Click on the question-mark icons to display help windows.					
The information provided will enable you to file a more comp	lete return and	reduce the c	hances the	IRS has to co	ontact yo

(33) Jan 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Interr	al Reven	nue Service	► Information about Form 990-E	Z and its instructions i	is at ww	w.irs.gov/ion	71990.			
AF	or the	2016 calend	ar year, or tax year beginning	July 1	, 2016, a	and ending		une 30	, 20	) 17
B c	heck if ap	plicable.	C Name of organization ?				D Empl	loyer ide	entification num	ber ?
	ddress cl	hange	Code2College					8	12361556	
$\overline{}$	lame cha	•	Number and street (or P.O box, if mail is not de	livered to street address)	?	Room/suite	E Teler	hone nu	mber	
$\equiv$	utial retur	m n/terminated	19112 Leigh Lane		1			734	t-657-0377	
=	mended		City or town, state or province, country, and ZIP	or foreign postal code		2	F Gro	up Exen	nption	
_		n pending	Pflugerville, TX 78660				Nun	nber 🕨	?	
G A	ccount	ing Method	☐ Cash	<b>&gt;</b>		н	Check	▶ 🗹 if	the organizati	on is <b>not</b>
	ebsite		code2college.org				required	to atta	ich Schedule E	?
J Ta	x-exem	npt status (che	ck only one) - 🗸 501(c)(3) 🔲 501(c) (	) ◀ (insert no.) ☐ 4947	7(a)(1) or	<b>□</b> 527	(Form 9	90, 990	-EZ, or 990-Pf	=)
KF	orm of	organization	✓ Corporation ☐ Trust	☐ Association ☐ 0	Other					
			7b to line 9 to determine gross receipts. If o							
(Parl	t II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 inste	ad of Form 990-EZ		· · · ·		▶ \$	6	6,948.85
Pa	art I	Revenu	e, Expenses, and Changes in Net	t Assets or Fund B	Balance	es (see the	ınstru	ctions	for Part I)	2
		Check if	the organization used Schedule O to	respond to any que	estion i	n this Part I				. 🗆
?	1		ons, gifts, grants, and similar amounts i					1		6,948.85
?	2		ervice revenue including government fe					2		
?	3	Membersh	ip dues and assessments	<i></i>				3		
?	4	Investment						4		
	5a	Gross amo	unt from sale of assets other than inve	entory	5a					
	b	Less: cost	or other basis and sales expenses.		5b					
-	C		ss) from sale of assets other than inven		from li	ne 5a)		5c		
	6		d fundraising events			•				
	а	Gross inc	ome from gaming (attach Schedule	G if greater than						
9					6a					
Revenue	b	Gross inco	me from fundraising events (not includ	ing \$	of	contribution	s			
ا ۾			aising events reported on line 1) (attac							
_		sum of suc	h gross income and contributions exce	eeds \$15,000)	66					
	C	Less: direc	t expenses from gaming and fundraisi	na events	6c			1 1		
	d		e or (loss) from gaming and fundraisii	-		6b and sul	otract			
Ì		line 6c) .		· · · · · · · ·				6d		
	7a	Gross sale	s of inventory, less returns and allowar	nces	7a					
	b		of goods sold		7b					
	C		t or (loss) from sales of inventory (Sub					7c		
1	8		nue (describe in Schedule O)					8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an				. •	9	6	6,948.85
	10		similar amounts paid (list in Schedule				- Inches	_10		<del>-</del>
	11		aid to or for members	- 11		CENT	- r ).	11		
es	12	Salaries, of	ther compensation, and employee ben		(		· (	)12	7	7,270.18
Se	13		al fees and other payments to indepen	<u></u>	,	V. A. R. a.		<sup>2</sup> 13		615
Expense	14		, rent, utilities, and maintenance .	(E)	IVIT	11. 0. 3. 50	8	14		
Щ	15		ublications, postage, and shipping.				lo	15		366.54
ļ	16	• • •	enses (describe in Schedule O) ? .		00	3.50	. T	16		8733.90
	17		enses. Add lines 10 through 16				-	17	8	6,985.62
	18	Excess or	deficit) for the year (Subtract line 17 fro	om line 9)	<del></del>		<u></u>	18		,036.77)
ets	19		or fund balances at beginning of year				with	<del>                                     </del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			r figure reported on prior year's return)					19		0
7	20	-	iges in net assets or fund balances (ex					20		0
ž	21		or fund balances at end of year. Comb	•				21	(20	,036.77)
For			ion Act Notice, see the separate instructi			No 10642I	<del></del>		Form 990-E	

	o4 11	Balance Sheets	(see the instru	ictions f	or Part II)				
Pa	ΛU		•						
		Check if the orga	nization used So	chedule	O to respond to a	ny question in this l			
						L	(A) Beginning of year		(B) End of year
22		h, savings, and inve					<del></del>	22	1,431.4
23		d and buildings						23	
24		er assets (describe i	•			· · · · · <u>·</u>		24	
25		al assets				<i></i> _		25	1,431.4
26		<b>al liabilities</b> (descrit		•				26	21,468.2
27		assets or fund bal						27	(20,036.77
Par	t III		•		,	ne instructions for F	•		_
						ny question in this l		(Deco	Expenses ared for section
Nha <sup>1</sup>	t is the	organization's prim	ary exempt purp	ose?	education, training a	& mentorship for high	school students		(3) and 501(c)(4)
Desc	cribe th	ne organization's pr	ogram service a	ccomplis	shments for each o	f its three largest pi	rogram services,		izations, optional for
as m	neasure	ed by expenses. In	a clear and co	ncise m	anner, describe the	e services provided		other	s.)
ers		nefited, and other re							
28	Provid	led over 1500 hours	of coding educati	on as we	ll as professional de	velopment and indus	try workshops to		
	30 stu	dents from underrep	resented groups.					1	
?	(Grant	ts \$	) If this	amount	includes foreign gra	ants, check here .	<u> ▶ □</u>	28a	61,98
29									
						,,		}	
								ł	
	(Grant	ts \$	) If this	amount	ıncludes foreign gra	ants, check here .	<u> ▶ □</u>	29a	
30								•	ļ
								j	
	(Grant	ts\$	) If this	amount	includes foreign gra	ants, check here .	▶ 🗆	30a	
31	Other	program services (e	d b ! O - b -						
	CLITOI	program services (	describe in Sche	dule O)				)	1
	(Grant	· . <del>-</del>				ants, check here	_	31a	
	(Grant	ts\$	) If this	amount	includes foreign gra		▶ 🗆	31a 32	61,98
32	(Grant	s \$ program service e	) If this expenses (add lin	amount nes 28a t	includes foreign gra hrough 31a)	ants, check here .	<b>▶</b> □	32	<del></del>
32	(Grant	ts \$ program service e List of Officers, Dir	) If this expenses (add lin rectors, Trustees,	amount nes 28a t , and Key	includes foreign gra hrough 31a) Employees (list eac	ants, check here  h one even if not comp ny question in this	pensated—see the	32	<del></del>
32	(Grant	ts \$ program service e List of Officers, Dir	) If this expenses (add lin rectors, Trustees,	amount nes 28a t , and Key	includes foreign gra hrough 31a) Employees (list eac	ants, check here  h one even if not company question in this  (c) Reportable	pensated—see the in	32 nstruc	tions for Part IV)
32	(Grant	ts \$ program service e List of Officers, Dir	) If this expenses (add lin rectors, Trustees, inization used S	amount nes 28a t , and Key	hrough 31a)	ants, check here  h one even if not comp ny question in this	pensated—see the II Part IV  (d) Health benefits, contributions to employ	32 nstruc	tions for Part IV)
32	(Grant	s \$ program service e List of Officers, Dia Check If the orga	) If this expenses (add lin rectors, Trustees, inization used S	amount nes 28a t , and Key	hrough 31a) Employees (list eac O to respond to a	ants, check here	pensated—see the II Part IV  (d) Health benefits, contributions to employ	32 nstruc	tions for Part IV)
32 Par	(Grant Total t IV	s \$ program service e List of Officers, Dia Check If the orga	) If this expenses (add lin rectors, Trustees, inization used S	amount nes 28a t , and Key chedule	hrough 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
32 Par	(Grant Total t IV	program service e List of Officers, Dia Check if the orga  (a) Name an	) If this expenses (add linguistrectors, Trustees, inization used Sind title	amount nes 28a t , and Key chedule	hrough 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 nstruc	tions for Part IV)
32 Par Matti	(Grant Total t IV	program service e List of Officers, Dir Check If the orga  (a) Name an ephenson birector and Board M	) If this expenses (add ling rectors, Trustees, inization used Side title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
32 Par Viatti Exec Kath	(Grant Total t IV	program service e List of Officers, Dir Check If the orga  (a) Name an ephenson birector and Board M	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a) Employees (list eac O to respond to a (b) Average hours per week devoted to position	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
32 Par Matti Exec Kath	(Grant Total t IV	program service e List of Officers, Dir Check If the orga (a) Name an ephenson birector and Board M verly Secretary and Board	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
32 Par Matti Exec Kath Trea Keiv	(Grant Total t IV hew Ste cutive D lieen Ov surer, S	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M werly Secretary and Board	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
32 Par Mattl Exec Kath Trea Keiv Boar	hew Steen Owsurer, Son Liburd Memi	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M werly Secretary and Board	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
32 Par Matti Exec Kath Trea Keiv Boar Neha	hew Steen Over Surer, Son Libu	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M verly Secretary and Board and ber	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
32 Par Matti Exec Kath Trea Keiv Boar Neha	hew Sterent Delegation on Libura Bajaj	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M verly Secretary and Board and ber	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
32 Par Matti Exec Kath Trea Keiv Boar Neha Boar	hew Steet IV  t IV  thew Steet IV  t	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M verly Secretary and Board and ber ber	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
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32 Par Matti Exec Kath Trea Keiv Boar Neha Boar Jean Ashl	hew Steet IV  t IV  hew Steet IV  leen Over It IV  a Bajaj  rd Memiliane Herrord Memiliey Finc	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M verly Secretary and Board and ber ber h	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
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32 Par Matti Exec Kath Trea Keiv Boar Neha Boar Jean Boar Ashl	hew Stee cutive D deen Ov surer, S on Libu d Memi a Bajaj rd Memi line Her rd Memi ley Finc d Memile Hayni	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M verly Secretary and Board ard ber ber ch ber es	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
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Matti Exec Kath Trea Keiv Boar Neha Boar Jean Boar Jean	hew Stee cutive D deen Ov surer, S on Libu d Memi a Bajaj rd Memi line Her rd Memi ley Finc d Memile Hayni	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M verly Secretary and Board ard ber ber ch ber es	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)
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Matti Exec Kath Trea Keiv Boar Neha Boar Jean Boar Jean	hew Stee cutive D deen Ov surer, S on Libu d Memi a Bajaj rd Memi line Her rd Memi ley Finc d Memile Hayni	program service e List of Officers, Dia Check if the orga (a) Name an ephenson birector and Board M verly Secretary and Board ard ber ber ch ber es	) If this expenses (add lir rectors, Trustees, inization used Sid title	amount nes 28a t , and Key chedule	Includes foreign gra hrough 31a)	ants, check here	pensated—see the in Part IV	32 nstruc	tions for Part IV)

