OMB No. 1545-0047

2019

D Employer identification number (Employees' trust, see instructions)

13-1623965

E Unrelated business activity code

525990

☐ Other trust

(See instructions)

Describe the only (or first) unrelated

☐ 401(a) trust

. If only one, complete Parts I-V. If more than one, describe the

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional

▶ Go to www.irs.gov/Form9907 for instructions and the latest inform

Number, street, and room or suite no. If a P O box, see instructions

City or town, state or province, country, and ZIP or foreign postal code

Group exemption number (See instructions.) ▶ Check organization type ▶ ☑ 501(c) corporation

, 2019, and ending

☐ 501(c) trust

For calendar year 2019 or other tax year beginning

College Board

250 Vesey Street

New York, NY 10281

H Enter the number of the organization's unrelated trades or businesses. ▶

Print<sup>\*</sup>

Type

or

trade or business here ▶ Partnership Investments

Form **990-T** 

Department of the Treasury

A Check box if address changed

B Exempt under section

☐ 408A

529(a)

☑ 501( c **1()3**)

408(e) 408(e)

C Book value of all assets at end of year

530(a)

Internal Revenue Service

Form	990-T	(2019)	

			•
ъa	О	Ю	4

Part	III To	otal Unrelated Business Taxable	Income						
32	Total of	unrelated business taxable income	computed from a	il unrelated trade	s or businesses (	see			_
	Instruct	ons)		$\sim \cdots +$	.1	32	C	B.427	7,401)
33	Amoun	s paid for disallowed fringes	(.	.)	∕. <b>\</b>	. 33		<u>-,</u>	<del>, 10.1</del> 7
34	Charita	ole contributions (see instructions for I	imitation rules)		$\mathcal{M}$	34			
35	Total u	related business taxable income before	ore pre-2018 NOL	s and specific ded	duction. Subtract				
•	34 from	the sum of lines 32 and 33				方 35		0 427	
36		on for net operating loss arising i						<u> 8,427</u>	<u>,401)</u>
30		ions)		_	•	1 1 3			
^=		•							<del></del>
37		unrelated business taxable income be	•					8,427	7,401)
38		deduction (Generally \$1,000, but see							
39		ed business taxable income. Subtra							
		e smaller of zero or line 37				// 39		8,427	7,401)
Part		x Computation				·· ,			
490		zations Taxable as Corporations. Mu							0
<i>4</i> 1	Trusts	Taxable at Trust Rates. See	instructions for	tax computatio	n. Income tax	on 🔣			
	the amo	ount on line 39 from: 🔲 Tax rate sche	dule or 🔲 Scl	hedule D (Form 10	)41)	▶ 41			
42		ax. See instructions							
43	-	ive minimum tax (trusts only)						_	
44		Noncompliant Facility Income. See							
45		add lines 42, 43, and 44 to line 40 or 4							
	V T	ix and Payments	i, willchever appli	<del>es</del>	· · · · · ·	· 1 49 1			0
<del>,</del>			1440- 4	F 4440\	44	<del></del>			
#6a		tax credit (corporations attach Form 1			46a				
<b>√</b> Ь		redits (see instructions)		-	46b				
C		business credit. Attach Form 3800 (se	· ·		46c				
d		or prior year minimum tax (attach Forn	•		46d				
е		redits. Add lines 46a through 46d .				. 46e			
47		t line 46e from line 45							
48	Other tax	es. Check if from:	8611 🔲 Form 8697 [	☐ Form 8866 ☐ C	ther (attach schedu	le) <b>48</b>			
49	Total ta	x. Add lines 47 and 48 (see instruction	ns)			. 49			0
50	2019 ne	et 965 tax liability paid from Form 965-	A or Form 965-B,	Part II, column (k)	, line 3	. 50			
51a	Paymer	nts: A 2018 overpayment credited to 20	019	1	5 1a	, , , , , , , , , , , , , , , , , , ,			
b	•	stimated tax payments			51b				
C		posited with Form 8868		<u> </u>	51c				
d		organizations: Tax paid or withheld at			51d				
e		withholding (see instructions)		·	51e	1			
	•	or small employer health insurance pre			51f	i			
1		· ·	•	1111 0941)	311				
g		redits, adjustments, and payments:		<del></del>	_1				
		1 4136 Othe			51g	<del></del>			
52	_	ayments. Add lines 51a through 51g				. 52			
53		ed tax penalty (see instructions). Chec				□     53			
54	Tax du	e. If line 52 is less than the total of line	s 49, 50, and 53, e	enter amount owe	d	▶ 54			
\ 55	Overpa	<b>yment.</b> If line 52 is larger than the tota	ıl of lines 49, 50, a	nd 53, enter amou	ınt overpaid	<b>▶</b> 55			
<u>56</u>		amount of line 55 you want: Credited to			Refunded	1 ▶   56			
Part	VI SI	atements Regarding Certain Act	tivities and Othe	er Information (	see instructions)	,			
57	At any t	ime during the 2019 calendar year, did	the organization	have an interest in	n or a signature o	r other auth	ority Y	/es	No
		inancial account (bank, securities, or o							
		Form 114, Report of Foreign Bank an							•
	here ▶					J	- 1 <del> </del>		$\overline{}$
58	During ti	ne tax year, did the organization receive a	distribution from or	was it the grantor of	or transferor to	foreign talet	<del>,</del> ⊢	$\dashv$	<del></del>
~		' see instructions for other forms the o			, or nanoicior io, a	ioroign trust	F	+	<del>,</del>
EO					•			- }	ı
_59_		e amount of tax-exempt interest receipenatives of perjury, I declare that I have examined the				hart of my lea	oudodae en	d bolis	<u></u>
Sign		rroct, and complete Declaration of preparer (other th	an taxpayer) is based on	all information of which p	preparer has any knowled	ige.			
_	IN (V)	1 1 nd - A	ימבל בולנט	· / — `	ctos	May the	IRS discuss		
Here		worth a - Yearington	~ 1111-120	, <u> y</u>	(10/		preparer shuctions)?		
	Signatu	re of officer	Date	Title					<u></u>
Paid		Print/Type preparer's name	Preparer's signature		Date	Check 🔲 r	f PTIN		
Prep	arer					self-employed			
Use		Firm's name ▶				Firm's EIN ▶			
USE !	עוווט	Firm's address ▶				Phone no			

