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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

A Fo	r the 2	2009 ca <u>lend</u>	ar yea	r, or tax year beginning 07-01	L-2009 and	ending 06-30-20:	10			
B Ch	eck ıf a _l	pplicable Plea	ase	C Name of organization GREAT ASPIRATIONS				D Employer i	identific	cation number
☐ Add	tress ch	ange	IRS elor	SCHOLARSHIP PROGRAM INC				52-1277		
┌ Nai	me chai	nge prir	ıt or	Doing Business As GRASP				E Telephone	numbe	r
┌ Init	ıal retui	rn Spe	e. See cific	Number and street (or P O box	ıf mail is not deli	wered to street addr	ess) Room/suite	(804) 527	7-7785	5
Г _{Тег}	mınated	Inst d tion	truc- 15.	4551 COX ROAD SUITE 110	ii maii is not ucii	ivered to street dudi	C33) ROOM, Suite	G Gross receip	ts \$ 817	7,232
	ended i			City or town, state or country, a	nd 7IP + 4			4		
				GLEN ALLEN, VA 230606740	nd Zii T					
i Abi	olication	n pending						J		
				ne and address of principal of Y E HEGGIE	ficer			his a group reti	urn for	- - - - - - - - - -
		l l		COX ROAD SUITE 110			απιι	ıates?		⊤Yes ▼ No
			GLEN A	ALLEN, VA 230606740			H(b) Are	all affiliates incl	uded?	┌ Yes ┌ No
							If"	No," attach a li	st (see	e instructions)
I Ta	x-exem	npt status 🖊	501(c))(3) ◀(Insert no)	(1) or 527		H(c) Gro	oup exemption	numbei	r ►
				IVIRGINIA COM						
		-		ion Trust Association Othe	er 🟲		L Year of t	ormation 1983	M State	e of legal domicile VA
Pa	rt I	Summar	•	e organization's mission or m						
& Governance	2	OPPORTUN PARTICULA WITHOUT	ITIES ARLY A GRASP	CIAL SUPPORT AND COUNS GRASP'S MISSION IS TO MONG FAMILIES WITHOUT 'S GUIDANCE AND FINANC	INCREASE T T SUFFICIEN IAL ASSIST	HE COLLEGE A IT FINANCIAL R ANCE	TTENDANCE ESOURCES	AND THE GRA	ADUAT ISH SU	ION RATE, JCH MISSION
Activities &	3	Number of v	otıng r	nembers of the governing bod	ly (Part VI, lır	ne 1a)		-	3	14
볼	4	Number of I	ndepen	ident voting members of the g	joverning bod	y (Part VI, line 1	b)	•	4	14
হ	5	Total numbe	erofen	nployees (Part V , line 2a) .					5	35
	6	Total numbe	erofvo	lunteers (estimate if necessa	ary)				6	
	7a	Total gross	unrela	ted business revenue from Pa	art VIII, colur	mn (C), line 12			7a	0
	b	Net unrelate	d busi	ness taxable income from Foi	rm 990-T, lın	e 34			7b	
								or Year	'	Current Year
g)	8			d grants (Part VIII, line 1h)				222,471	 	726,253
Rayenue	9	_		revenue (Part VIII, line 2g)				58,582	 	89,811
2	10			ne (Part VIII, column (A), lin		•	•	546		1,168
_	11		-	art VIII, column (A), lines 5,						0
	12			dd lınes 8 through 11 (must e			ne	281,599		817,232
	13			ar amounts paid (Part IX, colu				650		30,400
	14	Benefits pa	aid to d	or for members (Part IX, colun	nn (A), line 4))				0
	15	Salaries, o	therco	ompensation, employee benef	its (Part IX, c	olumn (A), lines	5-			
Expenses		10)						139,983		217,312
র্ক	16a	Profession	al fund	raising fees (Part IX, column	(A), line 11e)				0
五	b	Total fundrais	sing exp	enses (Part IX, column (D), line 25)	▶ 0					
	17	•		(Part IX, column (A), lines 11		•	•	123,976	+	77,654
	18	Total expe	nses /	Add lines 13–17 (must equal	Part IX, colu	mn (A), line 25)		264,609	 	325,366
. 00	19	Revenue le	ssexp	penses Subtract line 18 from	line 12			16,990		491,866
Not Assets or Fund Balances							_	ng of Current Year		End of Year
i de de	20	Total asse	ts (Par	t X, line 16)				45,631		529,397
4. A. S. B.	21			Part X, line 26)				8,600	1	500
ж <u>т</u>	22			d balances Subtract line 21				37,031	 	528,897
Par	rt III	Signatu						, -		
Sign Here		****** Signature	of office				ed on all informa	ation of which prep 0-11-10		
				e and title						
—— Paid		Preparer's signature	тном	AS E OWEN JR CPA	Date 2010-1	.1-10	Check if self-empolyed	Preparer's ide (see instruction	, ,	number
	arer's			OWEN & COMPANY PLC			· · · · · · · · · · · · · · · · · · ·			
Use (Only	if self-employ address, and	ed), ZIP + 4	11229 ENSLEY CT				EIN Þ	_	
								Phone no 🕨	(804) 5	27-7705
		<u> </u>		RICHMOND, VA 232331850						/

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROVIDE RESOURCES TO STUDENTS AND FAMILIES IN NEED TO ACCESS FINANCIAL AID, SCHOLARSHIPS, PRIVATE FINANCIAL SUPPORT AND COUNSELING TO ENCOURAGE AND MAXIMIZE EACH STUDENT'S EDUCATIONAL OPPORTUNITIES GRASP'S MISSION IS TO INCREASE THE COLLEGE ATTENDANCE AND THE GRADUATION RATE, PARTICULARLY AMONG FAMILIES WITHOUT SUFFICIENT FINANCIAL RESOURCES TO ACCOMPLISH SUCH MISSION WITHOUT GRASP'S GUIDANCE AND FINANCIAL ASSISTANCE

2	_	on undertake any significa or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	these new services on Scl	nedule O			
3		n cease conducting, or m			nducts, any program	┌ Yes ┌ No
	If "Yes," describe t	these changes on Schedu	le O			
4	Section 501(c)(3)	• • •	ons and secti	on 4947(a)(1) trusts a	largest program services by re required to report the amo ervice reported	•
4a	(Code) (Expenses \$	234,730	ıncludıng grants of \$) (Revenue \$)
		EKLY COUNSELING TO LOCAL P DLARSHIPS AND MAINTENANCE		HOOL STUDENTS IN SCHOOLS	S AND LIBRARIES TO PROVIDE ASS	ISTANCE WITH SECURING
4b	(Code) (Expenses \$	30,400	ıncludıng grants of \$	30,400) (Revenue \$)
	GRASP PROVIDES "LA	ST DOLLAR" SCHOLARSHIPS FO	R NEEDY STUDE	ENTS		
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	-					
4d	Other program se	rvices (Describe in Sche	dule O)			
	(Expenses \$	ınclu	dıng grants o	f \$) (Revenue \$)
4e	Total program se	rvice expenses►\$	265,13	30		

Part IV	Checklist o	f Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		Νo

Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	110
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	vear 12b			

4551 COX ROAD SUITE 110 GLEN ALLEN, VA 230606740

(804) 527-7785

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
114	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11		Νο
	bescribe in Schedule of the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
<u>Se</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vopon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th GRASP	e orga	nızatıor) F -

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n		ate any	curr	ent c	r fo	rmer o	ffıce	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	Posit	((C) (ched	ck al			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WALTER A STOSCH CHAIRMAN/TRE	20 00	Х		Х				0	0	0
DAVID BRAT VICE PRES	4 00	Х		х				0	0	0
										

For	m 990 (2009)			Page 8
1 b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		N o
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
s	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			
		F	orm 99 0	(2009)