				age
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			Г
	instructions for Fact vy Oneok in the organization used schedule of to respond to any question in this	- art		
		r	Yes	N
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	1	1	
	detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1	ĺ	l
				ĺ
	change on Schedule O (see instructions)	34	<u> </u>	V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1	1	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		v
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1005	$\vdash$	-
С			ŀ	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u> </u>	_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		
	during the year? If "Yes," complete applicable parts of Schedule N	36	1	J
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			\
_		075	<del> </del>	
b	Did the organization file Form 1120-POL for this year?	37b	├	-
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	<u> </u>	L
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9	ĺ		
a	· · · · · · · · · · · · · · · · · · ·	-{		
b	Gross receipts, included on line 9, for public use of club facilities	4		ļ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			ĺ
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	1	1	1
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1	ŀ	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	<u> </u>		-
		1	ļ	l
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	╚
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	İ	1	
	on organization managers or disqualified persons during the year under sections 4912,	ł		Į
	4955, and 4958		]	İ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1	Ì	
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			_
	transaction? If "Yes," complete Form 8886-T	40e		١,
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Neha Bajaj  Telephone no. ▶	91788	0042	,
			530	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		١,
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	ì	]	]
	Financial Accounts (FBAR).		1	
	·		-	-
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c	<u> </u>	
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	N
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	<u> </u>
174		l	1	i
	completed instead of Form 990-EZ	44a	<b>└</b>	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1		
	completed instead of Form 990-EZ	44b	Γ.	1 .
_	Did the organization receive any payments for indoor tanning services during the year?	44c	<del></del>	╁╌
C		770	<del> </del>	$\vdash$
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	-
	explanation in Schedule O	44d		L
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Ţ,
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			T
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1		
	Form 990-EZ (see instructions).	}		- [

Page	4

Form **990-EZ** (2016)

								Yes	No
6		ne organization engage, directly or in ndidates for public office? If "Yes," o							
irt '		Section 501(c)(3) organizations		,,	<u> </u>	<u> </u>	• 40	<u>'</u>	
		All section 501(c)(3) organization		stions 47–49b and	52 and co	mplete th	e tables	for line	es
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		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
		Onook ii tilo organization acca co	nedalo o to respond	to any quodion in t	mor are vi	<del></del>	<u> </u>	Yes	No
7	Did t	he organization engage in lobbying	activities or have a	section 501(h) electio	n in effect (	during the	tax 🗀	1.03	
•		If "Yes," complete Schedule C, Par				daning the	. 47	.	./
8	•	organization a school as described in						<del></del>	7
9a		ne organization make any transfers t					<u> </u>		7
b b		es," was the related organization a se					. 49		<b>V</b>
ט כ		plete this table for the organization's							d ko
•		oyees) who each received more than							
	Citipi	oyees) who each received more than	T	T	(d) Health	<del></del>		1407.6.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estima	ted amou	ınt of
	(ω)	That is and this of cash shiployes	devoted to position	(Forms W-2/1099-MISC)	benefit plans,		other co	mpensat	ion
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f		number of other employees paid ov							
f	Comp	plete this table for the organization	's five highest compo	ensated independent		who each	receive	d more	tha
	Comp		's five highest compo	ensated independent		who each	ı receive	d more	tha
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d	Comp \$100, (a)	plete this table for the organization, 000 of compensation from the organization from th	's five highest compoundanization. If there is not dent contractor	ensated independent one, enter "None."  (b) Type of sen	contractors	(c)	Compensa		tha
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# **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2016

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Code2College 812361556 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of d in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality unde	er the tests in	sted below, p	lease comple	ele Part III.)	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	(4) 2012	(3) 2010	(6) 2011	(4, 20.0	(0) 20.0	(i) rotar
-	membership fees received. (Do not					]	
	ınclude any "unusual grants.")					66948	-
2	Tax revenues levied for the						
	organization'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			L		<u> </u>	
4	Total. Add lines 1 through 3					66948	
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)						
_							
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	<u> </u>		L	l		66948
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(2) 2012	(6) 2010	(6) 2014	(u) 2010	66948	
8	Gross income from interest, dividends,			<del> </del> -		550.10	
·	payments received on securities loans,						,
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				<u> </u>		66948
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	-	n's first, secor	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · 🕨 🗸
<u>Secti</u>	on C. Computation of Public Suppor				<del></del>		
14	Public support percentage for 2016 (line 6		-			14	<u></u> %
15	Public support percentage from 2015 Sch					15	<u>%</u>
16a	331/2% support test—2016. If the organi box and stop here. The organization qua						
b	331/3% support test—2015. If the organi			_			
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20			-			_
,,,	10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	s-and-circumst	ances" test, cl	heck this box	and stop here.	Explain in
b	10%-facts-and-circumstances test-20	<b>015.</b> If the ora	anization did	not check a bo	x on line 13.	l6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization in Part VI how the organization in	ition meets th	ne "facts-and-	circumstances	" test, check	this box and s	stop here.
	supported organization						▶ 🗀
18	Private foundation. If the organization di instructions						

Schedu	le A (Form 990 or 990-EZ) 2016						Page <b>3</b>
Part	Support Schedule for Organiza (Complete only if you checked th	e box on line	e 10 of Part I	or if the orgai			<u>-</u>
Saati	If the organization fails to qualify on A. Public Support	under the te	sts listed bei	ow, piease co	mpiete Part	II.)	<del> ;</del>
		(-) 2012	(h) 2012	(a) 2014	(d) 001E	(a) 0016	(A Takal
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .			,			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b		,				
Secti	on B. Total Support		,				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						
С	Add lines 10a and 10b [						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here		
Sect	on C. Computation of Public Support Percentage		
15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%
Secti	on D. Computation of Investment Income Percentage		
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a	331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is mo		
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly support	ted or	ganızation 🕨 📋
b	331/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 illine 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly support tests—2015.		

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Sect	tion A	. Ali	Supporting	<b>Organizations</b>
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- 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 (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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Schedule A	(Form	gan or	ggn_F7	1 2016
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Page **5** 

Part	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110	-	
b	A family member of a person described in (a) above?	11a 11b	<del> </del>	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		<del></del>
	on B. Type I Supporting Organizations	1	<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		l	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			ļ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			l
2	Did the organization operate for the benefit of any supported organization other than the supported	1		$\vdash$
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		†
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed		ļ	ļ
	the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1 _	<u> </u>	
	on ziran iypo in dapporting digamzations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	1.10
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			}
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in:	struct	ions).
2	-	ı		
	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		1
	how the organization was responsive to those supported organizations, and how the organization determined			:
	that these activities constituted substantially all of its activities.	2a		i —
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			l !
_	activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	L		
۵.,	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
	or its supported organizations in res, describe in Fart VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Section 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>b</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			
Section 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	<del></del>		
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 integrated Type III supporting organization (see instructions).				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
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.			<u> </u>
8				·
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<u>-</u>	· - ·
Se	ection E - Distribution Allocations (see instructions)	(1)	(ii) Underdistributions	(iii) Distributable
	• • • • • • • • • • • • • • • • • • • •	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			\
_	instructions.			
3	Excess distributions carryover, if any, to 2016:		- ··v	<u> </u>
а				
b	<u> </u>		<del></del>	
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
а	!			
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (F	Form 990 or 990-EZ) 2016	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 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, 8 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1 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 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section Ic, 2a, 2b,
		•
		, <b></b>

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

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Code2College	812361556
Form 990EZ Part I, Line 16: Other Expenses:	
Repairs \$43	
Computer - hardware, software, hosting \$1380	
Insurance \$1474	
Program/Events \$1352	
Office supplies \$1137	
Meals and travel \$3105	
Background checks \$97	
Payroll - employee expenses \$84	
Advertising and promotion \$58	
Form 990EZ Part II, Line 26	
Payroll liabilities \$21,468	
rayion naumues 421,400	

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization	Employer identification number
Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization  Code 2 College, Inc.	Employer identification number 81-236 1/556
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