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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2008

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

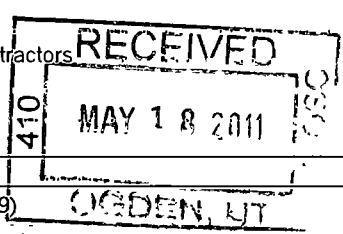
ENVELOPE
POSTMARK DATE MAY 16 2011

A For the 2008 calendar year, or tax year beginning, 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. ASPIRE TRP, INC 8100 KIMBALL AVE WATERLOO, IA 50701	D Employer identification number 42-1477803
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>		E Telephone number 319-296-3096
I Website: ASPIRETRP.ORG		F Group Exemption Number
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		\$ 128,184.

SCANNED
1102 9 1 NJP

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
1 Contributions, gifts, grants, and similar amounts received		1	88,953.
2 Program service revenue including government fees and contracts		2	7,209.
3 Membership dues and assessments		3	
4 Investment income		4	38.
5a Gross amount from sale of assets other than inventory	5a 3,212.		
b Less. cost or other basis and sales expenses	5b 1,383.		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	SEE STATEMENT 1	5c	1,829.
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ 10,851. of contributions reported on line 1)	6a 28,772.		
b Less. direct expenses other than fundraising expenses	6b 18,120.		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	10,652.
7a Gross sales of inventory, less returns and allowances	7a		
b Less. cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8 Other revenue (describe _____)		8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	108,681.
10 Grants and similar amounts paid (attach schedule)		10	
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	50,550.
13 Professional fees and other payments to independent contractors		13	3,281.
14 Occupancy, rent, utilities, and maintenance		14	1,152.
15 Printing, publications, postage, and shipping		15	7,752.
16 Other expenses (describe <u>SEE STATEMENT 2</u>)		16	59,572.
17 Total expenses (add lines 10 through 16)		17	122,307.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-13,626.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	-6,652.
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3		20	137.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	-20,141.



Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		8,010.	7,541.
23 Land and buildings			
24 Other assets (describe <u>SEE STATEMENT 4</u>)		21,593.	16,169.
25 Total assets		29,603.	23,710.
26 Total liabilities (describe <u>SEE STATEMENT 5</u>)		36,255.	43,851.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		-6,652.	-20,141.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

69
2
N/E

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	▶ 37a 0.	
37b	b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?	X	
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	▶ 38b 9,500.	
39	501(c)(7) organizations. Enter.		
39a	a Initiation fees and capital contributions included on line 9	▶ 39a N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	▶ 39b N/A	
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.	
40d	d Enter amount of tax on line 40c reimbursed by the organization	▶ 0.	
40e	e 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		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The books are in care of ▶ MARILYN MOORE Telephone no ▶ 319-296-3096
 Located at ▶ 8100 KIMBALL AVE WATERLOO IA ZIP + 4 ▶ 50701

		Yes	No
42b	b 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)? If 'Yes,' enter the name of the foreign country. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** | _____ N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 12**

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Sign Here 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.

Signature of officer: Don Moore Date: 5/16/2011

Type or print name and title: DON MOORE TREASURER

Paid Preparer's Use Only

Preparer's signature: SELF-PREPARED Date: _____

Firm's name (or yours if self employed), address, and ZIP + 4: _____

Preparer's Identifying Number (See instructions): _____

EIN: _____

Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization ASPIRE TRP, INC	Employer identification number 42-1477803
--	---

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

The organization is not a private foundation because it is. (Please check only **one** organization.)

- 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.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 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.
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3 % 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 33-1/3 % 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.)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III— Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	44,696.	55,605.	75,739.	99,033.	88,953.	364,026.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-3	44,696.	55,605.	75,739.	99,033.	88,953.	364,026.
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)						0.
6 Public support. Subtract line 5 from line 4						364,026.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	44,696.	55,605.	75,739.	99,033.	88,953.	364,026.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						364,026.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	100.0 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	100.0 %

16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	DANCE (event type)	(event type)	(total number)	(Add col. (a) through col. (c))	
1	Gross receipts	39,623.		39,623.	
2	Less. Charitable contributions	10,851.		10,851.	
3	Gross revenue (line 1 minus line 2)	28,772.		28,772.	
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	18,120.		18,120.
	8	Direct expense summary Add lines 4- through 7 in column (d)			18,120.
9	Net income summary. Combine lines 3 and 8 in column (d)			10,652.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities. _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' Explain. ----- -----	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain ----- -----	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in.

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ -----

Address ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address.

Name. ▶ -----

Address. ▶ -----

16 Gaming manager information

Name. ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided. ▶ -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization ASPIRE TRP, INC	Employer identification number 42-1477803
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
DON MOORE OPERATING EXPENSES	X		9,500.	9,500.		X	X		X	
Total				▶ \$	9,500.					

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

ASPIRE TRP, INC

Identifying number

42-1477803

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	5,033.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life		1,421.	10	HY	S/L	29.
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	400.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	5,462.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					24b If 'Yes,' is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
84 CHEVY PIC	9/17/07	100.0	2,000.	2,000.	5.0	S/L MO	400.		
27 Property used 50% or less in a qualified business use.									
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	400.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6		
						Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)							
31 Total commuting miles driven during the year							
32 Total other personal (noncommuting) miles driven							
33 Total miles driven during the year. Add lines 30 through 32							
34 Was the vehicle available for personal use during off-duty hours?							
35 Was the vehicle used primarily by a more than 5% owner or related person?							
36 Is another vehicle available for personal use?							

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
	<input checked="" type="checkbox"/>	
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		<input type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use?		<input type="checkbox"/>
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		<input type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		<input type="checkbox"/>
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions).					
43 Amortization of costs that began before your 2008 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					44

ASPIRE TRP, INC

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STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	18' STOCK TRAILER		
DATE ACQUIRED:	2/28/2000		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	8/16/2008		
TO WHOM SOLD:	LARRY WALZ		
GROSS SALES PRICE:		2,450.	
COST OR OTHER BASIS:		1,650.	
BASIS METHOD:	COST		
DEPRECIATION:		1,650.	
			GAIN (LOSS) 2,450.
DESCRIPTION:	HORSE "DISA"		
DATE ACQUIRED:	3/31/2006		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	4/04/2008		
TO WHOM SOLD:	PUBLIC AUCTION		
GROSS SALES PRICE:		562.	
COST OR OTHER BASIS:		1,600.	
BASIS METHOD:	COST		
DEPRECIATION:		1,067.	
			GAIN (LOSS) 29.
DESCRIPTION:	MARE LUCY		
DATE ACQUIRED:	4/14/2008		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	11/22/2008		
TO WHOM SOLD:	DIANA CULBERTSON		
GROSS SALES PRICE:		200.	
COST OR OTHER BASIS:		850.	
BASIS METHOD:	COST		
			GAIN (LOSS) -650.
			TOTAL GAIN (LOSS) OTHER ASSETS \$ 1,829.
			TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 1,829.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AUTO & TRAILER	\$	2,021.
BANK CHARGES		795.
CONFERENCES, CONVENTIONS, AND MEETINGS		3,111.
DEPRECIATION		5,462.
DUES & SUBSCRIPTIONS		4,626.
HORSE CARE		11,516.
INSURANCE		10,940.
INTEREST		6,462.
OFFICE EXPENSES		2,596.
PROGRAM EXPENSE		6,974.
PUBLIC VISABILITY & ADVERTISIN		2,093.

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

SMALL EQUIPMENT PURCHASED	\$	1,436.
SUPPLIES		115.
VOLUNTEER TRAINING		980.
TOTAL	\$	<u>59,572.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ADJUSTING ENTRY TO CORRECT CLERICAL ERROR		137.
TOTAL	\$	<u>137.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 1,850.	\$ 1,450.
MACHINERY AND EQUIPMENT	19,743.	14,719.
TOTAL	<u>\$ 21,593.</u>	<u>\$ 16,169.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
PAYABLE TO OFFICERS, DIRECTORS, ETC.	\$ 9,500.	\$ 9,500.
PAYROLL LIABILITIES	2,756.	8,408.
REVOLVING CREDIT FROM VENDORS & CREDIT C	18,146.	22,008.
SECURED MORTGAGES AND NOTES PAYABLE	5,853.	3,935.
TOTAL	<u>\$ 36,255.</u>	<u>\$ 43,851.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ASPIRE THERAPEUTIC RIDING PROGRAM PROVIDES BENEFITS TO INDIVIDUALS WITH DISABILITIES THROUGH ANIMAL ASSISTED ACTIVITIES AND OUTREACH PROGRAMS.

ASPIRE TRP, INC

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STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THERAPEUTIC HORSEBACK RIDING SESSIONS 3 TIMES PER WEEK APRIL THROUGH OCTOBER. PROVIDED THERAPEUTIC HORSEBACK RIDING SESSIONS TO 22 INDIVIDUALS WITH A WIDE RANGE OF PHYSICAL AND/OR EMOTIONAL DISABILITIES. DEVELOPED AND IMPLEMENTED INDIVIDUALIZED PLANS AND GOALS FOR EACH STUDENT. CHARTED EACH STUDENTS PROGRESS.

STATEMENT 8
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DAY CAMP
 PROVIDED A FIVE DAY LONG DAY CAMP FOR 38 INDIVIDUALS WITH DISABILITIES. PROVIDED A WIDE RANGE OF PROGRAMMING AND ACTIVITIES APPROPRIATE FOR INDIVIDUALS WITH A WIDE RANGE OF PHYSICAL AND/OR EMOTIONAL DISABILITIES UTELIZING SEVERAL DIFFERENT COMMUNITY SITES ON SEQUENTIAL DAYS.

STATEMENT 9
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EQUINE EXPERIENTIAL LEARNING
 DEVELOPED AND PROVIDED AN EQUINE ASSISTED EXPERIENTIAL LEARNING PROGRAM FOR 14 YOUTH FROM A LOCAL RESIDENTIAL TREATMENT FACILITY ONE NITE PER WEEK APRIL THROUGH OCTOBER.

STATEMENT 10
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
MINI HORSE VISITATION PROGRAM TRANSPORTED MINIATURE HORSES TO LOCAL MIDDLE SCHOOL FOR CLASSROOM VISITATION PROGRAM. COORDINATED WITH SCHOOL PERSONNEL TO PROVIDE EDUCATIONAL PROGRAMMING FOR 10 DISABLED STUDENTS SPRING AND FALL.		
TRANSPORTED MINIATURE HORSES TO AREA NURSING HOMES, REHAB CENTERS, CHURCHES, TO PROVIDE EDUCATIONAL PROGRAMS FOR APPROX.274 INDIVIDUALS.		5,504.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 5,504.

ASPIRE TRP, INC

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STATEMENT 11
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MARILYN MOORE 8100 KIMBALL AVE WATERLOO, IA 50701	EXECUTIVE DIREC 45.00	\$ 0.	\$ 4,850.	\$ 0.
HAROLD GETTY 1555 WOODMAYR DR WATERLOO, IA 50703	0.50	0.	0.	0.
KAMI HOLMES 528 WEST 4TH ST WATERLOO, IA 50701	0.25	0.	0.	0.
RUSS DEBONIS 1051 RIEHL ST WATERLOO, IA 50703	0.10	0.	0.	0.
DON MOORE 8100 KIMBALL AVE WATERLOO, IA 50701	TREASURER 5.00	0.	0.	0.
TONY THOMPSON 8847 LEVERSEE RD CEDAR FALLS, IA 50613	VICE PRESIDENT 0.50	0.	0.	0.
MISSY SANTMAN 1720 HWY V37 DYSART, IA 52224	0.34	0.	0.	0.
SANDY MAIDEN 2625 WILLOW LANE CEDAR FALLS, IA 50613	0.20	0.	0.	0.
JODY STEPHENS 1107 CORNWELL AVE WATERLOO, IA 50702	0.50	0.	0.	0.
LARRY SCURA 1228 SOUTH HILL DR WATERLOO, IA 50701	PRESIDENT 1.00	0.	0.	0.
JEFF KEMP 826 OLYMPIC DRIVE WATERLOO, IA 50701	0.10	0.	0.	0.
SUNNY LAYNE 500 E 4TH ST WATERLOO, IA 50703	0.10	0.	0.	0.

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STATEMENT 11 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ERIC OLSON 422 COMMERCIAL ST WATERLOO, IA 50704	0.20	\$ 0.	\$ 0.	\$ 0.
	TOTAL	\$ 0.	\$ 4,850.	\$ 0.

STATEMENT 12
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO