a</u>		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		ł
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Vea" departies in Part VI the rate placed by the organization in this reserved	3b		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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2019.05020 COLLEGE SUMMIT, INC.

	(Form 990 or 990-EZ) 2019				
Part V	Type III Non-Function	nally Integra	ated 509(a)(3)	Supporting	Organizations

1

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

ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	v integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019	COLLEGE	SUMMIT,	INC.
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

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••••	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

- 0	~ ~	~ -	^	~ ~
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Name of t	he orga	nization
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Organization type (check one):

COLLEGE SUMMIT

0	
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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

General Rule

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

Special Rules

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

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

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

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

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

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

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

Name of organization

Employer identification number

52-2007028

COLLEGE SUMMIT, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 KAPNICK FOUNDATION X Person Payroll 20 EAST 73RD STREET 500,000. Noncash (Complete Part II for NEW YORK, NY 10021 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THE GREENWALD FAMILY FOUNDATION X Person Payroll 10510 CULVER BOULEVARD 350,000. Noncash (Complete Part II for CULVER CITY, CA 90232 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 CARNEGIE CORPORATION OF NEW YORK X Person Payroll **437 MADISON AVENUE** 300,000. Noncash \$ (Complete Part II for NEW YORK, NY 10022 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 X DELOITTE SERVICES, LLP Person Payroll 333 LUDLOW STREET, Noncash 7TH FLOOR 200,000. \$ (Complete Part II for STAMFORD, CT 06902 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 FOSSIL FOUNDATION X Person Payroll X 901 SOUTH CENTRAL EXPRESS WAY 103,004. Noncash (Complete Part II for RICHARDSON, TX 75080 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution THE MCCANCE FOUNDATION 6 X Person Payroll P.O. BOX 422 100,000. \$ Noncash (Complete Part II for NORTH SCITUATE, TN 02060 noncash contributions.) 923452 11-06-19 9**0,990,192**, q TS AREAN PFAN 23

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2019.05020 COLLEGE SUMMIT, INC.

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

COLLEGE SUMMIT, INC.

Name of organization

Employer identification number

52-2007028

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMERICAN EXPRESS CORPORATION 200 VESEY STREET NEW YORK, NY 10285	\$51,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JIM MORAN FOUNDATION 100 JIM MORAN BOULEVARD DEERFIELD BEACH, FL 33442	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FEDERAL EXPRESS CORPORATION 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	QUEST FOUNDATION P.O. BOX 339 DANVILLE, CA 94526	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CAPITAL ONE FOUNDATION 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	THE MORRIS AND GWENDOLYN CAFRITZ FOUNDATION 1825 K STREET, NW, SUITE 1400 WASHINGTON, DC 20006	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	24	TAXPA	YER COPY

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2019.05020 COLLEGE SUMMIT, INC.

Page 3

Employer identification number

52-2007028

COLLEGE SUMMIT, INC.

Name of organization

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DLUNTEER T-SHIRTS		
		\$3,004.	_04/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-06-19	25	TSAR DEAN	YER CO

Page 4

	Employer identification numb							
	52-2007028							
through (e) and the following line ent	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations							
charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) \blacktriangleright \$							
(c) Use of gift	(d) Description of how gift is held							
()=								
(e) Transfer of gift								
	Relationship of transferor to transferee							
[
(c) Use of gift	(d) Description of how gift is held							
., .								
(e) Transfer of gift								
	Delationship of two of over to two of over							
	Relationship of transferor to transferee							
[
[
(c) Use of gift	(d) Description of how gift is held							
(e) Transfer of gift								
Transferee's name, address, and ZIP + 4 Relationship of								
	······································							
(c) Use of gift	(d) Description of how gift is held							
	[
(e) Transfer of gift								
nd ZIP + 4	Relationship of transferor to transferee							
	· · · · · · · · · · · · · · · · · · ·							
[
26	TAXPAYER COP							
) through (e) and the following line entricharitable, etc., contributions of \$1,000 or I space is needed. (c) Use of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift (c) Use of gift							

15420114 150872 192321

2019.05020 COLLEGE SUMMIT, INC. 192321_1

			al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t).	2019
	ment of the Treasury		Attach to Form 990. 90 for instructions and the latest informa		Open to Public Inspection
	Revenue Service				r identification number
Nam	e of the organization	COLLEGE SUMMIT, INC	2.		52-2007028
Par	t I Organiza	ations Maintaining Donor Advise			
		n answered "Yes" on Form 990, Part IV, lin			
	3	, , ,	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in v		d funds	
	-	on's property, subject to the organization's	-		Yes No
6		on inform all grantees, donors, and donor a			
	•	ooses and not for the benefit of the donor o	0 0		
	impermissible priv	ate benefit?			Yes No
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education)	a historically impo	rtant land area
	Protection o	f natural habitat	Preservation of	a certified historic	structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation e	asement on the last
	day of the tax year	r.		Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	e 🛛	
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during	g the tax
	year 🕨				
4		where property subject to conservation eas			
5	•	tion have a written policy regarding the per			
		orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easement	s during the year
_	▶	<u> </u>			
7	•	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservati	on easements dur	ing the year
•	►\$				
8		vation easement reported on line 2(d) abov			Yes No
9)(4)(B)(ii)? be how the organization reports conservation			
9	,	d include, if applicable, the text of the footr	· · · · · · · · · · · · · · · · · · ·		the
		ounting for conservation easements.		its that describes	uie
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar As	sets.
		f the organization answered "Yes" on Form			
1a		elected, as permitted under FASB ASC 95		d balance sheet v	vorks
	•	easures, or other similar assets held for put			
		Part XIII the text of the footnote to its finar		-	
b	· •	elected, as permitted under FASB ASC 95			s of
	-	sures, or other similar assets held for public			
		ing amounts relating to these items:			-
	•	ded on Form 990, Part VIII, line 1		▶ \$	
				N A	
2	.,	received or held works of art, historical treat			
	•	unts required to be reported under FASB A			
а	-	on Form 990, Part VIII, line 1	-	> \$	
		Form 990, Part X			
		eduction Act Notice, see the Instructions			dule D (Form 990) 2019
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2019.05020 COLLEGE SUMMIT, INC.

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Sche		SUMMIT, II						52-20			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, oi	r Other	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	following that	make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	e 🗌 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of					er similar	assets		-		_
D -	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	on answered "	'Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tal	ble:							
	Device in the law of								Amoun	<u> </u>	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par							10.				<u></u>
	•	(a) Current year		ior year	(c) Two year			/ears back	(e) Four	vears	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	e organiza	ation	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	+	
L.	(ii) Related organizations								3a(ii)		
D A	If "Yes" on line 3a(ii), are the related organiza								3b		
Par	t VI Land, Buildings, and Equipm		wment lu	nus.							
	Complete if the organization answere) Part IV	line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o			t or other		ccumulate	be	(d) Boo	k valu	
	Description of property	basis (investr		• •	(other)	• •	preciation		(4) 000	value	-
1a	Land				. ,						
b	Buildings										
	Leasehold improvements			50	2,714.	-	104,43	10.	39	8,30	04.
	Equipment				7,628.		164,5			3,0	
	Other				1,439.		29,3			2,04	
	Add lines 1a through 1e. (Column (d) must e		X. columr							<u>,</u> 40	
		<u>,</u>						Sahadula		-	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Colymn (b) must equal Form 990, Part X. col. (B) line 15.)	•
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	ō.

(a) Description of liability (b) Book value 1 (1) Federal income taxes DEFERRED RENT AND LEASE INCENTIVE 669,535 (2) (3) (4) (5) (6) (7) (8) (9) 669,535. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

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Sche	edule D (Form 990) 2019 COLLEGE SUMMIT, INC.	52-	2007028 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,218,766.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a	Í	
b	Donated services and use of facilities 26, 389.		
с			
d			
е	Add lines 2a through 2d	2e	26,389. 3,192,377.
3	Subtract line 2e from line 1	3	3,192,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ſ	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,192,377.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,738,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ſ	
а	Donated services and use of facilities 2a 26,389.	_	
b	Prior year adjustments 2b	_	
С	Other losses 2c	_	
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	26,389.
3	Subtract line 2e from line 1	3	5,712,496.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ſ	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,712,496.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

PEERFORWARD EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED

APRIL 30, 2020 AND 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT

WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY

EFFECT ON ITS TAX-EXEMPT STATUS.

932054 10-02-19

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	HEDULE J	Compensation Information	Ļ	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				-
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service le of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer i	-		mbor
INAII	le of the organization	COLLEGE SUMMIT, INC.		200702		nber
Pa	rt I Question	s Regarding Compensation	JZ Z	100702	0	
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103	
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or c		nal use			
	Travel for com					
	Tax indemnific	ation and gross up payments	s			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision 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 office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ly, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant				
	Form 990 of 0	ther organizations	ommittee			
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 re					
а	•	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		eive payment from, an equity-based compensation arrangement?				X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the re					
						X
b		ation?		5 b		X
~		r 5b, describe in Part III.				
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a complexity of the section o	'n			
_	contingent on the n	5		0		v
						X X
U		ation? r 6b, describe in Part III.		<u>6b</u>		
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
'	-	es 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
-				8		x
9		d the organization also follow the rebuttable presumption procedure described in		···· •		
-		53.4958-6(c)?				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2019

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52-2007028

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) KEITH FROME, ED.D.	(i)	265,576.	0.	0.	10,549.	490.	276,615.	0.	
CEO/SEC./CO-FOUNDER - UNTIL 01/2020	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JOANNE SMITH	(i)	233,434.	0.	0.	8,614.	9,006.	251,054.	0.	
PRESIDENT AND COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SEAN MURRAY	(i)	171,767.	0.	0.	6,878.	13,853.	192,498.	0.	
VICE PRESIDENT STRATEGIC PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) REAGAN WALKER	(i)	137,193.	0.	0.	5,084.	10,704.	152,981.	0.	
MANAGING DIRECTOR, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019 TAXPAYER COPY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

COLLEGE SUMMIT, INC.

Inspection Employer identification number 52-2007028

OMB No. 1545-0047

Open to Public

19

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATES A CORPS OF HIGH SCHOOL STUDENTS WHO LEAD THEIR PEERS TO AND

THROUGH COLLEGE.

FORM 990, PART VI, SECTION A, LINE 4:

COLLEGE SUMMIT, INC. AMENDED THEIR BYLAWS TO REFLECT THEIR NEW BUSINESS

NAME, PEERFORWARD.

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

THE FEDERAL FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND FINANCE

SUPPORT. THE DRAFT FEDERAL FORM 990 IS THEN PRESENTED TO THE FINANCE

COMMITTEE AND FINALLY TO THE BOARD OF DIRECTORS BEFORE SUBMISSION TO THE

INTERNAL REVENUE SERVICE.

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

CURRENTLY THERE ARE TWO CONFLICT OF INTEREST POLICIES IN PLACE. ONE IS FOR

EMPLOYEES AND ONE FOR BOARD MEMBERS.

THE FOLLOWING PROCESS IS FOR EMPLOYEES:

- ALL NEW HIRES RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY AND SIGN

RECEIPT OF READING AND UNDERSTANDING THE POLICY.

- EMPLOYEES ARE NOTIFIED OF THE WHISTLE BLOWING POLICY THAT ENSURES

PROTECTION FROM RETALIATION OF EMPLOYEE'S REPORTING CONFLICT OF INTEREST

34

VIOLATIONS OR OTHER INFRACTIONS.

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

Schedule O (Form 990 or 990-EZ) (2019) TAXPAYER COPY

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2019.05020 COLLEGE SUMMIT, INC.

Name of the organization

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- ALL EMPLOYEES ARE PROVIDED WITH COPIES OF ALL POLICIES IN THE EMPLOYEE HANDBOOK AS WELL.

THE FOLLOWING PROCESS IS FOR BOARD MEMBERS:

- BOARD MEMBERS ARE GIVEN THE CONFLICT OF INTEREST POLICY WHEN THEY JOIN THE BOARD OF DIRECTORS. THE SECRETARY (AND/OR VP, HUMAN RESOURCES) TO THE BOARD OF DIRECTORS PROVIDES AN OVERVIEW OF THE POLICY.

- ANNUALLY BOARD MEMBERS SIGN A CERTIFICATE OF ACKNOWLEDGMENT OF HAVING RECEIVED A COPY, AND READ THE POLICY. THE CERTIFICATE OF ACKNOWLEDGEMENT IS THEN REVIEWED BY THE GENERAL COUNSEL.

IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OF DIRECTORS DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE CORRECTIVE OR DISCIPLINARY ACTION.

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

 THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS AUTHORIZED TO MAKE

 RECOMMENDATIONS TO THE BOARD OF DIRECTORS REGARDING EXECUTIVE COMPENSATION.

 THE EXECUTIVE COMMITTEE'S PROCESS IN SETTING COMPENSATION SHALL INCLUDE ALL

 932212 09-06-19

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2019.05020 COLLEGE SUMMIT, INC.

Sche	chedule O (Form 990 or 990-EZ) (2019) Page 2											age 2	
Nam	ame of the organization COLLEGE SUMMIT, INC. Employer identification number 52-2007028												
OF	THESE	ELEMENTS:	(1)	REVIEW	AND	APPROVAL	BY	THE	BOARD	OF	DIRECTORS	AS	

PROVIDED FOR IN THE BYLAWS; (2) USE OF COMPARABLE COMPENSATION DATA; AND

(3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

REVIEW AND APPROVAL - THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL.

USE OF COMPARABLE COMPENSATION DATA - THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING - THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. THE EXECUTIVE COMMITTEE SHALL MAKE THIS DETERMINATION AT LEAST ONCE ANNUALLY.

FINAL BOARD ACTION - ONLY THOSE DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST MAY VOTE ON EXECUTIVE COMPENSATION. THE BOARD OF DIRECTORS REVIEW AND APPROVE CEO COMPENSATION, AFTER A REVIEW OF COMPARABILITY DATA OR OTHER EVIDENCE THAT COMPENSATION IS REASONABLE, AND CONTEMPORANEOUSLY SUBSTANTIATE ITS DELIBERATION AND DECISION IN THE MINUTES.

IN REGARDS TO THE NON-CEO SALARY, EACH YEAR THE BOARD OF DIRECTORS REVIEWS AND APPROVES A FISCAL YEAR BUDGET, ONE ELEMENT OF WHICH INCLUDES ANY

PROPOSED SALARY ADJUSTMENTS AND THE BASES THEREFORE. A FULL COMPENSATION 932212 09-06-19 36 **TAXPAYER'COPY**

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2019.05020 COLLEGE SUMMIT, INC.

Schedule O (Form 990 or 990-EZ) (2019) Page 2										
Name of the organization Employer identification nu COLLEGE SUMMIT, INC. 52-2007028									umber	
ANALYSIS/STUDY	7 FOR	THE	ENTIRE	ORGANIZATION	(INCLUDING	THE	CEO)	WAS	LAST	
PERFORMED IN 7	HE SE	RINO	G OF 201	16.						

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AZ, CA, CO, CT, FL, GA, IL, IN, KS, KY, MA, MD, ME, MI, MO, MS, NC, PA, OH, NY, NJ, NH, ND, OK RI, SC, TN, UT, WA, WI, WV

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

PEERFORWARD MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

FEDERAL FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

52-2007028

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2019

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AT&T FOUNDATION	400,000.	30,422.
BILL AND MELINDA GATES FOUNDATION	1,006,500.	636,922.
CAPITAL ONE FOUNDATION	580,000.	210,422.
CARNEGIE CORPORATION	800,000.	430,422.
DELOITTE	528,506.	158,928.
ECMC FOUNDATION	450,000.	80,422.
FOSSIL FOUNDATION	811,254.	441,676.
KAPNICK FOUNDATION	610,000.	240,422.
SAMBERG FOUNDATION	742,000.	372,422.
SEA CHANGE FOUNDATION	400,000.	30,422.
STUPSKI FOUNDATION	412,500.	42,922.
THE GREENWALD FAMILY FOUNDATION	520,353.	150,775.
THE MCCANCE FOUNDATION	450,000.	80,422.
WILLIAM K BOWES JR. FOUNDATION	2,000,000.	1,630,422.
Total Excess Contributions to Schedule A, Part II, Line 5		4,537,021

Form	990-T	E	Exempt Organization Bus			ax Return	۱ L	OMB No. 1545-0047
			(and proxy tax und		• ••		~	0040
		For ca	endar year 2019 or other tax year beginning MAY 1,				0.	ZU 19
	nent of the Treasury Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions.)
B Exe	mpt under section	Print	COLLEGE SUMMIT, INC.				5	2-2007028
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	x, see ir	nstructions.			ated business activity code nstructions.)
	408(e) 220(e)	Туре	1140 3RD STREET, NE, NO	0. 3	320			, , , , , , , , , , , , , , , , , , ,
\square	408A 530(a) 529(a)		City or town, state or province, country, and ZIP o WASHINGTON , DC 20002	-			900	099
C Book	value of all assets		F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp	►			•	
at ch	2,298,3	60.	G Check organization type 🕨 🗴 501(c) corp	ooratior	n 📃 501(c) trust	401(a)) trust	Other trust
H Ente	er the number of the o	organiza	tion's unrelated trades or businesses. 🕨	1	Describe	the only (or first) un	related	
trade	e or business here 🌗	▶ <u>Q</u> UZ	LIFIED TRANS. FRINGE B	ENEI	FITS . If only one,	complete Parts I-V.	If more	than one,
desc	ribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	irts I an	d II, complete a Schedule	M for each addition	al trade	or
	ness, then complete							
			oration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	► L	Ye	s X No
			ifying number of the parent corporation.					
	books are in care of					-	202	
Par			le or Business Income		(A) Income	(B) Expenses	3	(C) Net
	Gross receipts or sale							
	ess returns and allow		c Balance ►	10				
			A, line 7)	2				
			om line 1c	3				
			h Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			its	4c				
			hip or an S corporation (attach statement)	5				
	Rent income (Schedu		no (Sobodulo E)	7				
			ne (Schedule E)	8				
	· · · ·		on $501(c)(7)$, (9), or (17) organization (Schedule F)	9				
			me (Schedule I)	10				
			. J)	11				
			is; attach schedule)	12				
			gh 12	13	0.			
Par	t II Deductio	ns No	t Taken Elsewhere (See instructions for			I		
			e directly connected with the unrelated busin					
14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
							15	
							16	
							17	
			ee instructions)				18	
							19	
			562)					
			Schedule A and elsewhere on return				21b	
22	Depletion						22	
			mpensation plans				23	
							24	
			hedule I)				25	
			hedule J)				26	
			edule)				27	0.
28	IUTAI DEDUCTIONS. A	uu IINes	14 through 27	+ line 01	9 from line 10		28	0.
			ncome before net operating loss deduction. Subtrac				29	0.
	-	-	oss arising in tax years beginning on or after Janua	-			30	0.
			ncome. Subtract line 30 from line 29				30	0.
-			work Reduction Act Notice, see instructions.					
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2019.05020 COLLEGE SUMMIT, INC. 192321_1

Form 990-T (2019) COLLEGE SUMMIT, INC.

	Total Unrelated Business Taxa	e income							
32 Total o	f unrelated business taxable income compute	d from all unrelated trades	or businesses (se	e instructio	ns)		32	0.	
	its paid for disallowed fringes						33		
	able contributions (see instructions for limitati						34	0 .	
	nrelated business taxable income before pre-2						35		
	tion for net operating loss arising in tax years		36						
	f unrelated business taxable income before sp			, .			37		
	c deduction (Generally \$1,000, but see line 38						38	1,000.	
	ted business taxable income. Subtract line 3					···· 🟳		,	
			0	,			39	0.	
Part IV	Tax Computation								
40 Organi	zations Taxable as Corporations. Multiply lin	ne 39 by 21% (0.21)					40	0.	
	Taxable at Trust Rates. See instructions for								
		m 1041)					41		
	tax. See instructions					· –	42		
	ative minimum tax (trusts only)					· -	43		
							44		
	Tax on Noncompliant Facility Income. See instructions Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies						45	0.	
Part V	Tax and Payments					'	10		
	n tax credit (corporations attach Form 1118; ti	ruete attach Form 1116)		46a					
Conerr	credits (see instructions)			460 46c					
d Credit	for prior year minimum tax (attach Form 8801	or 8827)		. 400					
							6.0		
e Total c	redits. Add lines 46a through 46d					4	6e 47	0.	
47 Subtra	ct line 46e from line 45 axes. Check if from:	Eorm 9611 Eorm 9	2607 Eorm	9966	Othor (attach achord	··· 4		0.	
							48 49	0.	
	ax. Add lines 47 and 48 (see instructions)							0.	
	net 965 tax liability paid from Form 965-A or F				-	_	50	0.	
	nts: A 2018 overpayment credited to 2019				65	5.			
	estimated tax payments				0.0	<u> </u>			
c Tax de	posited with Form 8868	· · · · · · · · · · · · · · · · · · ·		510		-1			
	n organizations: Tax paid or withheld at source								
	o withholding (see instructions)								
	for small employer health insurance premium			. <u>51f</u>					
	credits, adjustments, and payments:								
		Other						700	
52 Total p	payments. Add lines 51a through 51g						52	720.	
	ted tax penalty (see instructions). Check if For						53		
	e. If line 52 is less than the total of lines 49, 5						54		
	ayment. If line 52 is larger than the total of lin		nount overpaid				55	720	
	he amount of line 55 you want: Credited to 20				Refunded		56	720.	
Part VI	Statements Regarding Certain	Activities and Otr	her informat	ion (see	instructions)				
	time during the 2019 calendar year, did the o	•	•		•			Yes No	
	financial account (bank, securities, or other) i			-					
FinCEN	I Form 114, Report of Foreign Bank and Finan	cial Accounts. If "Yes," ente	er the name of the	foreign cou	Intry				
here	►							X	
	the tax year, did the organization receive a di		ne grantor of, or tr	ansferor to	, a foreign trust?			Х	
If "Yes.	," see instructions for other forms the organiza	ation may have to file.							
1	he amount of tax-exempt interest received or								
	Inder penalties of perjury, I declare that I have examine orrect, and complete. Declaration of preparer (other that	d this return, including accompa in taxpaver) is based on all infor	nying schedules and mation of which prepa	statements, a arer has any k	nd to the best of my kr	nowledge	and belief,	it is true,	
Sign			··················	,		May t	he IRS disc	cuss this return with	
Here							May the IRS discuss this return with he preparer shown below (see		
	Signature of officer	Date	Title			instru	ctions)?	X Yes No	
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN		
Paid		11-			self- emplo	yed			
	AARON M. FOX	Mit)1/14/			P01	365820	
Prenarer	Firm's name MARCUM LLP	\sim			Firm's EIN		11-	1986323	
Preparer Use Only	Only Hirm's name MARCOM LLP Firm's EIN F 1899 L STREET, NW, SUITE 850								
Preparer Use Only	1899 L STI								
			110 050		Phone no	. (2	02)	227-4000	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

(2)			%			
(3)			%			
(4)			%			
				r here and on page 1, I, line 7, column (A).		ere and on page 1, line 7, column (B).
Totals					0.	0.
Total dividends-received deductions in	cluded in column 8					0.
						Form 990-T (2019)
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3 Cost of labor 4a Additional section 263A costs (attach schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b Schedule C - Rent Income (From (see instructions) 1. Description of property (1) (2) (3) (4)	Rent receive	Property a	7	from line 5. Enter here line 2 Do the rules of section property produced or a the organization?	ubtract I and in F 263A (\ acquired	ine 6 Part I, with respect to for resale) apply to	7 erty)	Yes	No
4a Additional section 263A costs (attach schedule) 4 b Other costs (attach schedule) 4 5 Total. Add lines 1 through 4b 4 Schedule C - Rent Income (From (see instructions) 1. Description of property (1) (2) (3) (4) (4)	4a 4b 5 n Real I			line 2 Do the rules of section property produced or a the organization?	263A (v acquired	with respect to for resale) apply to		Yes	No
4a Additional section 263A costs (attach schedule) 4 b Other costs (attach schedule) 4 5 Total. Add lines 1 through 4b 4 Schedule C - Rent Income (From (see instructions) 1. Description of property (1) (2) (3) (4) (4)	4b 5 n Real I			Do the rules of section property produced or a the organization?	263A (v acquired	with respect to for resale) apply to		Yes	No
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b Schedule C - Rent Income (From (see instructions) 1. Description of property (1) (2) (3) (4)	4b 5 n Real I			Do the rules of section property produced or a the organization?	263A (v acquired	with respect to for resale) apply to	erty)	Yes	No
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b Schedule C - Rent Income (From (see instructions) 1. Description of property (1) (2) (3) (4)	5 Real I		nd Pe	the organization?		, <u>.</u>	erty)		
5 Total. Add lines 1 through 4b Schedule C - Rent Income (From (see instructions) 1. Description of property (1) (2) (3) (4)	Rent receive		nd Pe	the organization? rsonal Property L	ease	d With Real Prop	erty)		
Schedule C - Rent Income (From (see instructions) 1. Description of property (1) (2) (3) (4)	Rent receive		nd Pe	rsonal Property L	.ease	d With Real Prop	erty)		
1. Description of property (1) (2) (3) (4)		ed or accrued							
(1) (2) (3) (4)		ed or accrued							
(2) (3) (4)		ed or accrued							
(3) (4)		ed or accrued							
(4)		ed or accrued							
(4)		ed or accrued							
2.		ed or accrued							
	of								
(a) From personal property (if the percentage or rent for personal property is more than 10% but not more than 50%)	for persona	nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income) 3(a) Deductions directly connected with the income i columns 2(a) and 2(b) (attach schedule)							
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a) an here and on page 1, Part I, line 6, column (A)	ıd 2(b). En	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		0.
Schedule E - Unrelated Debt-Fin	anced	Income (s	see instr	uctions)		•			
				2. Gross income from		3. Deductions directly cont to debt-financ		llocable	
1. Description of debt-financed p	property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		ŝ
(1)									
(2)									
(3)									
(4)									
	4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted by of or allocable to			6. Column 4 divided by column 5		 Gross income reportable (column 2 x column 6) 	(column	8 . Allocable deductio (column 6 x total of colu 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
_ · ·						nter here and on page 1, Part I, line 7, column (A).		re and on page ne 7, column (l	
Totals				•		0			0.
Totals					L				0.

52-2007028

Form 990-T (2019) COLLEC	GE SUMM	IT, I	NC.						52-20	0702	8 Page
Schedule F - Interest,	Annuities,	Royalti	es, and Rer	nts	From Co	ntrolle	d Organiza	tions	S (see ins	struction	s)
			Exem	າpt C	Controlled O	rganizati	ons				
1. Name of controlled organiza	ation	2. Empl identifica numb	ation (loss)				ments made inclue		Part of column 4 that is ncluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations									I	
7. Taxable Income	8. Net unre	lated income instructions)	(loss) 9. 1	Total o	of specified payr made	nents	10. Part of colu in the controlli gross		nization's	11. De with	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)							Add colun Enter here and line 8, c		e 1, Part I,	Enter h	ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals									0.		0 .
Schedule G - Investme	ent Income	of a S	ection 501(c	c)(7)), (9), or ([•]	17) Orc	anization			1	
	tructions)			- <u>,</u> ,,,	,, (0), 01 (, 0.2	Janization				
1 . Des	cription of income				2. Amount of	income	3. Deductio directly conne (attach scheo	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page ⁻ Part I, line 9, column (B).
Totals						0.					0.
Schedule I - Exploited (see instr	-	ctivity I	ncome, Oth	ner '	Than Adv	vertisin	g Income				
1. Description of exploited activity	2. Gros unrelated bus income fr trade or bus	siness om	3. Expenses directly connected with production of unrelated business income		4. Net incom from unrelated business (co minus colum gain, compute through	l trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter here a page 1, Pa line 10, col	art I,	Enter here and on page 1, Part I, line 10, col. (B).	ı					<u> </u>		Enter here and on page 1, Part II, line 25.
Totals 🕒 🕨	·	0.		0.							0.
Schedule J - Advertisi Part I Income From	Periodical	e (see in s Repo	structions) rted on a C	ons	olidated	Basis					
1. Name of periodical	ad	2. Gross	3. Direct advertising c		4. Advert or (loss) (co col. 3). If a ga	ol. 2 minus	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more
(1)		income			cols. 5 th						than column 4).
(2)											
(3)							—				
(4)							—				
(+)											
Totals (carry to Part II, line (5))		0		0.							0.

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Totals (carry to Part II, line (5))

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	dical 2. Gross advertising income a		advertising dvertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		idership osts	7. Excess readersh costs (column 6 mir column 5, but not m than column 4).	nus
(1)										
(2)										
(3)										
(4)										
Totals from Part I 📃 🕨 🕨	0.	0.						0.		
	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.				
Fotals, Part II (lines 1-5)►	0.	0.						0.		
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	structions)			•			
1. Name			2. Title	3. Perce time devo busine	ted to		ensation attributable related business			
(1)					%					
(2)					%					
(3)					%					
(4)					%					
Total. Enter here and on page 1, Part II, li	ine 14	•		•				0.		

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