Form	990-T	(2019)	٠

Page 3

Sche	dule A-Cost of Goods Sold.	nter	method of inver	ntory va	luation >		· · · · · · · · · · · · · · · · · · ·		
1	Inventory at beginning of year	1		6	Inventory a	at end of year	6		_
2	Purchases	2		7	Cost of g	oods sold. Subtract line			
3	Cost of labor	3		]	6 from line	5. Enter here and in Part			
4a	Additional section 263A costs				I, line 2		7		
	(attach schedule)	4a		8	Do the rul	es of section 263A (with	respect to	Yes I	No
b	Other costs (attach schedule)	4b		}	property p	roduced or acquired for I	resale) apply		$\Box$
5	Total. Add lines 1 through 4b	5				inization?			
	dule C—Rent Income (From Finstructions)	eal I	Property and Pe	ersonal	Property i	Leased With Real Pro	perty)		
1. Descr	aption of property								
(1)									
(2)									
(3)									
(4)									
	2. Rent rec	eived c	or accrued	·	,				
	m personal property (if the percentage of rer personal property is more than 10% but not more than 50%)		(b) From real and pe percentage of rent for pe 50% or if the rent is ba	ersonal pro	perty exceeds		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)					·				
(2)									_
(3)					`				_
(4)				•					
Total		То	tal			(b) Total deductions.			
	al income. Add totals of columns 2(a) d on page 1, Part I, line 6, column (A)					Enter here and on page 1			
	dule E—Unrelated Debt-Finar			ructions	)				
	Description of debt-financed p	operty			come from or debt-financed	3. Deductions directly con- debt-finance	ed property		
				property		(a) Straight line depreciation (attach schedule)	(attach s	deductions chedule)	
(1)									
(2)									_
(3)									
(4)									
	acquisition debt on or of locable to debt-financed debt-	or allo	ljusted basis cable to ed property chedule)	4 di	olumn vided lumn 5	7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 × to 3(a) an		
(1)					%				_
(2)					%				
(3)					%				
(4)					%				
						Enter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,		
Totals					▶				
Total d	ividends-received deductions includ	ed in c	solumn 8	• • •	· · · ·			000 T	

Schedule F—Interest, Ann	iuπies, Hoyaπies,			Controlled Org	janizations (se	e instru	ctions)	<del></del>
1. Name of controlled	2 Employer	Exempt	Controlled	Organizations	T		<del></del>	<del> </del>
organization	2. Employer identification number		ated income nstructions)	4. Total of specified payments made	5. Part of column included in the organization's great the column included in the column in	controlling	conn	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organi	zations						•	
7. Taxable Income	8. Net unrelated in (loss) (see instruc			otal of specified yments made	10. Part of column coluded in the corganization's great to the corganization or the column to the co	controlling	conne	Deductions directly cted with income in column 10
(1)					-		<del></del>	
(1) (2)							+	
(3)	<del> </del>					<del> </del>	+	
(4)			•		·		+	
(4)	l	l.	<del></del>	·	<del> </del>		+	
					Add columns 5 Enter here and 6 Part I, line 8, co	on page 1,	Enter	columns 6 and 11. here and on page 1, , line 8, column (B)
Totals				· · · · · •	<u> </u>		<u> </u>	<del></del>
Schedule G-Investment	Income of a Sect	tion 501(c		Or (17) Organi Deductions	· · · · · · · · · · · · · · · · · · ·	1		otal deductions
1. Description of income	2. Amount o	of income	dire	ctly connected ach schedule)	4. Set-aside (attach sched		and s	et-asides (col. 3 plus col. 4)
(1)				· · · · · · · · · · · · · · · · · · ·				
(2)								
(3)								
(4)				_				
Totals	Enter here and Part I, line 9, o	column (A).					Part I, li	re and on page 1, ne 9, column (B).
Schedule I—Exploited Ex-	empt Activity Inc	ome, Oth	er Than	Advertising In	come (see inst	ructions	s)	·
Description of exploited activ	2. Gross unrelated business inco from trade of business	ome proc	expenses lirectly ected with duction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses Itable to Imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)						<u> </u>		
(3)		<del></del>	<del></del>		•			
(4)					·			-
Totals	Enter here and page 1, Part line 10, col. (	il, page	nere and on 1, Part I, 0, col (B).		····	,	2)	Enter here and on page 1, Part II, line 25
Schedule J-Advertising	income (see instru	ctions)			<del>.</del>			<del></del>
Part I Income From F	Periodicals Repor	ted on a	Consoli	dated Basis		•		
	T .		<del> </del>	4. Advertising		1		7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct tising costs	gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income		dership osts	costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								1
(4)								
Totals (carry to Part II, line (5))	. ▶							

Pa	ne	5

Total. Enter here and on page 1, Part II, line 14

Part II	Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in co	olumns
	2 through 7 on a line-by-line basis )	

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						<del></del>
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, Inne 11, col. (B)		4	,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)						
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instr	uctions)		
1. Name			2. Title	3. Percent of time devoted to business	, I 4. Compensa	tion attributable to ed business
(1)				9	6	
(2)				9	6	
(3)				9	6	
(4)				9	6	

Form **990-T** (2019)

## **College Entrance Examination Board**

EIN: 13-1623965 2019 Form 990-T

Part I, Line 5: Income (loss) from partnerships

<u>Partnership</u>	Income	Deductions	Net
AK	548,191	225,632	322,559
R	429,353	538,847	(109,494)
AR	883	337	546
M	-	2	(2)
BY	2,025	1	2,024
AS	114,873	35,868	79,005
AT	(24,316)	47,920	(72,236)
BW	36,839	-	36,839
BX	(63,778)	-	(63,778)
AN	(1,134)	6,599	(7,733)
J	32,890	1,699	31,191
K	18,698	458	18,240
BM	(1,429)	44,442	(45,871)
BV	37,428	4,901	32,527
AV	24,165	-	24,165
BN	356	5,265	(4,909)
AA	719,180	1,831,555	(1,112,375)
AL	(176,973)	24,733	(201,706)
AM	401	-	401
AN	(286,059)	122,275	(408,334)
ВО	(35,778)	-	(35,778)
T	<b>2,975</b>	25,833	(22,858)
CC	(553,564)	-	(553,564)
AX	601,304	-	601,304
AQ	193,597	-	193,597
BB	1,273,644	2,295,142	(1,021,498)
AZ	566,978	536,738	30,240
G	(102)	55	(157)
CA	(276,977)	-	(276,977)
Q	274,727	173,787	100,940
U	472,723	604,572	(131,849)
E	(3,136)	-	(3,136)
F	(1,691)	603	(2,294)
BQ	25,302	40,606	(15,304)
BP	2	681	(679)
CD	(1,765)	29	(1,794)
BR	22,548	-	22,548
BE	34,706	-	34,706
BZ	(43,648)	-	(43,648)
AH	(32,618)	40,603	(73,221)

**College Entrance Examination Board** 

EIN: 13-1623965 2019 Form 990-T

Part I, Line 5: Income (loss) from partnerships

<u>Partnership</u>	<u>Income</u>	<b>Deductions</b>	Net
AP	-	829	(829)
AG	87,576	-	87,576
BT	(1,844,565)	-	(1,844,565)
CB	1,664	-	1,664
BF	(916,511)	16,789	(933,300)
CE	(1,331,240)	-	(1,331,240)
Н	(3,039)	433	(3,472)
BG	46,236	7,074	39,162
ВН	65,116	158,934	(93,818)
V	183,607	33,621	149,986
BI	20,392	124,748	(104,356)
BJ	4,091	7,201	(3,110)
BK	210,150	1,255,906	(1,045,756)
I	5,907	3,302	2,605
BL	(669,584)		(669,584)
Total	(209,380)	8,218,021	(8,427,401)

**College Entrance Examination Board** 

EIN: 13-1623965 FORM 990-T 2019

**NOL Carryforward Schedule** 

Tax Year	Generated	Carryforward
2017	1,830,934	1,830,934
2018	9,281,860	9,281,860
2019	8 427 401	8 427 401