Form 9								Page 9
Part \	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
its si	1a	Federated cam	paigns 1a	·				
충표	ь	Membership du	es					
Contributions, gifts, grants and other similar amounts	С	Fundraising eve	ents 1 c					
∄ ∄≒	d	Related organiz	zations 1d					
ξ <u>Έ</u>	e	Government grant	s (contributions) 1e	274,988				
đio ≅rs	f	All other contribute	ons, gifts, grants, and 1f	451,265				
音楽	g	Noncash contri	butions included in					
ğ		lines 1a-1f\$ _	1,950	_	726 252			
ु ख	h	Total. Add lines	s 1a-1f		726,253			
e				Business Code				
Program Service Revenue	2a	PUBLIC SCHOOL AI			51,250	51,250		
<u>æ</u>	Ь	PUBLIC SCHOOL AI			26,250	26,250		
နို နှ	c	FEES EARNED SCH	_		12,061	12,061		
À	d	MISCELLANEOUS II	NCOME		250	250		-
Ē	e _	All other progra	am corvice revenue					
Ş	"	All other progra	am service revenue					
	g		s 2a-2f		89,811			
	3		ome (including dividen		1,168	1,168		
	4		ar amounts) stment of tax-exempt bond		1,100	1,100		
	5							
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	c	Gain or (loss)		<u> </u>				
	d 8a		rom fundraising					-
<u> </u>	"	events (not inc						
Other Revenue		\$	 s reported on line 1c)					
ě			ne 18					
<u>.</u>			а					
Ě	b		penses b					
•	c 9a		(loss) from fundraising from gaming activities	events				
			ne 19					
			а					
	b		penses b					
	10a	Gross sales of	(loss) from gaming acti	vities				
		returns and allo						
			а					
	b		oods sold b (loss) from sales of inv	entery -				
	С	Miscellaneous		Business Code				-
	11a	zananeou.	· · · · · · · · · · ·					
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
				·				
	12	Total revenue.	See Instructions .	▶	04 = 000	00.070		

90,979

817,232

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mus				
	ll other organizations must complete column (A) but are not required to co	omplete columr	(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	30,400	30,400		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	201,868	153,735	48,133	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,444	11,737	3,707	
11	Fees for services (non-employees)				
а	Management	861	861		
b	Legal	200		200	
c	Accounting	11,950	9,234	2,716	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	10,658	10,658		
14	Information technology	12,459	12,459		
15	Royalties				
16	Occupancy	12,778	9,711	3,067	
17	Travel	1,972	1,972		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (Expenses	2,145	1,630	515	
	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	FUNDRAISING EXPENSES	6,707	6,707		
b	TRAINING EXPENSES	6,214	6,214		
C	MISCELLANEOUS	4,084	4,084	700	
d	TUITION REIMBURSEMENT	3,000	2,280	720	
e •	TELEPHONE All other expenses	1,762	1,339	423	
f e	All other expenses	2,864	2,109	755	_
25	Total functional expenses. Add lines 1 through 24f	325,366	265,130	60,236	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		20,331	1	162,564
	2	Savings and temporary cash investments		25,300	2	348,406
	3	Pledges and grants receivable, net			3	18,427
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, l	key employees, and			
		highest compensated employees Complete Part II of Schedule L			5	
	_ ا		h 40 F0 (f) (1)) l		-	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of	tion 4958(f)(1)) and			
ø		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
88	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		45,631	16	529,397
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
_	20	Tax-exempt bond liabilities			20	
ē	21	Escrow or custodial account liability Complete Part IV of Schedule I	o		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D		8,600	25	500
	26	Total liabilities. Add lines 17 through 25		8,600	26	500
ķ		Organizations that follow SFAS 117, check here 🕨 🔽 and comple	te lines 27			
ě		through 29, and lines 33 and 34.				
Balance	27	Unrestricted net assets		37,031	27	528,897
Ξ	28	Temporarily restricted net assets			28	
Fund	29	Permanently restricted net assets			29	
교		Organizations that do not follow SFAS 117, check here ▶ ☐ and	complet e			
9	20	lines 30 through 34.			20	
ets	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other fund	15	37,031	32	528,897
Ř	33	Total net assets or fund balances			33	
	34	Total liabilities and net assets/fund balances		45.631	-27	529.397

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

GREAT	ASPIR	e organiz ATIONS							Employer ide	ntification n	umber	
SCHOL	ARSHI	P PROGRAN							52-1277427			
	rt I			olic Charity Stat						ructions		
The c	rganı			e foundation because)			
1		A churc	h, conventio	on of churches, or as	sociation of o	hurches se	ction 170(b)(1)(A)(i).				
2				ın section 170(b)(1)								
3		A hospi	tal or a coop	perative hospital serv	vice organiza	tion describ	ed in section	170(b)(1)(A)(iii).			
4	l		cal research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	ıbed ın sectio	on 170(b)(1)((A)(iii). Ente	rthe	
5	Γ	_	•	rated for the benefit	-	or university	owned or ope	erated by a g	overnmental	unit describ	— ed in	
6	г			local government or		l unit descri	had in sectio	170(b)(1)(Δ)(v)			
7	<u> </u>	An orga describ	inization tha ed in	t normally receives a	a substantial					n the genera	public	:
8	Γ	A comn	nunity trust (described in section	170(b)(1)(A)(vi) (Comp	lete Part II)					
9	Γ	Anorga	nization tha	t normally receives	(1) more tha	n 331/3% of	ıts support fr	om contribut	tions, membe	rship fees, a	nd gro	SS
		receipts	s from activi	ties related to its ex	empt functioi	ns—subject t	o certain exc	eptions, and	l (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incon	ne and unrela	ted business	s taxable inco	ome (less se	ction 511 tax	() from busın	esses	
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e section 50	9(a)(2). (Cor	nplete Part I	II)			
10	Γ	Anorga	nization org	anızed and operated	exclusively t	to test for pu	blic safety S	ee section 5 0	09(a)(4).			
11	Γ	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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III c Type III - Functionally integrated d Type III - Other							. Check			
e f	Γ	other th section If the o	nan foundatio 509(a)(2)	x, I certify that the con managers and oth	er than one o	r more public	cly supported	lorganizatioi	ns described	in section 5	09(a)(1) or
g		Since A		006, has the organiz	ation accept	ed any gıft o	r contribution	from any of	the			'
				ectly or indirectly co	ntrols, eithei	r alone or tog	ether with pe	rsons descr	ıbed ın (ıı)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organizati	ion?			11g(i)		
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abov	/e?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove [?]			11g(iii)		
h		Provide	the followin	g information about t	the supported	d organizatio	n(s)					
	(i) Name Suppo Tganiz	e of (ii) (described on		Type of organization (described on lines 1- 9 above	(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 US?		A m	(vii) ount of oport?
				(see instructions))	Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I	.)			
	ection A. Public Support	<u> </u>			<u> </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	30,20	5 31,46	7 35,876	221,618		726,253	1,045,419
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions be each person (other than a	30,20 y	5 31,46	7 35,876	221,618		726,253	1,045,419
	governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column	n						
6	(f) Public Support. Subtract line 5 from line 4	ו ו					+	1,045,419
S	ection B. Total Support	•						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	30,205	301	35,876	221,618		726,253	1,045,419
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,224	301	2,247	546		1,168	5,486
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	25,634	35,307	35,593	57,582		89,811	243,927
11	Total support (Add lines 7 through 10)							1,294,832
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		90,979
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fı	fth tax year as a	501(c)(3	;) organız	eation, ▶ ———————————————————————————————————
<u></u>	ection C. Computation of Pub Public Support Percentage for 200			11 column (fl)		14		80 740 %
- · 15	Public Support Percentage for 200	,	•	(.,,		—		
	33 1/3% support test—2009. If the	•	•	x on line 13 and l	ine 14 is 33 1/20%	or more	check+	66 720 % his hox
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee	alifies as a public organization did n qualifies as a pu — 2009. If the orga tion meets the "fa	y supported orga not check the bo iblicly supported anization did not acts and circums	inization x on line 13 or 16 organization check a box on lin tances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and st	33 1/3% and line	or more, o e 14 Explain	►/ check this ►/
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza	— 2008. If the organization meets the	anization did not e "facts and circu	check a box on lin imstances" test, c	e 13, 16a, 16b, o heck this box and	r 17a an d stop he	id line e re.	▶ □
18	supported organization Private Foundation If the organizat instructions	ion did not check	a box on line 13	, 16a, 16b, 17a or	17b, check this	box and :	5 e e	►□ ►□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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 lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 52-1277427

Name: GREAT ASPIRATIONS

SCHOLARSHIP PROGRAM INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FUNDRAISING EXPENSES	6,707	6,707		
TRAINING EXPENSES	6,214	6,214		
MISCELLANEOUS	4,084	4,084		
TUITION REIMBURSEMENT	3,000	2,280	720	
TELEPHONE	1,762	1,339	423	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315004130

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

EAT ASPI	INC OIGHILIZATION INF PROGRAM INC		oyer identific	cation numbe	••
art I	Organizations Maintaining Donor Advised Funds or Other Simil		1277427 or Account	te Complet	α ıf th
31 6 2	organization answered "Yes" to Form 990, Part IV, line 6.	ai i ulius '	or Account	is. Complet	.e ii ui
	(a) Donor advised funds	(b) Funds and	other accour	nts
Total	number at end of year				
Aggre	egate contributions to (during year)				
	egate grants from (during year)				
	egate value at end of year				
	he organization inform all donors and donor advisors in writing that the assets held i	n donor advi	sad		
	are the organization's property, subject to the organization's exclusive legal control.		seu	☐ Yes	V No
used	he organization inform all grantees, donors, and donor advisors in writing that grant only for charitable purposes and not for the benefit of the donor or donor advisor, or erring impermissible private benefit	•		☐ Yes	ি No
rt II	Conservation Easements. Complete if the organization answered "Y	es" to Forn	n 990. Part :	IV, line 7.	
	ose(s) of conservation easements held by the organization (check all that apply)		,	,	
_ `	Preservation of land for public use (e.g., recreation or pleasure) Preservation	of an histor	ıcally ımporta	ntly land area	а
_	_	of a certifie	d historic stru	ucture	
ГР	Preservation of open space				
Comp	olete lines 2a-2d if the organization held a qualified conservation contribution in the	form of a co	onservation		
easer	ment on the last day of the tax year		Held at th	ne End of the	Year
Total	number of conservation easements	2a			
Total	acreage restricted by conservation easements	2b			
Numb	per of conservation easements on a certified historic structure included in (a)	2c			
Numb	per of conservation easements included in (c) acquired after 8/17/06	2d			
Numb	per of conservation easements modified, transferred, released, extinguished, or term	ninated by th	ie organizatio	n during	
the ta	axable year 🟲				
Numb	per of states where property subject to conservation easement is located 🛌				
	the organization have a written policy regarding the periodic monitoring, inspection cement of the conservation easements it holds?	, handling of	violations, ar	nd Yes	√ No
Staff	and volunteer hours devoted to monitoring, inspecting and enforcing conservation e	asements d	uring the year	· -	
A mou	unt of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ments during	j the year ► \$	s	
	each conservation easement reported on line 2(d) above satisfy the requirements (h)(4)(B)(i) and $170(h)(4)(B)(ii)^{2}$	ofsection		┌ Yes	√ No
balan	irt XIV, describe how the organization reports conservation easements in its revenu ice sheet, and include, if applicable, the text of the footnote to the organization's fina rganization's accounting for conservation easements	•		•	
rt III	Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line		her Similaı	r Assets.	
art, h	organization elected, as permitted under SFAS 116, not to report in its revenue statistical treasures, or other similar assets held for public exhibition, education or rede, in Part XIV, the text of the footnote to its financial statements that describes the	atement and esearch in fu			·,
hıstor	organization elected, as permitted under SFAS 116, to report in its revenue statem rical treasures, or other similar assets held for public exhibition, education, or resea de the following amounts relating to these items			•	
(i) _{Re}	evenues included in Form 990, Part VIII, line 1		► \$		
(ii) A	ssets included in Form 990, Part X		► \$		
	organization received or held works of art, historical treasures, or other similar ass wing amounts required to be reported under SFAS 116 relating to these items	ets for finan	cıal gaın, prov	vide the	
Davis	nues included in Form 990, Part VIII, line 1		► \$		
Rever					

b Assets included in Form 990, Part X

Par	3 1111	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or C	<u> the</u>	<u>r Similar A</u>	ssets (continued)
3		g the organization's accession and others (check all that apply)	r records, check any	ofth	ie foll	owing t	hat are	a signific	ant us	se of its colle	ction	
а	Γ	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams			
b	Γ	Scholarly research		e	Γ	Other	-					
c	Γ	Preservation for future generations										
4	Prov Part	ide a description of the organization's co XIV	ollections and explai	ın hov	v they	/ furthe	r the or	ganızatıor	n's ex	empt purpose	ın	
5		ng the year, did the organization solicit o ets to be sold to raise funds rather than t			,					ılar	┌ Yes	✓ No
Pai	t IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form	990,	
1a		ne organization an agent, trustee, custod ided on Form 990, Part X?						otherass	ets r	not	☐ Yes	√ No
b	If"Y	es," explain the arrangement in Part XI\	/ and complete the f	follow	ıng ta	able		г				
								-		Α	mount	
С	Begi	inning balance						-	1c			
d		itions during the year							1d			
е	Dıst	ributions during the year							1e			
f	Endi	ing balance							1 f			
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line	21?							☐ Yes	✓ No
		es," explain the arrangement in Part XIV										
Pa	rt V	Endowment Funds. Complete	f the organization (a)Current Year		were Prior \			orm 990 Years Back		t IV, line 10 Three Years Back		Years Back
1a	Beau	inning of year balance	(a)Curient real	(0)	PHOL	real	(C)IWO	Tears back	(4)	illee feats back	(e)roui	Teals back
ь		tributions										
c		estment earnings or losses							1			
d		nts or scholarships										
e		er expenditures for facilities programs										
f	Adm	ninistrative expenses										
g	End	of year balance										
2	Prov	ıde the estımated percentage of the yea	r end balance held a	ıs								
а	Boar	d designated or quasi-endowment 🕨	%									
b	Perm	nanent endowment 🕨 %										
c	Term	n endowment 🕨 %										
3a		there endowment funds not in the posses	ssion of the organiza	ation t	that a	re held	d and ad	mınıstere	d for	the		
	_	nization by nrelated organizations								32	Yes a(i)	No No
		related organizations		• •	•						i(ii)	No
ь		es" to 3a(II), are the related organization			ched	ule R?	· . · . ·		٠. ٠	· · · -	3b	No
4	Desc	cribe in Part XIV the intended uses of th	e organization's end	lowme	ent fu	nds						
Paı	t VI	Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Par	t X, line	10.			
		Description of investment				a) Cost o sis (inve	or other estment)	(b) Cost or basis (ot		(c) Accumula depreciatio		Book value
1a	Land											
b	Buıldı	ngs										
c	Lease	hold improvements										
d	Equip	ment										
e	Other		<u></u>	•								
_		Lines 1 = 1 = (Column (d) should squal Fo	uma 000 Paul V!···	an (B)	1	10/-> >		·		<u> </u>		

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		d of valuation
(a) Description of security or category (including name of security)	(b) Book value		d of valuation f-year market value
Financial derivatives			,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) bestription of investment type	(D) Book value	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	ne 15. tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes DUE TO RELATED PARTIES	5.)		(b) Book value

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493315004130

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public **Inspection**

GREAT ASPIRATIONS SCHOLARSHIP PROGRAM INC

Name of the organization

Employer identification number

52-1277427

Part I	General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

- (a) Name and address of organization or government
- **(b)** EIN
- (c) IRC Code section ıf applıcable
- (d) A mount of cash grant
- (e) A mount of noncash assistance
- (f) Method of valuation (book, FMV, appraisal, other)
- (g) Description of non-cash assistance

(h) Purpose of grant or assistance

- Enter total number of section 501(c)(3) and government organizations
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIP	71	30,400			
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								
Ident if ier	Return Reference	Explanation						
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	LINE 2	ORGANIZATION MAKES SCHOLARSHIP CHECK DIRECTLY PAYABLE TO COLLEGE OR UNIVERSITY FOR WHICH THE STUDENT ATTENDS THE STUDENT PROVIDES A TRANSCRIPT OF EDUCATION ACTIVITIES AT THE CONCLUSION OF EACH SEMESTER IN APPLICATION FOR FUTURE ATTENDENCE						

DLN: 93493315004130

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name of the organization GREAT ASPIRATIONS					Employer identification number					
SCHOLAR	SHIP PROGRAM INC				2-12774					
Part I										
	Complete if the organization answered "Yes" on Form	990, Part IV, line 25	a or 25b,	or Form	990-EZ,	Part V, I				
1	(a) Name of disqualified person	(b) De	escription	of trans	action		(c) C Yes	orrected [*] No		
							165	NO		
3 5										
	er the amount of tax imposed on the organization managetion 4958	gers or alsqualified pe	ersons aur ••••••	ing the	yearunde 	r ► \$				
	er the amount of tax, if any, on line 2, above, reimbursed					- \$				
Part II	Loans to and/or From Interested Perso Complete if the organization answered "Yes" on For		26 or For	m 000	EZ Darti	/ line 25	2.5			
		ill 990, Falt IV, lille	20, 01 1 011	11 9 9 0 -	(f)		, a			
(a) Nam	(b) Loan to e of interested person and or from the (c)O rigin	nal	(e) ː		Appro	ved	(g) Writ			
(a) Nam	purpose organization? principal am		ue defau	lt?	by boar		agreeme	ent?		
	To From		Yes	No	Yes	No.	Yes	No		
Total		. .	ı		1		ı			
Total . Part III	Grants or Assistance Benefitting Interes	ted Dersons								
Pail II	Complete if the organization answered "Yes"		IV. line 2	27.						
	(h)Relationshir	between interested								
(a) Name of interested person and	the organization		(C)Ar	nount or g	rant or ty	ype of assı	stance		
Dart T\	Business Transactions Involving Interes	stad Darsons								
Paitin	A profiless italisactions involving interes	steu rei suiis.								

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship

between interested

person and the organization

SON OF CHAIRMAN

(a) Name of interested person

STOSCH DACEY & GEORGE PC

(c) A mount of

transaction

(d) Description of transaction

6,950 DONATED SERVICES

(e) Sharing of

organization's

revenues?

No

Νo

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2005 en to Pub

OMB No 1545-0047

Open to Public Inspection

Name of the organization GREAT ASPIRATIONS SCHOLARSHIP PROGRAM INC Employer identification number

52-1277427

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO PROVIDE RESOURCES TO STUDENTS AND FAMILIES IN NEED TO ACCESS FINANCIAL AID, SCHOLARSHIPS, PRIVATE FINANCIAL SUPPORT AND COUNSELING TO ENCOURAGE AND MAXIMIZE EACH STUDENT'S EDUCATIONAL OPPORTUNITIES GRASP'S MISSION IS TO INCREASE THE COLLEGE ATTENDANCE AND THE GRADUATION RATE, PARTICULARLY AMONG FAMILIES WITHOUT SUFFICIENT FINANCIAL RESOURCES TO ACCOMPLISH SUCH MISSION WITHOUT GRASP'S GUIDANCE AND FINANCIAL ASSISTANCE
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	NO REVIEW WAS OR WILL BE CONDUCTED
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION OF EXECUTIVE DIRECTOR AND MANAGEMENT IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC