# **GReat Aspirations Scholarship Program, Inc.**

Federal Return of Organization Exempt from Income Tax Year Ended June 30, 2023

## Owen, PLC

Accounting • Tax • Consulting

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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| <u>A</u>            | For the                    | $\pm$ 2022 calendar year, or tax year beginning $\pm$ $\pm$ $\pm$ $\pm$ $\pm$ $\pm$ $\pm$ $\pm$ $\pm$ and e                                      | ل nding     | UN 30, 2023                  |                               |
|---------------------|----------------------------|--|-------------|------------------------------|-------------------------------|
| В                   | Check if applicable        | C Name of organization GReat Aspirations   |             | D Employer identifi          | cation number                 |
|                     | Addres                     | S Cabalanabia Dagaman Tag  |             |                              |                               |
|                     | Change<br>Name             | - · · · · D/D/A CDACD  |             | **-***74                     | 27                            |
|                     | change<br>Initial          | 9  | Room/suite  | E Telephone numbe            |                               |
|                     | return<br>Final            | ,  | 04          | (804) 52                     |                               |
|                     | return/<br>termin-<br>ated |  |             | G Gross receipts \$          | 2,319,189.                    |
|                     | Amend                      |  |             | H(a) Is this a group re      |                               |
|                     | Applica<br>tion            |  |             | for subordinates             |                               |
|                     | pendin                     | 2821 Emerywood Parkway, Suite 204, Richn   | nond,       | H(b) Are all subordinates in |                               |
| $\overline{\Gamma}$ | Tax-exe                    | empt status: $X = 501(c)(3)$ 501(c) ( ) (insert no.) 4947(a)(1) or   |             | 1 ` ′                        | list. See instructions        |
|                     | Websit                     |  |             | H(c) Group exemption         |                               |
| K                   | Form of                    | organization: X Corporation Trust Association Other  | L Year      | of formation: 1983           | ■ State of legal domicile: VA |
|                     | art I                      | Summary  |             |                              |                               |
|                     | 1                          | Briefly describe the organization's mission or most significant activities: See S  | chedu       | le 0                         |                               |
| Governance          |                            |  |             |                              |                               |
| rna                 | 2                          | Check this box if the organization discontinued its operations or dispose  | ed of more  | than 25% of its net ass      |                               |
| o Ve                | 3                          | Number of voting members of the governing body (Part VI, line 1a)  |             | 3                            | 23                            |
|                     |                            | Number of independent voting members of the governing body (Part VI, line 1b)  |             |                              | 23                            |
| Ses                 | 5                          | Total number of individuals employed in calendar year 2022 (Part V, line 2a)   |             |                              | 89                            |
| ΞĚ                  | 6                          | Total number of volunteers (estimate if necessary)   |             |                              | 0                             |
| Activities &        | 7 a                        | Total unrelated business revenue from Part VIII, column (C), line 12   |             |                              | 0.                            |
| _                   | b                          | Net unrelated business taxable income from Form 990-T, Part I, line 11   | ·····       |                              | 0.                            |
|                     |                            |  |             | Prior Year                   | Current Year                  |
| 9                   | 8                          | Contributions and grants (Part VIII, line 1h)  |             | 1,641,035.                   | 1,690,411.                    |
| Revenue             | 9                          | Program service revenue (Part VIII, line 2g)   |             | 476,693.<br>788.             | 437,500.<br>954.              |
| Be                  | 10                         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |             | -245,617.                    | 190,293.                      |
|                     | 1                          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |             | 1,872,899.                   | 2,319,158.                    |
| _                   |                            | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |             | 380,638.                     | 630,774.                      |
|                     | 1                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |             | 0.                           | 0.50,774.                     |
|                     | 45 .                       | Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |             | 978,044.                     | 1,078,670.                    |
| Expenses            | 162                        | Professional fundraising fees (Part IX, column (A), line 11e)  |             | 2,304.                       | 4,400.                        |
| Jen 2               | h                          | Total fundraising expenses (Part IX, column (D), line 25)66, 76  | 9.          | 2,3011                       | 1,1001                        |
| Ă                   | 17                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |             | 209,834.                     | 270,950.                      |
|                     |                            | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |             | 1,570,820.                   | 1,984,794.                    |
|                     | 1                          | Revenue less expenses. Subtract line 18 from line 12   |             | 302,079.                     | 334,364.                      |
| or                  |                            |  | Ве          | ginning of Current Year      | End of Year                   |
| t Assets or         | 20                         | Total assets (Part X, line 16)   |             | 4,687,835.                   | 4,988,018.                    |
| Ass                 | 21                         | Total liabilities (Part X, line 26)  |             | 271,502.                     | 237,321.                      |
| Net                 | 22                         | Net assets or fund balances. Subtract line 21 from line 20   |             | 4,416,333.                   | 4,750,697.                    |
| P                   | art II                     | Signature Block  |             |                              |                               |
| Und                 | der pena                   | lties of perjury, I declare that I have examined this return, including accompanying schedules a   | and stateme | ents, and to the best of my  | knowledge and belief, it is   |
| true                | e, correc                  | t, and complete. Declaration of preparer (other than officer) is based on all information of whic  | ch preparer | has any knowledge.           |                               |
|                     |                            |  |             |                              |                               |
| Sig                 |                            | Signature of officer   |             | Date                         |                               |
| He                  | re                         | Todd D. Martin, President and CEO  | /_          |                              |                               |
|                     |                            | Type or print name and title   | 100         | Žata I F                     | DTIN                          |
| _                   | _                          | Print/Type preparer's name Preparer's name   | JEM.        | l if ∟                       | X PTIN                        |
| Pai                 | 1                          |  | ∄r., 0      | 1/10/24 self-employ          |                               |
|                     | parer                      | Firm's name OWEN, PLC  | 1           | Firm's EIN *                 | *-***5771                     |
| USE                 | Only                       | Firm's address 7294 Ellingham Court  |             | , , ,                        | 041 2050                      |
| <del></del>         | ., :-                      | Glen Allen, VA 23059-7172  |             | Phone no. (8                 |                               |
| Ма                  | y the IF                   | RS discuss this return with the preparer shown above? See instructions   |             |                              | X Yes No                      |

|     | Great Aspirations  |                         | _              |
|-----|--|-------------------------|----------------|
|     |  | **-***7427              | Page 2         |
| Pai | rt III Statement of Program Service Accomplishments  |                         |                |
|     | Check if Schedule O contains a response or note to any line in this Part III   |                         | <u> X</u>      |
| 1   | Briefly describe the organization's mission:   |                         |                |
|     | See Schedule O   |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the         |                         |                |
|     | prior Form 990 or 990-EZ?  | Yes                     | X No           |
|     | If "Yes," describe these new services on Schedule O.   |                         |                |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?         | Yes                     | X No           |
|     | If "Yes," describe these changes on Schedule O.  |                         |                |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as m     | easured by expenses.    |                |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | the total expenses, and | d              |
|     | revenue, if any, for each program service reported.  |                         |                |
| 4a  |  | \$ 269,7                |                |
|     | GRASP is a non-profit organization specializing with help  | ing students            | 3              |
|     | and their families, regardless of financial resources, to  | develop an              |                |
|     | educational plan for post secondary education. GRASP's p   |                         |                |
|     | financial aid advisors work in high schools and private s  |                         |                |
|     | without charge to students and families, to assist with o  |                         |                |
|     | financial and motivational challenges to the goal of high  | er education            | ,              |
|     | rinancial and mocivacional charienges to the goal of high  | CI CAUCACIOI            | •              |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
| 4b  | (Code:) (Expenses \$348,434. including grants of \$348,434. ) (Revenue   |                         | 5 <b>00.</b> ) |
|     | Unique among many college access and success programs, GR  | ASP operates            | 5              |
|     | several scholarship programs, including at least one scho  |                         |                |
|     | every school it serves. Students have the option to use t  | hese                    |                |
|     | scholarships for 2-year, 4-year, and trade schools.  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
|     |  |                         |                |
| 4 - | (Code:) (Expenses \$ 282,340 . including grants of \$ 282,340 . ) (Revenue   | \$ 268,5                | 500 /          |
| 4c  | (Code:) (Expenses \$ 282,340 · _ including grants of \$ 282,340 · ) (Revenue   |                         | )              |
|     | GRASP anticipates continuing to take advantage of the Vir  |                         |                |
|     | Neighborhood Assistance Tax Credit Program ("NAP") and Ed  |                         |                |
|     | Improvement Scholarship Program ("EISP"). The NAP and EI   |                         |                |
|     | provide significant tax incentives to Virginia private an  |                         |                |
|     | donors who support scholarships and other tuition assista  | nce programs            | 5              |
|     | of (1) students and families of low to modest financial m  | eans and (2)            | )              |
|     | provide scholastic assistance in developing post - second  | ary academic            | :              |
|     | and vocational plans for children with one or more disabi  |                         |                |
|     | defined under the federal IDEA legislation. The NAP prog   |                         | <br>3          |
|     | that more than 50% of GRASP tax credit derived revenues a  |                         | -              |
|     | education services in support of students and families wi  |                         | -              |
|     |  |                         |                |
|     | or below 300% of the recognized poverty level of income o  | T 400% OF CE            | īG             |
| 4d  | Other program services (Describe on Schedule O.)   |                         |                |
|     | (Expenses \$ including grants of \$ ) (Revenue \$  | )                       |                |
| 4e  | Total program service expenses 1,618,178.  |                         |                |

|     |  |     | 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   | X        |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | X        |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |          | v        |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |          | _X_      |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |     |          | х        |
| _   | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |          |          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | _   |          | х        |
| 6   | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |          |          |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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   |          | х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | -   |          |          |
| 7   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |          | Х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>   |     |          |          |
| Ü   | Schedule D, Part III   | 8   |          | Х        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | ۳   |          |          |
| •   | 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   |          | Х        |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |     |          |          |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |          | Х        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,  |     |          |          |
| •   | as applicable.   |     |          |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     |          |          |
|     | Part VI  | 11a | Х        |          |
| b   | 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  | 11b |          | Х        |
| С   | 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   | 11c | Х        |          |
| d   | 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  | 11d |          | X        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | X        |          |
| f   | 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 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f | X        |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |     |          |          |
|     | Schedule D, Parts XI and XII   | 12a | <u> </u> |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |          |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |          | <u>X</u> |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |          | <u>X</u> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |          | _X_      |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |     |          |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |     |          | v        |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |          | <u>X</u> |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |     |          | v        |
| 40  | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |          | _X_      |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 4.0 |          | y        |
| 17  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |          | <u>X</u> |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 47  |          | х        |
| 18  | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                       | 17  |          | -22      |
| 10  |  | 18  |          | х        |
| 19  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 10  |          |          |
| 13  |  | 19  |          | Х        |
| 20a | complete Schedule G, Part III  | 20a |          | X        |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |          |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |          |          |
| -   | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |          | Х        |
| _   |  |     |          |          |

| 22 X  23 Dd the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Trey", complete Schedule Is, Part I and III and    |          |   |     | Yes | No        |
|---|----------|---|-----|-----|-----------|
| 23 Diff the organization answer "Nes" to Part VII, Section A, Iira 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "#"Yes," complete Schedule U. 23 V. 24a Diff 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 value sissued after December 31, 2002? "#"Yes," answer lines 25 through 724 and complete Schedule K. If "No," go to line 25a Schedule K. If "No," go to line 25a Diff the organization maintain an escrow account of the than a refunding secrow at any time during the year to defease any tax exempt bonds? Diff the organization ambratian an escrow account of the than a refunding secrow at any time during the year to defease any tax exempt bonds? Diff the organization are as an "no health off issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? Diff the organization are as an "in or health off issuer for bonds outstanding at any time during the year? Diff the organization are as an "in or health off issuer for bonds outstanding at any time during the year? Diff the organization are as an "in or health off issuer for bonds outstanding at any time during the year? Diff the organization are as as an "in or health off issuer for bonds outstanding at any time during the year? Diff the organization are as an "in or health off issuer for bonds outstanding at any time during the year? Diff the organization are as a "in a drapaged in an excess benefit transaction with a disqualided person during the years of the second that the transaction has not been reported on any of the organizations on bore second to the second to the second to the second that the transaction has not been reported on any of the organization to provide any outnet of the organization and the transaction provide a grant or other assistance to any current or former officer, director, butsless, year and the provide any outn   | 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |     |     |           |
| and former officers, directions, fustlesse, key employees, and highest compensated employees? If "Yee," compete Schedule I. Part IV.  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 "Yee," answer lines 240 through 24d and complete Schedule II. If "Yee," answer lines 240 through 24d and complete Schedule II. If "Yee," answer lines 240 through 24d and complete Compensation invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization minetal any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Did the organization award with a Schedule II. Part II.  25a Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been perpored on any aff II. If "yee," I'. If "yee," I'. If "yee, "Complete Schedule I., Part II.  25d Did the organization reported any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rank permeter of any of these persons? If "yee, "complete Schedule I., Part II.  25d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "yee," complete Schedule II., Part IV.  26 Did the organization or former officer, director, trustee, key organization schedule in the 28a or 28b? If "yee," complete Schedule II., Part IV.  27 Did the organization organization schedule in the 28a? If "yee," complete Schedule II., Part IV.  28 Did the orga   |          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | X   |           |
| Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks and "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 50(163), 501(164), and 501(162)9 organizations be the reported on any of the organization engage in an excess benefit transaction has not been reported on any of the organization for profession in a prior year, and that the transaction has not been reported on any of the organization for forms 980 or 980E27 (if "Yes," complete Schedule L, Part II and the tax or forms of fore, director, fustee, key employee.  controlled entity of retainly member of any of these persone? If "Yes," complete Schedule L, Part II and the partity (including an employee thereof or family member of any of these persone? If "Yes," complete Schedule L, Part II and the partity (including an employee thereof or family member of any of these persone? If "Yes," complete Schedule L, Part II and the partity (including an employee thereof or family member of any of these persone? If "Yes," complete Schedule L, Part II and the partition of the partition of the     | 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current |     |     |           |
| 24a Dd 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 "Yea," arrawer lines 24th through 24d and complete Schedule K. If "No.", "go to line 25a   |          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete              |     |     |           |
| schedule K. If "No." go to line 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   |          | Schedule J  | 23  |     | X         |
| Schedule K. If "No." po to line 25a   | 24a      |   |     |     |           |
| Schedule K. If "No." po to line 25a   |          | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete          |     |     |           |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  28   |          |   | 24a |     | X         |
| any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   1/Yes, 'complete Schedule L, Part I   25a   X    25b   1s the organization aware that it engaged in an excess benefit ansaction with a disqualified person during the year?   1/Yes, 'complete Schedule L, Part I   25a   X    25b   25c   X   25c    | b        |   | 24b |     |           |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  255 Section 501(2)(3), 501(4)(4), and 501(4)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I  25 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 Former 950 or 990E27 if "Yes," complete Schedule L, Part I  25 Did 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 Former 950 or 990E27 if "Yes," complete Schedule L, Part II  26 Z Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity fording an employee thereof) of anny member of any of these persons? If "Yes," complete Schedule L, Part II    27 Z X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV    28 A Tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule II    29 Did the organization legicidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II    29 Did the organization legicidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II    29 Did the organization legicidate, terminate, or dissolve and cease operat  | С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease        |     |     |           |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  255 Section 501(2)(3), 501(4)(4), and 501(4)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I  25 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 Former 950 or 990E27 if "Yes," complete Schedule L, Part I  25 Did 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 Former 950 or 990E27 if "Yes," complete Schedule L, Part II  26 Z Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity fording an employee thereof) of anny member of any of these persons? If "Yes," complete Schedule L, Part II    27 Z X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV    28 A Tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule II    29 Did the organization legicidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II    29 Did the organization legicidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II    29 Did the organization legicidate, terminate, or dissolve and cease operat  |          | any tax-exempt bonds?   | 24c |     |           |
| b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b is the organization ware 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 sport forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity forduling an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III vistation of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II vistation of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV vistation of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV vistation or many particular director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV vistation or many particular director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV vistation or many particular director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV vistation or contributions? If "Yes," complete Sch    | d        |   | 24d |     |           |
| 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-E27 // 1/Yes," complete Schedule L, Part I  | 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                |     |     |           |
| 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-E27 // 1/Yes," complete Schedule L, Part I  |          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a |     | X         |
| Schedule L, Part I   25b   X    25    Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26    X    27    Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II   27    X    28    Was the organization applicable filing thresholds, conditions, and exceptions; instructions for applicable filing thresholds, conditions, and exceptions; instructions for applicable filing thresholds, conditions, and exceptions; in a carried of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   28b   X    28    A family member of any individual described in line 28a" If "Yes," complete Schedule L, Part IV   28b   X    29    Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29    X    29    Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   30    X    30    Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I   31    X    31    Did the organization or on 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? If "Yes," complete Schedule R, Part I   32    X    32    Did the organization related to any tax-exempt on taxable entity? If "Yes," complete Schedule R, Part I   34    X    33    Did the  | b        |   |     |     |           |
| Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Vess, "complete Schedule, L. Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity findulding an employee thereof or family member of any of these persons?" If Vess," complete Schedule, L. Part II.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. Instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Vess," complete Schedule L, Part IV.  28 A 35% controlled entity of one or more individuals and/or organizations escentbed in line 28a or 28b? If Vess," complete Schedule L, Part IV.  28 Did the organization receive more than 825,000 in non-cash contributions? If Yes," complete Schedule M.  29 X A 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes," complete Schedule N, Part I.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes," complete Schedule N, Part I.  31 Did the organization related to any tax-exempt or taxable entity? If Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  32 Did the organization related to any tax-exempt or taxable entity? If Yes," complete Schedule R, Part II, III, or IV, and Part V, line 2  33 Did the organization net as controlled entity within the meaning of section 512(b)(13)? If Yes," complete Schedule R, Part V, line 2  34     |          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |     |     |           |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X  28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X  28 A Simple Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X  30 Did the organization in receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M Part I 31 X  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501c(x)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organiza   |          | Schedule L, Part I  | 25b |     | X         |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             |     |     |           |
| Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity (including an employee) ethereof or anny of these persons?    "resp." complete Schedule L, Part III   27   X    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?    28a   X    b A family member of any individual described in line 28a?    "res," complete Schedule L, Part IV.   28b   X    c A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?    28c   X    29 Did the organization receive more than \$25,000 in non-cash contributions?    "res," complete Schedule M   29   X    30 Did the organization includate, terminate, or dissolve and cease operations?       "res," complete Schedule N, Part I   31   X    31 Did the organization idjudate, terminate, or dissolve and cease operations?       "res," complete Schedule N, Part I   31   X    32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 and 301.7701-37       "res," complete Schedule R, Part II,          33   X    34 Was the organization related to any tax-exempt or taxable entity?    "res," complete Schedule R, Part II,  |          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |     |     |           |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part II.  27  |          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                          | 26  |     | X         |
| entity (including an employee thereof) or family member of any of these persons? #"Yes," complete Schedule L, Part IV.  Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.  instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ##  "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ##  "Yes," complete Schedule L, Part IV.  28c X  29c X  30 Did the organization receive more than \$25,000 in non-cash contributions? #"Yes," complete Schedule M.  30 Did the organization receive more than \$25,000 in non-cash contributions? #"Yes," complete Schedule M.  31 Did the organization receive more than \$25,000 in non-cash contributions? #"Yes," complete Schedule N, Part I.  32 Did the organization induste, terminate, or dissolve and cease operations? #"Yes," complete Schedule N, Part I.  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? #"Yes," complete Schedule R, Part II.  33 Did the organization related to any tax-exempt or taxable entity? #"Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization selated to any tax-exempt or taxable entity? #"Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  #"Yes," complete Schedule R, Part V, Iine 2  36b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  ### In the meaning of section 512(b)(13)?  ### In the meaning of section 512(b)(13)?  ### In the organization complete Schedule R, Pa | 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, |     |     |           |
| Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28a X  5 A 55% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization inceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization inceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I.  31 X  32 Did the organization ell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  33 Did the organization one one of the organization assections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, IIIne 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes," complete Schedule R, Part V, IIIne 2  36 Section 501c(X) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, IIIne 2  36 Section 501c(X) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, I   |          | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |     |     |           |
| instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? ## "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ##  "Yes," complete Schedule L, Part IV.  28b   |          | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27  |     | X         |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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, III, or IV, and Part V, Iine 1  32 Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35b Vide organization conduct more than 5% of its activities through an entity that is not a related organization?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, Iine 2  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  37 If "Yes," complete Schedule R, Part V, Iine 2  38 Did the organization conduct more than 5% of its activities through an entity that is n   | 28       | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,      |     |     |           |
| "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a?   f *Yes," complete Schedule L, Part IV   28b   X   c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   f   "Yes," complete Schedule L, Part IV   28c   X   29 Did the organization receive more than \$25,000 in non-cash contributions?   f *Yes," complete Schedule M   29  |          | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |           |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions?" If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?" If "Yes," complete Schedule M  30 X  31 Did the organization (iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3" If "Yes," complete Schedule R, Part I  32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, line 2  38 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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1  39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any lin   | а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If            |     |     |           |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  32 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 I  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.  Part V Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number of Forms W-2G included on line 1a  |          | "Yes," complete Schedule L, Part IV   | 28a |     |           |
| "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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 II  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, Iine 1  33 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(3)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  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 V, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  38 X  Part V  10 Enter the number of Forms W-2G included on line 1a. Enter-O- if not applicable  Check if Schedule O contains a response or note to any line in this Part   | b        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b |     | X         |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | С        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    |     |     |           |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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  Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI in the number of Forms W-2G included on line 1a. Enter -0. if not applicable  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number of Forms W-2G included on line 1a. Enter -0. if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings     |          |   | 28c |     |           |
| contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35 a L  36 Section 501c()3) organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501c()3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501c()3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  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  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  Table The number reported in box 3 of Form 1096. Enter -0- if not applicable  De Enter the number of Forms W-2G included on line 1a. Enter-0- if not applicable  De Enter the number of Forms W-2G included on line 1a. Enter-0- if not applicable  Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  | 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                    | 29  |     | X         |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |     |     |           |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |          | contributions? If "Yes," complete Schedule M  | 30  |     |           |
| Schedule N, Part II  32   | 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31  |     | X         |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 33 X 34 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b   | 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |     |     |           |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b Did the organization section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Y  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  |          | Schedule N, Part II   | 32  |     | X         |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34  | 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |     |     |           |
| Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X   |          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | X         |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36   | 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |     |     |           |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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 V   37  |          |   | 34  |     |           |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                     | 35a |     | <u> X</u> |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36   | b        |   |     |     |           |
| If "Yes," complete Schedule R, Part V, line 2  36   |          |   | 35b |     | <u> </u>  |
| 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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X   | 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |     |     |           |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  12   |          |   | 36  |     | <u> </u>  |
| Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the complete Schedule O contains a response or note to any line in this Part V  The image of the complete Schedule O complete Schedule O  The image of the complete Schedule O complete Schedule O  The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Schedule O for Part VI, lines 11b and 19?  The image of the complete Sche    | 37       |   |     |     |           |
| Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  38 X  Yes  Yes  No  1a   |          | , , ,   | 37  |     | <u> </u>  |
| Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X   | 38       |   |     | 77  |           |
| Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X  | Dav      | Note: All Form 990 filers are required to complete Schedule 0   | 38  | Х   | <u> </u>  |
| Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  1b  0  1b  1b  1c  X  | rai      |   |     |     |           |
| 1a       Interest the number reported in box 3 of Form 1096. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Interest the number of Forms W-2G includ  |          | опеск и эспецие о contains a response or note to any line in this Part V  |     |     |           |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   | <b>.</b> | Enter the number reported in her 2 of Ferm 1000 Fatter 0. Knot and limits   |     | Yes | NO        |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X   | _        | _   |     |     |           |
| (gambling) winnings to prize winners?   |          | Enter the number of Forms W 2d included of line 1d. Enter of infort applicable  |     |     |           |
|   | C        |   | 10  | x   |           |
|   | 232004   |   |     |     | (2022)    |

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Form 990 (2022) Scholarship Program, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|     |   |         |                        |                  | Yes | No       |  |  |  |  |
|-----|---|---------|------------------------|------------------|-----|----------|--|--|--|--|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |         |                        |                  |     |          |  |  |  |  |
|     | filed for the calendar year ending with or within the year covered by this return   | 2a      | 89                     |                  |     |          |  |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax retur   | ns?     | •                      | 2b               | Х   |          |  |  |  |  |
|     | D. I  |         |                        | За               |     | Х        |  |  |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule   |         |                        | 3b               |     |          |  |  |  |  |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other a   |         |                        |                  |     |          |  |  |  |  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial a  | ccou    | nt)?                   | 4a               |     | Х        |  |  |  |  |
| b   | If "Yes," enter the name of the foreign country   |         |                        |                  |     |          |  |  |  |  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A  | ccour   | its (FBAR).            |                  |     |          |  |  |  |  |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |         |                        | 5a               |     | X        |  |  |  |  |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction   |         |                        | 5b               |     | X        |  |  |  |  |
|     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |         |                        | 5c               |     |          |  |  |  |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | e orga  | anization solicit      |                  |     |          |  |  |  |  |
|     | any contributions that were not tax deductible as charitable contributions?   |         |                        | 6a               |     | X        |  |  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribution  | ons o   | r gifts                |                  |     |          |  |  |  |  |
|     | were not tax deductible?  |         |                        | 6b               |     |          |  |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |         |                        |                  |     | 37       |  |  |  |  |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser   | vices   | provided to the payor? | 7a               |     | X        |  |  |  |  |
| b   |   |         |                        | 7b               |     | <b>-</b> |  |  |  |  |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | as req  | uired                  | _                |     | v        |  |  |  |  |
|     | to file Form 8282?  | <br>I   | <br>T                  | 7c               |     | X        |  |  |  |  |
|     | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d      |                        | 7e               |     |          |  |  |  |  |
| _   | <ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> </ul> |         |                        |                  |     |          |  |  |  |  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Fo  |         | 200 as required?       | 7f<br>7g         |     |          |  |  |  |  |
| h   | If the organization received a contribution of qualified intellectual property, and the organization mere   |         |                        | 7 <u>9</u><br>7h |     |          |  |  |  |  |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained   |         |                        |                  |     |          |  |  |  |  |
| Ū   |   | •       |                        | 8                |     |          |  |  |  |  |
| 9   |   |         |                        |                  |     |          |  |  |  |  |
| а   |   |         |                        |                  |     |          |  |  |  |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |         |                        | 9b               |     |          |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:   |         |                        |                  |     |          |  |  |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  | 10a     |                        |                  |     |          |  |  |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b     |                        |                  |     |          |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:  |         | 1                      |                  |     |          |  |  |  |  |
| а   | Gross income from members or shareholders   | 11a     |                        |                  |     |          |  |  |  |  |
| b   | Gross income from other sources. (Do not net amounts due or paid to other sources against   |         |                        |                  |     |          |  |  |  |  |
|     | amounts due or received from them.)   | 11b     | •                      |                  |     |          |  |  |  |  |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  | 1       | 1                      | 12a              |     |          |  |  |  |  |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b     |                        |                  |     |          |  |  |  |  |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |         |                        | 40-              |     |          |  |  |  |  |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  |         |                        | 13a              |     |          |  |  |  |  |
| h   | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the   |         |                        |                  |     |          |  |  |  |  |
| ь   | organization is licensed to issue qualified health plans  | 13b     |                        |                  |     |          |  |  |  |  |
| С   | Enter the amount of reserves on hand  | 13c     |                        |                  |     |          |  |  |  |  |
| 14a |   |         |                        | 14a              |     | Х        |  |  |  |  |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu   |         |                        | 14b              |     |          |  |  |  |  |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune  |         |                        |                  |     |          |  |  |  |  |
| ·   | excess parachute payment(s) during the year?  |         |                        | 15               |     | х        |  |  |  |  |
|     | If "Yes," see the instructions and file Form 4720, Schedule N.  |         |                        |                  |     |          |  |  |  |  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | t inco  | me?                    | 16               |     | Х        |  |  |  |  |
|     | If "Yes," complete Form 4720, Schedule O.   |         |                        |                  |     |          |  |  |  |  |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac   | tivitie | 8                      |                  |     |          |  |  |  |  |
|     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |         |                        | 17               |     |          |  |  |  |  |
|     | If "Yes," complete Form 6069.   |         |                        |                  |     |          |  |  |  |  |

Form **990** (2022) 232005 12-13-22

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

|     | Check if Schedule O contains a response or note to any line in this Part VI   |        |              | X        |
|-----|---|--------|--------------|----------|
| Sec | tion A. Governing Body and Management   |        |              |          |
|     |   |        | Yes          | No       |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |        |              |          |
|     | If there are material differences in voting rights among members of the governing body, or if the governing   |        |              |          |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |        |              |          |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b 23  |        |              |          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other                                      |        |              |          |
|     | officer, director, trustee, or key employee?  | 2      |              | X        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |        |              |          |
|     | of officers, directors, trustees, or key employees to a management company or other person?   | 3      |              | <u>X</u> |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4      |              | X        |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5      |              | X        |
| 6   | Did the organization have members or stockholders?  | 6      |              | X        |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  |        |              |          |
|     | more members of the governing body?   | 7a     |              | X        |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |        |              |          |
|     | persons other than the governing body?  | 7b     |              | X        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                             |        |              |          |
| а   | The governing body?   | 8a     | _ <u>X</u> _ |          |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b     | _X_          |          |
| 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 on Schedule O   | 9      |              | X        |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |        |              |          |
|     |   |        | Yes          | No       |
|     | Did the organization have local chapters, branches, or affiliates?  | 10a    |              | X        |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,                                    |        |              |          |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b    | v            |          |
|     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                   | 11a    | X            |          |
|     | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |        | 37           |          |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a    | X            |          |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                           | 12b    | X            |          |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  | 40     | v            |          |
| 40  | on Schedule O how this was done   | 12c    | X            |          |
| 13  | Did the organization have a written whistleblower policy?   | 13     | X            |          |
| 14  | Did the organization have a written document retention and destruction policy?  | 14     | X            |          |
| 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?   | 45-    | Х            |          |
|     | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the graphization                                   | 15a    | X            |          |
| b   | Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                       | 15b    | Δ            |          |
| 160 | ·   |        |              |          |
| Ioa | 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    |              | Х        |
| h   | taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | Ioa    |              |          |
| b   | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |        |              |          |
|     | exempt status with respect to such arrangements?  | 16b    |              |          |
| Sec | tion C. Disclosure  | 100    |              |          |
| 17  | List the states with which a copy of this Form 990 is required to be filed None   |        |              |          |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s                              | only): | availal      | nle      |
| .5  | for public inspection. Indicate how you made these available. Check all that apply.   | Jily)  | avandi       | 210      |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)  |        |              |          |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and                               | financ | cial         |          |
|     | statements available to the public during the tax year.   |        | ui           |          |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records  |        |              |          |
|     | GReat Aspirations Scholarship Program, Inc (804) 527-7726   |        |              |          |
|     | 2821 Emerywood Parkway Suite 204 Glen Allen VA 23294  |        |              |          |

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A)  Name and title          | (B)<br>Average   | (C) Position (do not check more than c |                       |           | (D)  Reportable | (E) Reportable               | <b>(F)</b><br>Estimated |   |   |  |
|------------------------------|--|--|-----------------------|-----------|-----------------|------------------------------|-------------------------|---|---|--|
|                              | hours per  | box                                    | box, unless pe        |           | son is          | s both                       | n an                    | compensation  | compensation  | amount of  |
|                              | week (list any hours for related organizations below line) | stee or director                       | Institutional trustee | Officer 6 |                 | Highest compensated employee |                         | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | other compensation from the organization and related organizations |
| (1) Todd D. Martin           | 40.00  |  |                       |           |                 |                              |                         |   |   |  |
| President and CEO            |  |  |                       | Х         |                 |                              |                         | 144,632.  | 0.  | 0.   |
| (2) Patricia Y. Gordon       | 30.00  |  |                       |           |                 |                              |                         |   |   |  |
| Chief Financial Officer      |  |  |                       | Х         |                 |                              |                         | 55,884.   | 0.  | 0.   |
| (3) Senator Walter A Stosch  | 5.00   |  |                       |           |                 |                              |                         |   |   |  |
| Director, Former Chairman/   |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (4) Sarah H Scarbrough PhD   | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Director                     |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (5) David W Didawick CPA     | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Director                     |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (6) Kenneth D Barker         | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Former President and CEO     |  | Х                                      |                       | X         |                 |                              |                         | 0.  | 0.  | 0.   |
| (7) Kenneth M Dye            | 10.00  |  |                       |           |                 |                              |                         |   |   |  |
| Chairman                     |  | Х                                      |                       | Х         |                 |                              |                         | 0.  | 0.  | 0.   |
| (8) Judge Randolph A Beales  | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Director                     |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (9) Levar M. Stoney          | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Director                     |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (10) Paula F. Robinson, MPA  | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Vice Chairman                |  | Х                                      |                       | Х         |                 |                              |                         | 0.  | 0.  | 0.   |
| (11) Gary R Thomson          | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Treasurer                    |  | Х                                      |                       | Х         |                 |                              |                         | 0.  | 0.  | 0.   |
| (12) Richard D. Adams        | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Director                     |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (13) Charmica Epps Harris    | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Director                     |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (14) Lorraine Justice, PhD   | 1.00   | ]                                      |                       |           |                 |                              |                         |   |   |  |
| Director                     |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (15) Ebony A. Lambert, Ph.D. | 1.00   |  |                       |           |                 |                              |                         |   |   |  |
| Director                     | 1 -  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (16) Van C. Wilson, Ed.D.    | 1.00   | 1                                      |                       |           |                 |                              |                         |   |   | _  |
| Director                     |  | Х                                      | Щ                     |           |                 |                              |                         | 0.  | 0.  | 0.   |
| (17) Kristin Carleton, AAMS  | 1.00   | 1                                      |                       |           |                 |                              |                         |   |   | _  |
| Director                     |  | Х                                      |                       |           |                 |                              |                         | 0.  | 0.  | 0.   |

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| Part VII   Section A. Officers, Directors, Trus                                   | stees, Key Em       | ploy                  | ees,                 | anc         | jH t       | ghes                         | st C   | ompensated Employee             | s (continued)                |                |         |                   |    |
|---|---------------------|-----------------------|----------------------|-------------|------------|------------------------------|--------|---------------------------------|------------------------------|----------------|---------|-------------------|----|
| (A)   | (B) (C)             |                       |                      |             |            |                              |        | (D)                             | (E)                          |                |         | (F)               |    |
| Name and title  | Average             | (do                   | not c                | Pos<br>heck |            |                              | one    | Reportable                      | Reportable                   |                | Es      | timate            | d  |
|   | hours per           | box                   | , unle               | ss pe       | rson i     | is botl                      | n an   | compensation                    | compensation                 |                | am      | ount c            | of |
|   | week                | -                     | Cer ar               | nd a d      | lirecic    | )r/trus                      | lee)   | from                            | from related                 |                |         | other .           |    |
|   | (list any hours for | director              |                      |             |            |                              |        | the                             | organizations                | ,              |         | oensat            |    |
|   | related             | e or d                | tee                  |             |            | sated                        |        | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC)<br>1099-NEC) | ′              |         | om the<br>anizati |    |
|   | organizations       | truste                | al trus              |             | ee/        | mpen                         |        | 1099-NEC)                       | 1033 1420)                   |                | •       | d relate          |    |
|   | below               | Individual trustee or | nstitutional trustee | <br>        | , employee | est co                       | er.    | ,                               |                              |                |         | nizatio           |    |
|   | line)               | Indiv                 | Instit               | Officer     | Key e      | Highest compensated employee | Former |                                 |                              |                |         |                   |    |
| (18) Juan Espinoza  | 1.00                |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
| Director  | 1                   | Х                     |                      |             |            | _                            | -      | 0.                              | C                            | ) •            |         |                   | 0. |
| (19) Delegate J. William Morefield  | 1.00                | ٠,                    |                      |             |            |                              |        |                                 | _                            | .              |         |                   | ^  |
| Director (20) Kelli Parker  | 1.00                | X                     |                      |             |            | $\vdash$                     |        | 0.                              | <u> </u>                     | ) •            |         |                   | 0. |
| Director  | 1.00                | X                     |                      |             |            |                              |        | 0.                              | ر ا                          | ).             |         |                   | 0. |
| (21) Sue Ann "SAM" Messmer  | 1.00                | ^                     |                      |             |            | $\vdash$                     |        | 0.                              |                              | <del>' '</del> |         |                   | 0. |
| Director  | 1.00                | x                     |                      |             |            |                              |        | 0.                              | l                            | ).             |         |                   | 0. |
| (22) Charles R. Duvall, Jr.   | 1.00                | 1                     |                      |             |            |                              |        |                                 |                              | +              |         |                   |    |
| Director  |                     | Х                     |                      |             |            |                              |        | 0.                              | l c                          | ).             |         |                   | 0. |
|   |                     |                       |                      |             |            |                              |        |                                 |                              | T              |         |                   |    |
|   |                     |                       |                      |             |            |                              |        |                                 |                              | $\Box$         |         |                   |    |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
|   | -                   |                       |                      |             |            | _                            |        |                                 |                              | $\dashv$       |         |                   |    |
|   |                     | -                     |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
|   | +                   | -                     |                      |             |            | $\vdash$                     |        |                                 |                              | $\dashv$       |         |                   |    |
|   |                     | 1                     |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
| 1b Subtotal   | 1                   |                       | <u> </u>             | <u> </u>    | <u> </u>   | <u> </u>                     |        | 200,516.                        | 0                            | ).             |         |                   | 0. |
| c Total from continuation sheets to Part V  |                     |                       |                      |             |            |                              |        | 0.                              |                              | 5.             |         |                   | 0. |
| d Total (add lines 1b and 1c)   |                     |                       |                      |             |            |                              |        | 200,516.                        |                              | ).             |         |                   | 0. |
| 2 Total number of individuals (including but r                                    |                     |                       |                      |             |            |                              |        | •                               | 000 of reportable            |                |         |                   |    |
| compensation from the organization  |                     |                       |                      |             |            |                              |        |                                 | ·                            |                |         |                   | 1  |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         | Yes               | No |
| 3 Did the organization list any former officer                                    | , director, trust   | ee, k                 | кеу е                | empl        | loye       | e, or                        | hig    | hest compensated emp            | loyee on                     |                |         |                   |    |
| line 1a? If "Yes," complete Schedule J for s                                      | such individual     |                       |                      |             |            |                              |        |                                 |                              | .              | 3       |                   | X  |
| 4 For any individual listed on line 1a, is the s                                  |                     |                       |                      |             |            |                              |        |                                 |                              | - 1            |         |                   |    |
| and related organizations greater than \$15                                       |                     |                       |                      |             |            |                              |        |                                 |                              |                | 4       |                   | X  |
| 5 Did any person listed on line 1a receive or                                     | •                   |                       |                      |             | ,          |                              |        | •                               |                              |                | _       |                   | v  |
| rendered to the organization? If "Yes," cor<br>Section B. Independent Contractors | nplete Schedul      | e J f                 | or si                | ıch i       | oers       | on                           |        |                                 |                              | <u> </u>       | 5       |                   | X  |
| Complete this table for your five highest co                                      | mpensated inc       | dene                  | nde                  | nt co       | ontra      | acto                         | rs th  | nat received more than \$       | \$100,000 of comper          |                | ion fro | m                 |    |
| the organization. Report compensation for   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
| (A)   | -                   |                       |                      |             |            |                              |        | (B)                             |                              |                | (C      | ;)                |    |
| Name and business   | address             | N                     | INC                  | 3           |            |                              |        | Description of s                | services                     | C              | omper   | nsation           | ľ  |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |
|   |                     |                       |                      |             |            |                              |        |                                 |                              |                |         |                   |    |

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2022) Scholar
Part VIII Statement of Revenue

|  |      | Check if Schedule O contains a response o       | r note to any lin     | e in this Part VIII |                   |                  |                                      |
|--|------|---|-----------------------|---------------------|-------------------|------------------|--------------------------------------|
|  |      | oricon il coriodale o coritaino a response e    | in flote to diffy iii | (A)                 | (B)               | (C)              | (D)                                  |
|  |      |   |                       | Total revenue       | Related or exempt | Unrelated        | Revenue excluded                     |
|  |      |   |                       |                     | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
|  |      |   |                       |                     |                   |                  | SECTIONS 212 - 214                   |
| nts  | 1 a  | Federated campaigns 1a                          |                       |                     |                   |                  |                                      |
| ir<br>our  | ŀ    | Membership dues 1b                              |                       |                     |                   |                  |                                      |
| S, C   | (    | Fundraising events1c                            | 3,094.                |                     |                   |                  |                                      |
| ij, k  | (    | Related organizations 1d                        |                       |                     |                   |                  |                                      |
| Contributions, Gifts, Grants and Other Similar Amounts | •    | Government grants (contributions)               | 805,255.              |                     |                   |                  |                                      |
| Sign   | 1    | All other contributions, gifts, grants, and     |                       |                     |                   |                  |                                      |
| he   |      | similar amounts not included above              | 882,062.              |                     |                   |                  |                                      |
| 즐  |      | Noncash contributions included in lines 1a-1f   | 4,738.                |                     |                   |                  |                                      |
| Š  | ì    | Total. Add lines 1a-1f                          |                       | 1,690,411.          |                   |                  |                                      |
| <u> </u>   |      | Totali / Ida III loo / Id / I                   | Business Code         |                     |                   |                  |                                      |
| _  |      | Education Improvement                           | 611710                | 268,500.            | 268,500.          |                  |                                      |
| ice  |      | SOAR Virginia 529                               | 611710                | 90,500.             | 90,500.           |                  |                                      |
| er<br>ne   |      | Public School Advisor                           | 611710                | 74,500.             |                   |                  |                                      |
| n S  |      |   | 611430                |                     | 74,500.           |                  |                                      |
| ]rar<br>Se√  | (    | Fees Earned Scholarshi                          | 611430                | 4,000.              | 4,000.            |                  |                                      |
| Program Service<br>Revenue                             | •    |   |                       |                     |                   |                  |                                      |
| Δ.   |      | All other program service revenue               |                       | 405 500             |                   |                  |                                      |
|  |      | Total. Add lines 2a-2f                          |                       | 437,500.            |                   |                  |                                      |
|  | 3    | Investment income (including dividends, interes | st, and               |                     |                   |                  |                                      |
|  |      | other similar amounts)                          |                       | 985.                | 985.              |                  |                                      |
|  | 4    | Income from investment of tax-exempt bond pr    |                       |                     |                   |                  |                                      |
|  | 5    | Royalties                                       |                       |                     |                   |                  |                                      |
|  |      | (i) Real  | (ii) Personal         |                     |                   |                  |                                      |
|  | 6 a  | Gross rents 6a                                  |                       |                     |                   |                  |                                      |
|  |      | Less: rental expenses 6b                        |                       |                     |                   |                  |                                      |
|  |      | Rental income or (loss) 6c                      |                       |                     |                   |                  |                                      |
|  |      | Net rental income or (loss)                     |                       |                     |                   |                  |                                      |
|  |      | Gross amount from sales of (i) Securities       | (ii) Other            |                     |                   |                  |                                      |
|  | , ,  | assets other than inventory 7a                  | (, 55.                |                     |                   |                  |                                      |
|  |      | · ·   |                       |                     |                   |                  |                                      |
| •  |      | Less: cost or other basis                       | 31.                   |                     |                   |                  |                                      |
| ž  |      | and sales expenses                              | -31.                  |                     |                   |                  |                                      |
| Revenue  |      | Gain or (loss) 7c                               |                       | 21                  | 21                |                  |                                      |
| Ř  |      | Net gain or (loss)                              |                       | -31.                | -31.              |                  |                                      |
| ther   | 8 8  | Gross income from fundraising events (not       |                       |                     |                   |                  |                                      |
| ŏ  |      | including \$ 3 , 0 9 4 . of                     |                       |                     |                   |                  |                                      |
|  |      | contributions reported on line 1c). See         |                       |                     |                   |                  |                                      |
|  |      | Part IV, line 18 8a                             | 0.                    |                     |                   |                  |                                      |
|  |      | Less: direct expenses 8b                        | 0.                    |                     |                   |                  |                                      |
|  | (    | Net income or (loss) from fundraising events    |                       | 0.                  |                   |                  |                                      |
|  | 9 a  | Gross income from gaming activities. See        |                       |                     |                   |                  |                                      |
|  |      | Part IV, line 19 9a                             |                       |                     |                   |                  |                                      |
|  | ŀ    | Less: direct expenses 9b                        |                       |                     |                   |                  |                                      |
|  |      | Net income or (loss) from gaming activities     |                       |                     |                   |                  |                                      |
|  | 10 a | Gross sales of inventory, less returns          |                       |                     |                   |                  |                                      |
|  |      | and allowances10a                               |                       |                     |                   |                  |                                      |
|  | ŀ    | Less: cost of goods sold 10b                    |                       |                     |                   |                  |                                      |
|  |      | Net income or (loss) from sales of inventory    |                       |                     |                   |                  |                                      |
|  |      |   | Business Code         |                     |                   |                  |                                      |
| sno  | 11 : | Increase in fair value                          | 523000                | 190,293.            | 190,293.          |                  |                                      |
| Miscellaneous<br>Revenue                               |      |   | 3_5000                |                     |                   |                  |                                      |
| lla<br>ven   |      |   |                       |                     |                   |                  |                                      |
| Sce  | (    |   |                       |                     |                   |                  |                                      |
| Ë  | (    | All other revenue                               |                       | 190,293.            |                   |                  |                                      |
|  |      | Total. Add lines 11a 11d                        |                       | 2,319,158.          | 620 747           | 0                | 0                                    |
|  | 12   | Total revenue. See instructions                 |                       | <b>ϻ,</b> 313,130•  | 628,747.          | 0.               | 0.                                   |

Form 990 (2022) Scholarship Program, Inc.
Part IX Statement of Functional Expenses

|            | Check if Schedule O contains a respons  | 7.5.3                 |                                    | (C)                             |                                       |
|------------|---|-----------------------|------------------------------------|---------------------------------|---------------------------------------|
|            | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1          | Grants and other assistance to domestic organizations   |                       |                                    |                                 |                                       |
|            | and domestic governments. See Part IV, line 21  |                       |                                    |                                 |                                       |
| 2          | Grants and other assistance to domestic   | 620 774               | 620 774                            |                                 |                                       |
|            | individuals. See Part IV, line 22   | 630,774.              | 630,774.                           |                                 |                                       |
| 3          | Grants and other assistance to foreign  |                       |                                    |                                 |                                       |
|            | organizations, foreign governments, and foreign   |                       |                                    |                                 |                                       |
| 4          | individuals. See Part IV, lines 15 and 16   |                       |                                    |                                 |                                       |
| 4<br>5     | Benefits paid to or for members Compensation of current officers, directors,  |                       |                                    |                                 |                                       |
| 5          | trustees, and key employees   |                       |                                    |                                 |                                       |
| 6          | Compensation not included above to disqualified   |                       |                                    |                                 |                                       |
| U          | persons (as defined under section 4958(f)(1)) and   |                       |                                    |                                 |                                       |
|            | persons described in section 4958(c)(3)(B)  |                       |                                    |                                 |                                       |
| 7          | Other salaries and wages  | 963,550.              | 647,198.                           | 258,542.                        | 57,810                                |
| 8          | Pension plan accruals and contributions (include  | 200,000               | 017,150.                           | 233,3124                        | 2,,010                                |
| -          | section 401(k) and 403(b) employer contributions)   |                       |                                    |                                 |                                       |
| 9          | Other employee benefits   | 40,437.               | 40,437.                            |                                 |                                       |
| 10         | Payroll taxes   | 74,683.               | 50,085.                            | 20,039.                         | 4,559                                 |
| 1          | Fees for services (nonemployees):   | ,                     | 00,000                             |                                 | -,                                    |
| a          | Management  |                       |                                    |                                 |                                       |
| b          | Legal   |                       |                                    |                                 |                                       |
|            | Accounting  | 30,018.               | 22,513.                            | 7,505.                          |                                       |
|            | Lobbying  | ,                     | ,                                  | ,                               |                                       |
| е          | Professional fundraising services. See Part IV, line 17   | 4,400.                |                                    |                                 | 4,400                                 |
| f          | Investment management fees  |                       |                                    |                                 |                                       |
| g          | Other. (If line 11g amount exceeds 10% of line 25,  |                       |                                    |                                 |                                       |
|            | column (A), amount, list line 11g expenses on Sch O.)   |                       |                                    |                                 |                                       |
| 12         | Advertising and promotion   |                       |                                    |                                 |                                       |
| 3          | Office expenses   | 18,105.               | 18,105.                            |                                 |                                       |
| 14         | Information technology  |                       |                                    |                                 |                                       |
| 15         | Royalties   |                       |                                    |                                 |                                       |
| 6          | Occupancy   | 37,421.               | 28,066.                            | 9,355.                          |                                       |
| 7          | Travel  |                       |                                    |                                 |                                       |
| 8          | Payments of travel or entertainment expenses  |                       |                                    |                                 |                                       |
|            | for any federal, state, or local public officials   |                       |                                    |                                 |                                       |
| 9          | Conferences, conventions, and meetings  |                       |                                    |                                 |                                       |
| 20         | Interest  | 922.                  | 691.                               | 231.                            |                                       |
| 21         | Payments to affiliates  |                       |                                    |                                 |                                       |
| 22         | Depreciation, depletion, and amortization   | 6,923.                | 6,923.                             | 4 405                           |                                       |
| 3          | Insurance   | 5,740.                | 4,305.                             | 1,435.                          |                                       |
| <u>!</u> 4 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                    |                                 |                                       |
| а          | Computer database servi   | 45,376.               | 45,376.                            |                                 |                                       |
| b          | Training expenses   | 36,761.               | 36,761.                            |                                 |                                       |
| c          | Mileage reimbursement   | 32,641.               | 32,641.                            |                                 |                                       |
| d          | Cellular communications   | 23,698.               | 21,328.                            | 2,370.                          |                                       |
|            | All other expenses  | 33,345.               | 32,975.                            | 370.                            |                                       |
| 5          | Total functional expenses. Add lines 1 through 24e  | 1,984,794.            | 1,618,178.                         | 299,847.                        | 66,769                                |
| 26         | Joint costs. Complete this line only if the organization  |                       | ,                                  | ,                               | •                                     |
|            | reported in column (B) joint costs from a combined  |                       |                                    |                                 |                                       |
|            | educational campaign and fundraising solicitation.  |                       |                                    |                                 |                                       |
|            | Check here if following SOP 98-2 (ASC 958-720)  |                       |                                    |                                 |                                       |

| Pai                         | rt X | Balance Sheet   |             |                       |                                 |        |                           |
|-----------------------------|------|---|-------------|-----------------------|---------------------------------|--------|---------------------------|
|                             |      | Check if Schedule O contains a response or  | note to an  | y line in this Part X |                                 |        |                           |
|                             |      |   |             |                       | <b>(A)</b><br>Beginning of year |        | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing   |             |                       | 383,885.                        | 1      | 342,168.                  |
|                             | 2    | Savings and temporary cash investments  |             |                       | 69,072.                         | 2      | 237,436.                  |
|                             | 3    | Pledges and grants receivable, net  |             | 84,162.               | 3                               | 9,900. |                           |
|                             | 4    | Accounts receivable, net  |             | 4                     |                                 |        |                           |
|                             | 5    | Loans and other receivables from any current  |             |                       |                                 |        |                           |
|                             |      | trustee, key employee, creator or founder, su   | bstantial o | contributor, or 35%   |                                 |        |                           |
|                             |      | controlled entity or family member of any of t  |             | 5                     |                                 |        |                           |
|                             | 6    | Loans and other receivables from other disqu  |             |                       |                                 |        |                           |
|                             |      | under section 4958(f)(1)), and persons describ  |             |                       | 6                               |        |                           |
| ţ                           | 7    | Notes and loans receivable, net   |             |                       | 7                               |        |                           |
| Assets                      | 8    | Inventories for sale or use   |             | <u> </u>              |                                 | 8      |                           |
| ⋖                           | 9    | Prepaid expenses and deferred charges   |             |                       |                                 | 9      |                           |
|                             | 10a  | Land, buildings, and equipment: cost or other   | 1           |                       |                                 |        |                           |
|                             |      | basis. Complete Part VI of Schedule D   | 10a         | 50,050.<br>31,586.    | 10.050                          |        | 10.464                    |
|                             | b    | Less: accumulated depreciation  | 10b         |                       | 18,852.                         | 10c    | 18,464.                   |
|                             | 11   | Investments - publicly traded securities  |             | 11                    |                                 |        |                           |
|                             | 12   | Investments - other securities. See Part IV, lin  | 2 025 455   | 12                    | 4 016 050                       |        |                           |
|                             | 13   | Investments - program-related. See Part IV, lin   | 3,935,455.  | 13                    | 4,216,850.                      |        |                           |
|                             | 14   | Intangible assets   |             |                       | 106 400                         | 14     | 162 200                   |
|                             | 15   | Other assets. See Part IV, line 11  |             |                       | 196,409.                        | 15     | 163,200.                  |
|                             | 16   | Total assets. Add lines 1 through 15 (must e  |             |                       | 4,687,835.                      | 16     | 4,988,018.                |
|                             | 17   | Accounts payable and accrued expenses   |             |                       | <u> </u>                        | 17     | 5,566.                    |
|                             | 18   | Grants payable  |             | 18                    |                                 |        |                           |
|                             | 19   | Deferred revenue  |             |                       |                                 | 19     |                           |
|                             | 20   | Tax-exempt bond liabilities   |             |                       |                                 | 20     |                           |
|                             | 21   | Escrow or custodial account liability. Comple   |             |                       |                                 | 21     |                           |
| Liabilities                 | 22   | Loans and other payables to any current or for  |             |                       |                                 |        |                           |
| ₽Ĭ                          |      | trustee, key employee, creator or founder, su<br>controlled entity or family member of any of t |             |                       |                                 | 22     |                           |
| Lia                         | 23   | Secured mortgages and notes payable to un   |             |                       |                                 | 23     |                           |
|                             | 24   | Unsecured notes and loans payable to unrela   |             |                       |                                 | 24     |                           |
|                             | 25   | Other liabilities (including federal income tax,  |             |                       |                                 |        |                           |
|                             |      | parties, and other liabilities not included on li   |             |                       |                                 |        |                           |
|                             |      | (0  |             |                       | 271,252.                        | 25     | 231,755.                  |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   |             |                       | 271,502.                        | 26     | 237,321.                  |
|                             |      | Organizations that follow FASB ASC 958, o   | heck her    | e X                   | ,                               |        | ,                         |
| es                          |      | and complete lines 27, 28, 32, and 33.  |             | _                     |                                 |        |                           |
| anc                         | 27   | Net assets without donor restrictions   |             |                       | 4,067,595.                      | 27     | 4,540,994.                |
| Bal                         | 28   | Net assets with donor restrictions  |             |                       | 348,738.                        | 28     | 4,540,994.                |
| pu                          |      | Organizations that do not follow FASB ASG   | 958, che    | eck here              |                                 |        |                           |
| Ţ                           |      | and complete lines 29 through 33.   |             |                       |                                 |        |                           |
| S<br>O                      | 29   | Capital stock or trust principal, or current fun  | ds          |                       |                                 | 29     |                           |
| set                         | 30   | Paid-in or capital surplus, or land, building, or   | equipme     | nt fund               |                                 | 30     |                           |
| Net Assets or Fund Balances | 31   | Retained earnings, endowment, accumulated   | l income,   | or other funds        |                                 | 31     |                           |
| Ret                         | 32   | Total net assets or fund balances   |             |                       | 4,416,333.                      | 32     | 4,750,697.                |
|                             | 33   | Total liabilities and net assets/fund balances  |             |                       | 4,687,835.                      | 33     | 4,988,018.                |
|                             |      |   |             |                       |                                 |        | Form <b>990</b> (2022)    |

Form **990** (2022)

| Pa | rt XI Reconciliation of Net Assets  |          |      |            |             |
|----|---|----------|------|------------|-------------|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |          |      |            |             |
|    |   |          |      |            |             |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        | 2,31 | <u>9,1</u> | <u>58.</u>  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 1,98 |            |             |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3        |      | 4,3        |             |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4        | 4,41 | 5,3        | 33.         |
| 5  | Net unrealized gains (losses) on investments  | 5        |      |            |             |
| 6  | Donated services and use of facilities  | 6        |      |            |             |
| 7  | Investment expenses   | 7        |      |            |             |
| 8  | Prior period adjustments  | 8        |      |            |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9        |      |            | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |          |      |            |             |
|    | column (B))   | 10       | 4,75 | 0,6        | 97 <b>.</b> |
| Pa | rt XII Financial Statements and Reporting   |          |      |            |             |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |          |      |            | X           |
|    |   |          |      | Yes        | No          |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |          | _    |            |             |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | Ο.       |      |            |             |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |          | 2a   |            | X           |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a     |      |            |             |
|    | separate basis, consolidated basis, or both:  |          |      |            |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |      |            |             |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |          | 2b   |            | X           |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,   |      |            |             |
|    | consolidated basis, or both:  |          |      |            |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |      |            |             |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,   |      |            |             |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |          | 2c   |            |             |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Scho    | edule O. |      |            |             |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |          |      |            | 1           |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | 3a   |            | X           |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |          |      |            | 1           |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |          | 3h   |            | 1           |

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

QUZZ
Open to Public
Inspection

GReat Aspirations Name of the organization **Employer identification number** Scholarship Program, \*\*-\*\*\*7427 Inc. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## (Form 990) 2022 Scholarship Program, Inc. \*\*-\*\*\*7 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | tion A. Public Support   |                       |                      |            |           |                     | -1              |
|------|--|-----------------------|----------------------|------------|-----------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019      | (c) 2020   | (d) 2021  | (e) 2022            | (f) Total       |
|      | Gifts, grants, contributions, and  | ` ,                   | ` ,                  | ` ,        | , ,       | ` ,                 | ,,              |
|      | membership fees received. (Do not  |                       |                      |            |           |                     |                 |
|      | include any "unusual grants.")   | 1999024.              | 1403966.             | 1512737.   | 1871016.  | 2054396.            | 8841139.        |
| 2    | Tax revenues levied for the organ-   |                       |                      |            |           |                     |                 |
|      | ization's benefit and either paid to   |                       |                      |            |           |                     |                 |
|      | or expended on its behalf  |                       |                      |            |           |                     |                 |
| 3    | The value of services or facilities  |                       |                      |            |           |                     |                 |
|      | furnished by a governmental unit to  |                       |                      |            |           |                     |                 |
|      | the organization without charge  |                       |                      |            |           |                     |                 |
| 4    | Total. Add lines 1 through 3   | 1999024.              | 1403966.             | 1512737.   | 1871016.  | 2054396.            | 8841139.        |
| 5    | The portion of total contributions   |                       |                      |            |           |                     |                 |
|      | by each person (other than a   |                       |                      |            |           |                     |                 |
|      | governmental unit or publicly  |                       |                      |            |           |                     |                 |
|      | supported organization) included   |                       |                      |            |           |                     |                 |
|      | on line 1 that exceeds 2% of the   |                       |                      |            |           |                     |                 |
|      | amount shown on line 11,   |                       |                      |            |           |                     |                 |
|      | column (f)   |                       |                      |            |           |                     |                 |
| 6    | Public support. Subtract line 5 from line 4.   |                       |                      |            |           |                     | 8841139.        |
|      | ction B. Total Support   |                       |                      |            |           |                     |                 |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019      | (c) 2020   | (d) 2021  | (e) 2022            | (f) Total       |
|      | Amounts from line 4  | 1999024.              | 1403966.             | 1512737.   | 1871016.  | 2054396.            | 8841139.        |
|      | Gross income from interest,  |                       |                      |            |           |                     |                 |
|      | dividends, payments received on  |                       |                      |            |           |                     |                 |
|      | securities loans, rents, royalties,  |                       |                      |            |           |                     |                 |
|      | and income from similar sources  | 123,180.              | 67,972.              | 337,958.   | -245,617. | 190,293.            | 473,786.        |
| 9    | Net income from unrelated business   | •                     | •                    | •          | ·         | •                   | ,               |
| _    | activities, whether or not the   |                       |                      |            |           |                     |                 |
|      | business is regularly carried on   |                       |                      |            |           |                     |                 |
| 10   | Other income. Do not include gain  |                       |                      |            |           |                     |                 |
|      | or loss from the sale of capital   |                       |                      |            |           |                     |                 |
|      | assets (Explain in Part VI.)   |                       |                      | 172,684.   | 179,000.  |                     | 351,684.        |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                       |                      |            |           |                     | 9666609.        |
|      | Gross receipts from related activities,  | etc. (see instructio  | ns)                  |            |           | 12                  | 336,750.        |
|      | First 5 years. If the Form 990 is for the  | •                     | ,                    |            |           | 01(c)(3)            | <u> </u>        |
|      | organization, check this box and stor  | -                     |                      | •          |           |                     |                 |
| Sed  | tion C. Computation of Publi   |                       |                      |            |           |                     |                 |
| 14   | Public support percentage for 2022 (I  | ine 6, column (f), di | ivided by line 11, c | olumn (f)) |           | 14                  | 91.46 %         |
| 15   | Public support percentage from 2021  | Schedule A, Part I    | I, line 14           |            |           | 15                  | 92.27 %         |
|      | 33 1/3% support test - 2022. If the o  |                       |                      |            |           | ore, check this box | c and           |
|      | stop here. The organization qualifies as a publicly supported organization   X   |                       |                      |            |           |                     |                 |
| b    | b 33 1/3% support test - 2021. 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 qual   | ifies as a publicly s | upported organiza    | tion       |           |                     |                 |
| 17a  | 10% -facts-and-circumstances test  |                       |                      |            |           |                     |                 |
|      | and if the organization meets the fact   | _                     |                      |            |           |                     |                 |
|      | meets the facts-and-circumstances te   |                       |                      |            |           |                     |                 |
| b    | 10% -facts-and-circumstances test  | •                     | •                    |            |           |                     |                 |
|      | more, and if the organization meets the  | •                     |                      |            |           | •                   |                 |
|      | organization meets the facts-and-circu   |                       |                      |            | -         |                     |                 |
| 18   | Private foundation. If the organization  |                       | -                    |            | • • •     |                     |                 |
|      | <u> </u>   |                       | ,                    | . , ,      |           |                     | (Form 990) 2022 |

Schedule A (Form 990) 2022 Scholarship Program, Inc.

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

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

| Se   | ction A. Public Support  | elow, please comp         | Diete Fait II.)            |                       |                    |                    |               |
|------|--|---------------------------|----------------------------|-----------------------|--------------------|--------------------|---------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018                  | <b>(b)</b> 2019            | (c) 2020              | (d) 2021           | (e) 2022           | (f) Total     |
|      | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | (1)                       | (12)                       | (5)====               | (-7                | (5) = 5 = 5        | χ,            |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                           |                            |                       |                    |                    |               |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513   |                           |                            |                       |                    |                    |               |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>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   |                           |                            |                       |                    |                    |               |
| 78   | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                           |                            |                       |                    |                    |               |
| ŀ    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                           |                            |                       |                    |                    |               |
| (    | Add lines 7a and 7b  |                           |                            |                       |                    |                    |               |
|      | Public support. (Subtract line 7c from line 6.)  |                           |                            |                       |                    |                    |               |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018                  | <b>(b)</b> 2019            | (c) 2020              | (d) 2021           | (e) 2022           | (f) Total     |
|      | Amounts from line 6  | (2) = 3 : 3               | (2) 20:0                   | (0) = 0 = 0           | (4) = 5 = 1        | (0) = 0 = 0        | (1)           |
|      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 |                           |                            |                       |                    |                    |               |
| k    | Unrelated business taxable income (less section 511 taxes) from businesses   |                           |                            |                       |                    |                    |               |
|      | acquired after June 30, 1975   |                           |                            |                       |                    | +                  |               |
|      | Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                       |                           |                            |                       |                    |                    |               |
|      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                           |                            |                       |                    |                    |               |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   |                           |                            |                       |                    |                    | <u> </u>      |
| 14   | First 5 years. If the Form 990 is for the  | · ·                       |                            | •                     | •                  |                    | . —           |
|      | check this box and stop here   | - O 1 D -                 |                            |                       |                    |                    |               |
|      | ction C. Computation of Publi  |                           |                            |                       |                    |                    |               |
|      | Public support percentage for 2022 (I  |                           | •                          | column (f))           |                    | 15                 | %             |
|      | Public support percentage from 2021 ction D. Computation of Inves  |                           |                            |                       |                    | 16                 | %             |
|      | •  |                           |                            | : 10!···-· (f)        |                    | 147                | 0/            |
|      | Investment income percentage for 20  |                           |                            |                       |                    | 17                 | %             |
|      | Investment income percentage from  |                           |                            |                       |                    | 18                 | %<br>7 is not |
| 198  | a 33 1/3% support tests - 2022. If the   |                           |                            |                       |                    | -41                |               |
| k    | more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the   |                           | -                          | •                     | • •                |                    |               |
|      | line 18 is not more than 33 1/3%, che  | ck this box and <b>st</b> | t <b>op here.</b> The orga | anization qualifies a | as a publicly supp | orted organization |               |
| 20   | Private foundation. If the organization  | n did not check a         | box on line 14 10          | a or 10h check th     | nis hox and see in | structions         |               |

232023 12-09-22

Schedule A (Form 990) 2022

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

|          |          | Voo    | No   |
|----------|----------|--------|------|
|          |          | Yes    | No   |
|          |          |        |      |
|          | 1        |        |      |
|          |          |        |      |
|          | 2        |        |      |
|          | •        |        |      |
|          | 3a       |        |      |
|          |          |        |      |
|          | 3b       |        |      |
|          |          |        |      |
|          | 3c       |        |      |
|          | 4a       |        |      |
|          |          |        |      |
|          |          |        |      |
|          | 4b       |        |      |
|          |          |        |      |
|          |          |        |      |
| L        | 4c       |        |      |
|          |          |        |      |
|          |          |        |      |
|          |          |        |      |
|          | 5a       |        |      |
|          |          |        |      |
| $\vdash$ | 5b<br>5c |        |      |
|          | -        |        |      |
|          |          |        |      |
|          |          |        |      |
|          | 6        |        |      |
|          |          |        |      |
|          |          |        |      |
|          | 7        |        |      |
|          | 8        |        |      |
|          | J        |        |      |
|          |          |        |      |
|          | 9a       |        |      |
|          | 9b       |        |      |
|          | 30       |        |      |
|          | 9с       |        |      |
|          |          |        |      |
|          | 100      |        |      |
|          | 10a      |        |      |
|          | 10b      |        |      |
| ule /    | A (Forn  | n 990) | 2022 |

| Par | rt IV Supporting Organizations (continued)   |               |     |     |
|-----|--|---------------|-----|-----|
|     |  |               | Yes | No  |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |               |     |     |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |               |     |     |
|     | 11c below, the governing body of a supported organization?   | 11a           |     |     |
| b   | A family member of a person described on line 11a above?   | 11b           |     |     |
| С   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |               |     |     |
|     | detail in Part VI.   | 11c           |     |     |
| Sec | tion B. Type I Supporting Organizations  |               |     |     |
|     |  |               | Yes | No  |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |               |     |     |
|     | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |               |     |     |
|     | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   |               |     |     |
|     | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |               |     |     |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1             |     |     |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported  |               |     |     |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |               |     |     |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |               |     |     |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations  | 2             |     | —   |
| 000 | tion 6. Type it oupporting organizations   |               | V   | NI- |
| 4   | Ware a majority of the erganization's directors or trustees during the tay year also a majority of the directors   |               | Yes | No  |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control                        |               |     |     |
|     | or management of the supporting organization was vested in the same persons that controlled or managed   |               |     |     |
|     | the supported organization(s).   | 1             |     |     |
| Sec | tion D. All Type III Supporting Organizations  |               |     |     |
|     |  |               | Yes | No  |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |               |     |     |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |               |     |     |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |               |     |     |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1             |     |     |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |               |     |     |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |               |     |     |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2             |     |     |
| 3   | By reason of the relationship described on line 2, above, did the organization's supported organizations have a  |               |     |     |
|     | significant voice in the organization's investment policies and in directing the use of the organization's   |               |     |     |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |               |     |     |
| 800 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations   | 3             |     |     |
|     |  |               |     |     |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).   | ıs).          |     |     |
| a   | The organization satisfied the Activities Test. Complete line 2 below.   |               |     |     |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see  | inatu iatia m | )   |     |
| 2   | Activities Test. Answer lines 2a and 2b below.   | rinstruction  | Yes | No  |
| a   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |               | 100 | 110 |
| _   | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |               |     |     |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,   |               |     |     |
|     | how the organization was responsive to those supported organizations, and how the organization determined  |               |     |     |
|     | that these activities constituted substantially all of its activities.   | 2a            |     |     |
| b   | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,  |               |     |     |
|     | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |               |     |     |
|     | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   |               |     |     |
|     | these activities but for the organization's involvement.   | 2b            |     |     |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.   |               |     |     |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |               |     |     |
|     | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  | 3a            |     |     |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |               |     |     |
|     | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  | 3b            | i l | ı   |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Support                  | ing Organ      | izations                   |                                |
|------|--|----------------|----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | Nov. 20, 1970 ( explain in | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu   |                | •                          |                                |
| Sect | ion A - Adjusted Net Income  |                | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1              |                            |                                |
| 2    | Recoveries of prior-year distributions                                       | 2              |                            |                                |
| 3    | Other gross income (see instructions)  | 3              |                            |                                |
| _4   | Add lines 1 through 3.   | 4              |                            |                                |
| _5   | Depreciation and depletion   | 5              |                            |                                |
| 6    | Portion of operating expenses paid or incurred for production or             |                |                            |                                |
|      | collection of gross income or for management, conservation, or               |                |                            |                                |
|      | maintenance of property held for production of income (see instructions)     | 6              |                            |                                |
| _7_  | Other expenses (see instructions)  | 7              |                            |                                |
| _8_  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8              |                            |                                |
| Sect | ion B - Minimum Asset Amount   |                | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                |                |                            |                                |
|      | instructions for short tax year or assets held for part of year):            |                |                            |                                |
| a    | Average monthly value of securities  | 1a             |                            |                                |
| b    | Average monthly cash balances  | 1b             |                            |                                |
| с    | Fair market value of other non-exempt-use assets                             | 1c             |                            |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d             |                            |                                |
| е    | Discount claimed for blockage or other factors                               |                |                            |                                |
|      | (explain in detail in Part VI):  |                |                            |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2              |                            |                                |
| _3_  | Subtract line 2 from line 1d.  | 3              |                            |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |                |                            |                                |
|      | see instructions).   | 4              |                            |                                |
| _5_  | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5              |                            |                                |
| _6   | Multiply line 5 by 0.035.  | 6              |                            |                                |
| _7_  | Recoveries of prior-year distributions                                       | 7              |                            |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                  | 8              |                            |                                |
| Sect | ion C - Distributable Amount   |                |                            | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)        | 1              |                            |                                |
| 2    | Enter 0.85 of line 1.  | 2              |                            |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)       | 3              |                            |                                |
| 4    | Enter greater of line 2 or line 3.   | 4              |                            |                                |
| 5    | Income tax imposed in prior year   | 5              |                            |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                |                            |                                |
|      | emergency temporary reduction (see instructions).                            | 6              |                            |                                |
| 7    | Check here if the current year is the organization's first as a non-function | ally integrate | d Type III supporting orga | nization (see                  |

Schedule A (Form 990) 2022

instructions).

GReat Aspirations Scholarship Program

|       | dule A (Form 990) 2022 SCHOLAL SHIP I                           |                               |                                | / 42 / Page /                    |
|-------|---|-------------------------------|--------------------------------|----------------------------------|
| Par   | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | nizations (continued)          |                                  |
| Sect  | on D - Distributions  |                               |                                | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exe       | empt purposes                 | 1                              |                                  |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |                                |                                  |
|       | organizations, in excess of income from activity                |                               |                                |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                              |                                  |
| 4     | Amounts paid to acquire exempt-use assets                       |                               | 4                              |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pr   | ovide details in Part VI)     | 5                              |                                  |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               | 6                              |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.              |                               | 7                              |                                  |
| 8     | Distributions to attentive supported organizations to which the | he organization is responsive |                                |                                  |
|       | (provide details in Part VI). See instructions.                 |                               | 8                              |                                  |
| 9     | Distributable amount for 2022 from Section C, line 6            |                               | 9                              |                                  |
| 10    | Line 8 amount divided by line 9 amount                          |                               | 10                             |                                  |
|       |   | (i)                           | (ii)                           | (iii)                            |
| Secti | on E - Distribution Allocations (see instructions)              | Excess Distributions          | Underdistributions<br>Pre-2022 | Distributable<br>Amount for 2022 |
| 1     | Distributable amount for 2022 from Section C, line 6            |                               |                                |                                  |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-    |                               |                                |                                  |
|       | able cause required - explain in Part VI). See instructions.    |                               |                                |                                  |
| 3     | Excess distributions carryover, if any, to 2022                 |                               |                                |                                  |
| а     | From 2017   |                               |                                |                                  |
| b     | From 2018   |                               |                                |                                  |
| С     | From 2019   |                               |                                |                                  |
| d     | From 2020   |                               |                                |                                  |
| е     | From 2021   |                               |                                |                                  |
| f     | Total of lines 3a through 3e                                    |                               |                                |                                  |
| g     | Applied to underdistributions of prior years                    |                               |                                |                                  |
|       | Applied to 2022 distributable amount                            |                               |                                |                                  |
|       | Carryover from 2017 not applied (see instructions)              |                               |                                |                                  |
| i     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                |                                  |
| 4     | Distributions for 2022 from Section D,                          |                               |                                |                                  |
|       | line 7: \$  |                               |                                |                                  |
| a     | Applied to underdistributions of prior years                    |                               |                                |                                  |
|       | Applied to 2022 distributable amount                            |                               |                                |                                  |
| с     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                |                                  |
| 5     | Remaining underdistributions for years prior to 2022, if        |                               |                                |                                  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                |                                  |
|       | than zero, explain in <b>Part VI.</b> See instructions.         |                               |                                |                                  |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h        |                               |                                |                                  |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |                                |                                  |
|       | Part VI. See instructions.                                      |                               |                                |                                  |
| 7     | Excess distributions carryover to 2023. Add lines 3j            |                               |                                |                                  |
|       | and 4c.   |                               |                                |                                  |
| 8     | Breakdown of line 7:  |                               |                                |                                  |

Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

GReat Aspirations Name of the organization

Scholarship Program, Inc.

Employer identification number \*\*-\*\*\*7427

| Pai | t I Organizations Maintaining Donor Advised  | d Funds or Other Simi                 | lar Funds or Ac       | counts. Complete if the            |  |  |
|-----|--|---------------------------------------|-----------------------|------------------------------------|--|--|
|     | organization answered "Yes" on Form 990, Part IV, line   | e 6.                                  |                       | ·                                  |  |  |
|     |  | (a) Donor advised fu                  | nds (                 | <b>b)</b> Funds and other accounts |  |  |
| 1   | Total number at end of year  |                                       |                       |                                    |  |  |
| 2   | Aggregate value of contributions to (during year)  |                                       |                       |                                    |  |  |
| 3   | Aggregate value of grants from (during year)   |                                       |                       |                                    |  |  |
| 4   | Aggregate value at end of year   |                                       |                       |                                    |  |  |
| 5   | Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$  | writing that the assets held in       | donor advised fund    | ds                                 |  |  |
|     | are the organization's property, subject to the organization's   | exclusive legal control?              |                       | Yes No                             |  |  |
| 6   | Did the organization inform all grantees, donors, and donor a  | dvisors in writing that grant f       | unds can be used o    | nly                                |  |  |
|     | for charitable purposes and not for the benefit of the donor or  | r donor advisor, or for any ot        | her purpose conferr   | ing                                |  |  |
|     | impermissible private benefit?   |                                       |                       |                                    |  |  |
| Pai | t II Conservation Easements. Complete if the org   | ganization answered "Yes" o           | n Form 990, Part IV,  | line 7.                            |  |  |
| 1   | Purpose(s) of conservation easements held by the organization  | on (check all that apply).            |                       |                                    |  |  |
|     | Preservation of land for public use (for example, recreated  | tion or education)                    | eservation of a histo | orically important land area       |  |  |
|     | Protection of natural habitat  | L Pr                                  | eservation of a certi | fied historic structure            |  |  |
|     | Preservation of open space   |                                       |                       |                                    |  |  |
| 2   | Complete lines 2a through 2d if the organization held a qualif   | ied conservation contribution         | n in the form of a co |                                    |  |  |
|     | day of the tax year.   |                                       |                       | Held at the End of the Tax Year    |  |  |
| а   |  |                                       |                       | 2a                                 |  |  |
| b   | •  |                                       |                       | 2b                                 |  |  |
| С   | Number of conservation easements on a certified historic stru  |                                       |                       | 2c                                 |  |  |
| d   | Number of conservation easements included in (c) acquired a  | · · · · · · · · · · · · · · · · · · · |                       |                                    |  |  |
| _   |  |                                       |                       | 2d                                 |  |  |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished, or term          | inated by the organi  | zation during the tax              |  |  |
| _   | year   |                                       |                       |                                    |  |  |
| 4   | Number of states where property subject to conservation eas  |                                       | handling of           |                                    |  |  |
| 5   | Does the organization have a written policy regarding the per  |                                       | -                     | Yes No                             |  |  |
| 6   | violations, and enforcement of the conservation easements it<br>Staff and volunteer hours devoted to monitoring, inspecting, |                                       | oforcing conservation |                                    |  |  |
| U   | Stan and volunteer flours devoted to filofilloring, inspecting,  | nanding of violations, and el         | norchig conservatio   | in easements during the year       |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | ling of violations, and enforc        | ing conservation ear  | sements during the year            |  |  |
| •   | 7 thouse of expenses mounted in mornioring, inoposing, hard  | iing or violations, and ornore        | ing conservation ca   | sements daming the year            |  |  |
| 8   | Does each conservation easement reported on line 2(d) above  | e satisfy the requirements of         | section 170(h)(4)(B)  | (i)                                |  |  |
| _   | and section 170(h)(4)(B)(ii)?  | •                                     |                       |                                    |  |  |
| 9   | In Part XIII, describe how the organization reports conservation   |                                       |                       |                                    |  |  |
|     | balance sheet, and include, if applicable, the text of the footn   |                                       | •                     |                                    |  |  |
|     | organization's accounting for conservation easements.  | 3                                     |                       |                                    |  |  |
| Pai |  | Art, Historical Treasu                | ires, or Other S      | imilar Assets.                     |  |  |
|     | Complete if the organization answered "Yes" on Form  | 990, Part IV, line 8.                 |                       |                                    |  |  |
| 1a  | If the organization elected, as permitted under FASB ASC 95  | 8, not to report in its revenue       | statement and bala    | ance sheet works                   |  |  |
|     | of art, historical treasures, or other similar assets held for pub   | olic exhibition, education, or i      | research in furtherar | nce of public                      |  |  |
|     | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.               |                                       |                       |                                    |  |  |
| b   | If the organization elected, as permitted under FASB ASC 95  | 8, to report in its revenue sta       | tement and balance    | sheet works of                     |  |  |
|     | art, historical treasures, or other similar assets held for public   | exhibition, education, or res         | earch in furtherance  | of public service,                 |  |  |
|     | provide the following amounts relating to these items:   |                                       |                       |                                    |  |  |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |                                       |                       | \$                                 |  |  |
|     |  |                                       |                       |                                    |  |  |
| 2   | If the organization received or held works of art, historical trea   |                                       |                       |                                    |  |  |
|     | the following amounts required to be reported under FASB A   | SC 958 relating to these iten         | ns:                   |                                    |  |  |
| а   | Revenue included on Form 990, Part VIII, line 1  |                                       |                       | \$ <u> </u>                        |  |  |
| b   | Assets included in Form 990, Part X  |                                       |                       |                                    |  |  |
|     | For Paperwork Reduction Act Notice, see the Instructions   |                                       |                       | Schedule D (Form 990) 2022         |  |  |

232051 09-01-22

| Par   | t III                                      | Organizations Maintaining C                    | ollections of Ar                | t, Histo     | orical Tre     | easures, o          | r Other      | Simila                | r Assets     | (conti    | nued)   |            |
|-------|--|--|---------------------------------|--------------|----------------|---------------------|--------------|-----------------------|--------------|-----------|---------|------------|
| 3     | · · · · · · · · · · · · · · · · · · ·      |  |                                 |              |                |                     |              |                       |              |           |         |            |
|       | collection items (check all that apply):   |  |                                 |              |                |                     |              |                       |              |           |         |            |
| а     |  | Public exhibition                              | d                               | ı 🔲 1        | Loan or exc    | hange progra        | am           |                       |              |           |         |            |
| b     |  | Scholarly research                             | е                               |              | Other          |                     |              |                       |              |           |         |            |
| С     |  | Preservation for future generations            |                                 |              |                |                     |              |                       |              |           |         |            |
| 4     | Provid                                     | de a description of the organization's co      | ollections and explain          | n how the    | ey further th  | ne organizatio      | on's exem    | pt purpo              | se in Part   | XIII.     |         |            |
| 5     | Durin                                      | g the year, did the organization solicit o     | r receive donations o           | of art, his  | storical treas | sures, or othe      | er similar a | ssets                 |              |           |         |            |
|       | to be                                      | sold to raise funds rather than to be ma       | aintained as part of th         | he organ     | ization's co   | llection?           |              |                       |              | Yes       |         | No         |
| Par   | t IV                                       | Escrow and Custodial Arrang                    | gements. Comple                 | ete if the   | organizatio    | n answered          | "Yes" on F   | orm 990               | , Part IV, I | ine 9, or |         |            |
|       |  | reported an amount on Form 990, Par            |                                 |              |                |                     |              |                       |              |           |         |            |
| 1a    | Is the                                     | organization an agent, trustee, custodi        | an or other intermed            | iary for c   | contributions  | s or other ass      | sets not in  | cluded                |              |           |         |            |
|       | on Fo                                      | rm 990, Part X?                                |                                 |              |                |                     |              |                       |              | Yes       |         | No         |
| b     |  | s," explain the arrangement in Part XIII       |                                 |              |                |                     |              |                       |              |           |         |            |
|       |  |  |                                 |              |                |                     |              |                       |              | Amoun     | t       |            |
| С     | Begin                                      | ning balance                                   |                                 |              |                |                     |              | 1c                    |              |           |         |            |
| d     | Addit                                      | ions during the year                           |                                 |              |                |                     |              | 1d                    |              |           |         |            |
| е     |  | outions during the year                        |                                 |              |                |                     |              |                       |              |           |         |            |
| f     |  | g balance                                      |                                 |              |                |                     |              | 1f                    |              |           |         |            |
| 2a    | Did th                                     | ne organization include an amount on Fo        | orm 990, Part X, line           | 21, for e    | escrow or cu   | ustodial acco       | unt liabilit | y?                    |              | Yes       |         | No         |
|       |  | s," explain the arrangement in Part XIII.      |                                 |              |                |                     |              |                       |              |           |         | ]          |
| Par   | t V  | Endowment Funds. Complete i                    | f the organization an           | swered       | "Yes" on Fo    | rm 990, Part        | IV, line 10  | ).                    |              |           |         |            |
|       |  |  | (a) Current year                | <b>(b)</b> P | rior year      | (c) Two yea         | rs back (    | <b>d)</b> Three y     | ears back    | (e) Fou   | r years | back       |
| 1a    | Begin                                      | ning of year balance                           |                                 |              |                |                     |              |                       |              |           |         |            |
| b     | Contr                                      | ibutions                                       |                                 |              |                |                     |              |                       |              |           |         |            |
| С     | Net investment earnings, gains, and losses |  |                                 |              |                |                     |              |                       |              |           |         |            |
| d     | Grant                                      | s or scholarships                              |                                 |              |                |                     |              |                       |              |           |         |            |
| е     | Other                                      | expenditures for facilities                    |                                 |              |                |                     |              |                       |              |           |         |            |
|       | and p                                      | rograms  |                                 |              |                |                     |              |                       |              |           |         |            |
| f     | Admii                                      | nistrative expenses                            |                                 |              |                |                     |              |                       |              |           |         |            |
| g     |  | f year balance                                 |                                 |              |                |                     |              |                       |              |           |         |            |
| 2     | Provid                                     | de the estimated percentage of the curr        | ent year end balance            | e (line 1g   | j, column (a)  | )) held as:         |              |                       |              |           |         |            |
| а     | Board                                      | d designated or quasi-endowment                |                                 | _%           |                |                     |              |                       |              |           |         |            |
| b     | Perma                                      | anent endowment                                | %                               |              |                |                     |              |                       |              |           |         |            |
| С     | Term                                       | endowment                                      | %                               |              |                |                     |              |                       |              |           |         |            |
|       | The p                                      | ercentages on lines 2a, 2b, and 2c sho         | uld equal 100%.                 |              |                |                     |              |                       |              |           |         |            |
| За    | Are th                                     | nere endowment funds not in the posse          | ssion of the organiza           | ation that   | t are held ar  | nd administer       | red for the  | ,                     |              | ·         |         |            |
|       | organ                                      | ization by:                                    |                                 |              |                |                     |              |                       |              |           | Yes     | No         |
|       | (i) U                                      | nrelated organizations                         |                                 |              |                |                     |              |                       |              | 3a(i)     |         |            |
|       |  | elated organizations                           |                                 |              |                |                     |              |                       |              | 3a(ii)    |         |            |
| b     | If "Ye                                     | s" on line 3a(ii), are the related organiza    | tions listed as requir          | ed on So     | chedule R?     |                     |              |                       |              | 3b        |         |            |
| 4     |  | ibe in Part XIII the intended uses of the      |                                 | wment fu     | unds.          |                     |              |                       |              |           |         |            |
| Par   | t VI                                       | Land, Buildings, and Equipm                    |                                 |              |                |                     |              |                       |              |           |         |            |
|       |  | Complete if the organization answered          | d "Yes" on Form 990             | ), Part IV   | , line 11a. S  | See Form 990        |              |                       |              |           |         |            |
|       |  | Description of property                        | (a) Cost or o<br>basis (investr |              | . ,            | or other<br>(other) |              | cumulate<br>reciation | ed           | (d) Boo   | k valu  | e          |
| 1a    | Land                                       |  |                                 |              |                |                     |              |                       |              |           |         |            |
|       |  | ngs  |                                 |              |                |                     |              |                       |              |           |         |            |
| С     | Lease                                      | ehold improvements                             |                                 |              |                |                     |              |                       |              |           |         |            |
| d     | Equip                                      | ment   |                                 |              |                |                     |              | <u> </u>              |              |           | •       |            |
|       | Other                                      |  |                                 |              |                | 0,050.              |              | 31,5                  |              |           |         | <u>64.</u> |
| Total | . Add                                      | lines 1a through 1e. <i>(Column (d) must</i> e | qual Form 990, Part             | X. colum     | nn (B), line 1 | 0c.)                |              |                       |              | 1         | 8,4     | <u>64.</u> |

| Part VII | Investments - | Other | Securities. |
|----------|---------------|-------|-------------|

| Tart viii investinents - Other Securities.   |                            |   |  |  |  |  |  |
|--|----------------------------|---|--|--|--|--|--|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. |                            |   |  |  |  |  |  |
| (a) Description of security or category (including name of security)                                       | (b) Book value             | (c) Method of valuation: Cost or end-of-year market value |  |  |  |  |  |
| (1) Financial derivatives  |                            |   |  |  |  |  |  |
| (2) Closely held equity interests  |                            |   |  |  |  |  |  |
| (3) Other  |                            |   |  |  |  |  |  |
| (A)  |                            |   |  |  |  |  |  |
| (B)  |                            |   |  |  |  |  |  |
| (C)  |                            |   |  |  |  |  |  |
| (D)  |                            |   |  |  |  |  |  |
| (E)  |                            |   |  |  |  |  |  |
| (F)  |                            |   |  |  |  |  |  |
| (G)  |                            |   |  |  |  |  |  |
| (H)  |                            |   |  |  |  |  |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   |                            |   |  |  |  |  |  |
| Part VIII Investments - Program Related.   |                            |   |  |  |  |  |  |
| Complete if the organization answered "Yes"  | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.                       |  |  |  |  |  |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or end-of-year market value |  |  |  |  |  |
| (1) Investment in Virginia529  |                            |   |  |  |  |  |  |
| (2) Plans  | 4,216,850.                 | End-of-Year Market Value                                  |  |  |  |  |  |
| (3)  |                            |   |  |  |  |  |  |

|  | • •        |                          |
|--|------------|--------------------------|
| (1) Investment in Virginia529                                    |            |                          |
| (2) Plans  | 4,216,850. | End-of-Year Market Value |
| (3)  |            |                          |
| (4)  |            |                          |
| (5)  |            |                          |
| (6)  |            |                          |
| (7)  |            |                          |
| (8)  |            |                          |
| (9)  |            |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | 4,216,850. |                          |

#### Part IX Other Assets.

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

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1)             |                |
| (2)             |                |
| (3)             |                |
| (4)             |                |
| (5)             |                |
| (6)             |                |
| (7)             |                |
| (8)             |                |
| (9)             |                |
| <b></b>         |                |

## Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                    | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) Current portion of lease liability                             | 36,961.        |
| (3) Accrued payroll  | 10,765.        |
| (4) Scholarships awarded and not paid                              | 56,500.        |
| (5) Long-term portion of lease                                     |                |
| (6) liability  | 127,529.       |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 231,755.       |

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

Schedule D (Form 990) 2022

|                       | Olicae libbil.                     | 4010110           |               |                      |      |               |      |      |
|-----------------------|------------------------------------|-------------------|---------------|----------------------|------|---------------|------|------|
| Schedule D (Form 990) | 2022 Scholarship                   | Program,          | Inc.          | ,                    | **_: | ***7          | 7427 | Page |
| Part XI Reconc        | iliation of Revenue per Aud        | ited Financial    | Statements V  | Vith Revenue per Ret | urn. |               |      |      |
| Complete              | if the organization answered "Yes" | on Form 990, Part | IV, line 12a. |                      |      |               |      |      |
|                       |                                    |                   |               |                      |      | $\overline{}$ | 210  | 100  |

|   | 3   |    |      |    |            |
|---|---|----|------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    |      | 1  | 2,319,189. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |      |    |            |
| а | Net unrealized gains (losses) on investments                                    | 2a |      |    |            |
| b | Donated services and use of facilities  | 2b |      |    |            |
| С | Recoveries of prior year grants   | 2c |      |    |            |
| d | Other (Describe in Part XIII.)  | 2d |      |    |            |
| е | Add lines 2a through 2d   |    |      | 2e | 0.         |
| 3 | Subtract line 2e from line 1  |    |      | 3  | 2,319,189. |
| 4 | Amounts 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 XIII.)  | 4b | -31. |    |            |
| С | Add lines 4a and 4b   |    |      | 4c | -31.       |
| 5 | Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    |      | 5  | 2,319,158. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| 1   | Total expenses and losses per audited financial statements         |      |      | 1  | 1,984,825. |
|-----|--|------|------|----|------------|
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |      |      |    |            |
| а   | Donated services and use of facilities                             | . 2a |      |    |            |
| b   | Prior year adjustments   | 2b   |      |    |            |
|     | Other losses   |      |      |    |            |
|     | Other (Describe in Part XIII.)                                     | ايما |      |    |            |
| е   | Add lines 2a through 2d  |      |      | 2e | 0.         |
| 3   | Subtract line 2e from line 1                                       |      |      | 3  | 1,984,825. |
| 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 XIII.)                                     | . 4b | -31. |    |            |
| С   | Add lines 4a and 4b  |      |      | 4c | -31.       |
| 5   |  |      |      | 5  | 1,984,794. |
| Pai | rt XIII Supplemental Information                                   |      |      |    |            |

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

### Part X, Line 2:

GRASP has evaluated its tax position for all open tax years subject to examination by the Internal Revenue Service which include the fiscal years ended June 30, 2023, 2022 and 2021. Based on the evaluation of GRASP's tax positions, management believes all tax positions taken by GRASP will be upheld for any examination that may follow in the open tax years previously mentioned. Therefore, no provision for the effects of uncertain tax positions has been made by management for the year ended June 30, 2023.

Part XI, Line 4b - Other Adjustments:

Loss on disposition of fixed assets

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

GReat Aspirations

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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

| Scholarsh                                      | ip Progra          | m, Inc.                            |                          |                                  |  |                                       | **-***7427                         |
|--|--------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| Part I General Information on Grants a         | nd Assistance      |                                    |                          |                                  |  | •                                     |                                    |
| 1 Does the organization maintain records t     | o substantiate the | amount of the grants               | or assistance, the       | grantees' eligibility            | for the grants or assi   | stance, and the selection             | า                                  |
| criteria used to award the grants or assis     | tance?             |                                    |                          |                                  |  |                                       | X Yes No                           |
| 2 Describe in Part IV the organization's pro   | cedures for monit  | oring the use of grant             | funds in the United      | d States.                        |  |                                       |                                    |
| Part II Grants and Other Assistance to I       |                    |                                    |                          |                                  | anization answered "Y  | es" on Form 990, Part I'              | V, line 21, for any                |
| recipient that received more than \$           | ·                  | be duplicated if additi            | onal space is need       | ed.                              | (0) 14 - 14 - 14   |                                       |                                    |
| Name and address of organization or government | (b) EIN            | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|  |                    |                                    |                          |                                  |  |                                       |                                    |
|  |                    |                                    |                          |                                  |  |                                       |                                    |
|  |                    |                                    |                          |                                  |  |                                       |                                    |
|  |                    |                                    |                          |                                  |  |                                       |                                    |
|  |                    |                                    |                          |                                  |  |                                       |                                    |
|  |                    |                                    |                          |                                  |  |                                       |                                    |
|  |                    |                                    |                          |                                  |  |                                       |                                    |
| 2 Enter total number of section 501(c)(3) an   | ad government or   | ranizations listed in th           | e line 1 table           |                                  |  |                                       |                                    |
| 3 Enter total number of other organizations    |                    | •                                  |                          |                                  |  |                                       |                                    |

Page 2

Scholarship Program, Inc.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance 0. Scholarships 234 348,434. EISP Scholarships 282,340, Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part I, Line 2: Organization, with few exceptions, makes scholarship check directly payable to the private K-12 school, college or university for which the student attends. Scholarships are based on a competitive application process. Each scholarship application is individually reviewed.

## SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GReat Aspirations Scholarship Program, Inc.

Questions Regarding Compensation

Employer identification number \*\*-\*\*7427

|            |  |    | Yes | No |
|------------|--|----|-----|----|
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |    |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |    |
|            | First-class or charter travel Housing allowance or residence for personal use  |    |     |    |
|            | Travel for companions Payments for business use of personal residence  |    |     |    |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |    |     |    |
|            | Discretionary spending account  Personal services (such as maid, chauffeur, chef)                                      |    |     |    |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |    |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b |     |    |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |    |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  | X   |    |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |    |
| •          | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |    |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.   |    |     |    |
|            | X Compensation committee   |    |     |    |
|            | ☐ Independent compensation consultant ☐ Compensation survey or study   |    |     |    |
|            | Form 990 of other organizations  Approval by the board or compensation committee                                       |    |     |    |
|            |  |    |     |    |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     |    |
|            | organization or a related organization:  |    |     |    |
| а          | Receive a severance payment or change-of-control payment?  | 4a |     | Х  |
| b          | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b |     | Х  |
| С          | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c |     | X  |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |    |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |    |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |    |
|            | contingent on the revenues of:   |    |     |    |
| а          | The organization?  | 5a |     | Х  |
| b          | Any related organization?  | 5b |     | Х  |
|            | If "Yes" on line 5a or 5b, describe in Part III.   |    |     |    |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |    |
|            | contingent on the net earnings of:   |    |     |    |
| а          | The organization?  | 6a |     | Х  |
| b          | Any related organization?  | 6b |     | Х  |
|            | If "Yes" on line 6a or 6b, describe in Part III.   |    |     |    |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |    |     |    |
|            | not described on lines 5 and 6? If "Yes," describe in Part III   | 7  |     | Х  |
| 8          | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     |    |
|            | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | X  |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |    |     |    |
|            | Regulations section 53.4958-6(c)?  | 9  |     |    |

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

Schedule J (Form 990) 2022

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

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

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

|                    | (E | B) Breakdown of W        | /-2 and/or 1099-MISocompensation    | C and/or 1099-NEC                   |              | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|--------------------|----|--------------------------|-------------------------------------|-------------------------------------|--------------|-------------------------|------------------------------------|---|
| (A) Name and Title |    | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation |                         |                                    | reported as deferred<br>on prior Form 990 |
| (                  |    |                          |                                     |                                     |              |                         |                                    |   |
| (i                 |    |                          |                                     |                                     |              |                         |                                    |   |
|                    |    |                          |                                     |                                     |              |                         |                                    |   |
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| (i                 |    |                          |                                     |                                     |              |                         |                                    |   |
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| (i                 |    |                          |                                     |                                     |              |                         |                                    |   |
|                    |    |                          |                                     |                                     |              |                         |                                    |   |
|                    |    |                          |                                     |                                     |              |                         |                                    |   |
| (                  |    |                          |                                     |                                     |              |                         |                                    |   |
| (i                 | I) |                          |                                     |                                     | 1            |                         | L                                  | l   |

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GReat Aspirations Scholarship Program, Inc. Employer identification number \*\*-\*\*\*7427

Form 990, Part I, Line 1, Description of Organization 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 focus is on increasing college, technical school, and workforce

credential access and graduation rates, particularly among families

without sufficient financial resources to accomplish this without

GRASP's guidance and financial assistance.

Meighborhood Assistance Tax Credit Program ("NAP") and Education

Improvement Scholarship Program ("EISP"). The NAP and EISP programs

provide significant tax incentives to Virginia private and business

donors who support scholarships and other tuition assistance programs

as defined further in Item III, 4(c).

Form 990, Part III, Line 1, Description of Organization Mission:

GRASP's mission is to help all students and their families, with a focus on financially disadvantaged households, by: giving inspiration and hope that their goals are attainable; assisting them with the financial aid process and awarding scholarships; and supporting them in the attainment of their post-secondary goals at the lowest possible cost. GRASP is the only organization in the regions we serve that is primarily focused on assisting students with the postsecondary financial aid process and scholarship searching for all students.

Financial aid is critical to increasing college access and success and

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization GReat Aspirations
Scholarship Program, Inc.

Employer identification number \*\*-\*\*\*7427

is most effective when students and families learn about it early
enough to make informed choices and plans. GRASP fills a substantial
gap in the college access and success pipeline and fulfills our mission
to ensure that every student has an equal opportunity for continuing
education after high school through a balanced continuum of services.

Form 990, Part III, Line 4c, Program Service Accomplishments:

recognized poverty level for students with disabilities. The EISP

Program, a scholarship program for students in K-12 who wish to attend
a private school, requires that at least 90% of tax credit generated

revenues under this program be paid out in scholarships for students at
or below 300% of poverty, or in the case of students with disabilities,

400% of poverty by the end of the following fiscal year end. The GRASP

Board has directed that preference be given to scholarships for
students with disabilities attending private schools with specialized
disability services under the EISP Program.

Form 990, Part VI, Section B, line 11b:

The final version Form 990 is e-mailed to the Chief Financial Officer who then e-mails the return to each voting Board member before the Form 990 is e-filed. The Form 990 is reviewed by the Chief Financial Officer,

Treasurer, President and Audit Committee Chairwoman before the it is released for e-filing to the IRS, All board members will have also received the return and have access to the return before its filing.

Form 990, Part VI, Section B, Line 12c:

GRASP's Conflict of Interest Policy document identifies procedures for determining whether a conflict of interest exists, the disclosure of such,

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization GReat Aspirations
Scholarship Program, Inc.

Employer identification number \*\*-\*\*\*7427

and actions to be taken by the board member and the governing board upon disclosure of such a conflict.

GRASP has also documented its procedures for addressing the conflict of interest.

GRASP has documented the procedures to be taken when it is believes that a violation of its conflict of interest policy has occurred and procedures to be taken when violation has been deemed to have occurred.

Annually, each board member, committee member and manager with board delegated powers shall sign a statement which affirms that such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy and understands GRASP is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes.

Outside advisors may be used by GRASP to assist its board with monitoring its compliance with its conflict of interest policy.

Form 990, Part VI, Section B, Line 15:

Compensation of the Chief Executive Officer and Management is subject to review and approval by the Executive Committee of the Board of Directors on an annual basis.

Compensation of other officers and key employees is subject to review and

approval by the Executive Committee of the Board of Directors on an annual

Schedule O (Form 990) 2022

| Name of the organization GReat Aspirations Scholarship Program, Inc. | Employer identification number |
|--|--------------------------------|
| basis.   |                                |
| Form 990, Part VI, Section C, Line 19:                               |                                |
| Governing documents are made available to the public on th           | e public website.              |
| Form 990, Part XII, line 2(c)  |                                |
| The organization has not changed its process since its pri           | or tax year                    |
| for internal oversight or auditor selection.                         |                                |
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#### 2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

| Asset<br>No. | Description                                | Date<br>Acquired | Method | Life | C<br>o<br>n<br>v | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|--|------------------|--------|------|------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 15           | 5 Desk Chairs                              | 02/20/13         | 200DB  | 7.00 | HY17             | 669.                        |                  |                        |                       | 669.                      | 669.                                     |                               | 0.                        | 669.                                  |
| 19           | Camera                                     | 05/22/14         | 200DB  | 7.00 | HY17             | 650.                        |                  |                        |                       | 650.                      | 650.                                     |                               | 0.                        | 650.                                  |
| 20           | (D)Laptop purchased for<br>Patricia Gordon | 06/30/14         | 200DB  | 5 00 | HY17             | 949.                        |                  |                        |                       | 949.                      | 949.                                     |                               | 0.                        | 949.                                  |
| 20           | Facilicia Goldon                           | 00/30/14         | 20008  | 3.00 | ппт              | 949.                        |                  |                        |                       | 949.                      | 949.                                     |                               | 0.                        | 949.                                  |
| 22           | Dell Computers                             | 09/30/14         | 200DB  | 5.00 | HY17             | 1,613.                      |                  |                        | 807.                  | 806.                      | 806.                                     |                               | 0.                        | 806.                                  |
| 28           | Portable monitor, bag and cables           | 10/19/15         | 200DB  | 5.00 | HY17             | 183.                        |                  |                        | 92.                   | 91.                       | 91.                                      |                               | 0.                        | 91.                                   |
|              | (D)3 new Chromebooks for                   |                  |        |      |                  |                             |                  |                        |                       |                           |  |                               |                           |                                       |
| 29           | advisors                                   | 11/18/15         | 200DB  | 5.00 | HY17             | 1,055.                      |                  |                        | 528.                  | 527.                      | 527.                                     |                               | 0.                        | 527.                                  |
| 30           | 4 Laptops                                  | 08/16/17         | 200DB  | 5.00 | НУ17             | 4,676.                      |                  |                        | 2,338.                | 2,338.                    | 2,203.                                   |                               | 135.                      | 2,338.                                |
| 31           | (D)Chromebooks from Best Buy               | 10/18/17         | 200DB  | 5.00 | HY17             | 460.                        |                  |                        | 460.                  |                           |  |                               | 0.                        |                                       |
| 32           | Laptop - Barker                            | 12/06/17         | 200DB  | 5.00 | НУ17             | 975.                        |                  |                        | 975.                  |                           |  |                               | 0.                        |                                       |
| 33           | (D)Monitor - Barker                        | 12/06/17         | 200DB  | 5.00 | HY17             | 255.                        |                  |                        | 255.                  |                           |  |                               | 0.                        |                                       |
| 34           | 2 desk chairs                              | 12/15/17         | 200DB  | 5.00 | НҮ17             | 1,028.                      |                  |                        | 1,028.                |                           |  |                               | 0.                        |                                       |
| 35           | Chair                                      | 05/14/18         | 200DB  | 5.00 | HY17             | 655.                        |                  |                        | 655.                  |                           |  |                               | 0.                        |                                       |
| 37           | Furniture                                  | 07/23/19         | 200DB  | 7.00 | HY17             | 1,053.                      |                  |                        | 1,053.                |                           |  |                               | 0.                        |                                       |
| 38           | 13 Chromebooks                             | 09/11/19         | 200DB  | 5.00 | HY17             | 5,788.                      |                  |                        | 5,788.                |                           |  |                               | 0.                        |                                       |
| 39           | Chromebooks                                | 11/18/19         | 200DB  | 5.00 | HY17             | 354.                        |                  |                        | 354.                  |                           |  |                               | 0.                        |                                       |
| 40           | 5 PCs                                      | 02/21/20         | 200DB  | 5.00 | HY17             | 4,786.                      |                  |                        | 4,786.                |                           |  |                               | 0.                        |                                       |
| 41           | Server equipment                           | 03/11/20         | 200DB  | 5.00 | НҮ17             | 4,873.                      |                  |                        | 4,873.                |                           |  |                               | 0.                        |                                       |
| 42           | Furniture                                  | 06/29/20         | 200DB  | 7.00 | HY17             | 3,430.                      |                  |                        | 3,430.                |                           |  |                               | 0.                        |                                       |

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

| Asset<br>No. | Description              | Date<br>Acquired | Method | Life | C<br>o<br>n<br>No | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|--------------------------|------------------|--------|------|-------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 43           | Chromebooks              | 08/11/20         | 200DB  | 5.00 | НУ17              | 1,210.                      |                  |                        | 1,210.                |                           |  |                               | 0.                        |                                       |
| 44           | Cubicles for new office  | 09/02/20         | 200DB  | 7.00 | НУ17              | 2,339.                      |                  |                        | 2,339.                |                           |  |                               | 0.                        |                                       |
| 45           | 4 Chromebooks            | 09/21/20         | 200DB  | 5.00 | НҮ17              | 1,196.                      |                  |                        | 1,196.                |                           |  |                               | 0.                        |                                       |
| 46           | Furniture, cubicles      | 09/29/20         | 200DB  | 7.00 | НУ17              | 2,339.                      |                  |                        | 2,339.                |                           |  |                               | 0.                        |                                       |
| 47           | (D)Chromebook            | 10/20/20         | 200DB  | 5.00 | НУ17              | 299.                        |                  |                        | 299.                  |                           |  |                               | 0.                        |                                       |
| 48           | Chromebook               | 11/17/20         | 200DB  | 5.00 | НУ17              | 299.                        |                  |                        | 299.                  |                           |  |                               | 0.                        |                                       |
| 49           | Chromebook               | 04/26/21         | 200DB  | 5.00 | НУ17              | 299.                        |                  |                        | 299.                  |                           |  |                               | 0.                        |                                       |
| 50           | Refrigerator             | 06/28/21         | 200DB  | 7.00 | НУ17              | 694.                        |                  |                        | 694.                  |                           |  |                               | 0.                        |                                       |
| 51           | HP ProBook 450           | 06/30/21         | 200DB  | 5.00 | НУ17              | 909.                        |                  |                        | 909.                  |                           |  |                               | 0.                        |                                       |
| 52           | 6 Chromebooks            | 11/22/21         | SL     | 5.00 | 16                | 2,094.                      |                  |                        |                       | 2,094.                    | 244.                                     |                               | 419.                      | 663.                                  |
| 53           | 2 Chromebooks            | 12/21/21         | SL     | 5.00 | 16                | 818.                        |                  |                        |                       | 818.                      | 82.                                      |                               | 164.                      | 246.                                  |
|              | * Total 990 Page 10 Depr |                  |        |      |                   | 45,948.                     |                  |                        | 37,006.               | 8,942.                    | 6,221.                                   |                               | 718.                      | 6,939.                                |
|              |                          |                  |        |      |                   |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              | Current Year Activity    |                  |        |      |                   |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              | Beginning balance        |                  |        |      |                   | 45,948.                     |                  |                        | 37,006.               | 8,942.                    | 6,221.                                   |                               |                           | 6,939.                                |
|              | Acquisitions             |                  |        |      |                   | 0.                          |                  |                        | 0.                    | 0.                        | 0.                                       |                               |                           | 0.                                    |
|              | Dispositions/Retired     |                  |        |      |                   | 3,018.                      |                  |                        | 1,542.                | 1,476.                    | 1,476.                                   |                               |                           | 1,476.                                |
|              | Ending balance           |                  |        |      |                   | 42,930.                     |                  |                        | 35,464.               | 7,466.                    | 4,745.                                   |                               |                           | 5,463.                                |

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

| Asset<br>No. | Description                            | Date<br>Acquired | Method | Life | Conv | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|--|------------------|--------|------|------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
|              | Ending accum depr less<br>dispositions |                  |        |      |      |             |                             |                  |                        |                       |                           | 40,927.                                  |                               |                           |                                       |
|              | Ending book value                      |                  |        |      |      |             |                             |                  |                        |                       |                           | 2,003.                                   |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |
|              |  |                  |        |      |      |             |                             |                  |                        |                       |                           |  |                               |                           |                                       |

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

|              | Scholarship Program, Inc.           |               |    |        |      |             |                             |               |                       |                           |                             |                    |                           |
|--------------|-------------------------------------|---------------|----|--------|------|-------------|-----------------------------|---------------|-----------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| Asset<br>No. | Description                         | Date<br>Acqui |    | Method | Life | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus %<br>Excl | Reduction In<br>Basis | Basis For<br>Depreciation | Accumulated<br>Depreciation | Current<br>Sec 179 | Current Year<br>Deduction |
| 15           | 5 Desk Chairs                       | 0220          | 13 | 200DB  | 7.00 | 17          | 669.                        |               |                       | 669.                      | 669.                        |                    | 0.                        |
| 19           | Camera<br>(D)Laptop purchased       | 0522          | 14 | 200DB  | 7.00 | 17          | 650.                        |               |                       | 650.                      | 650.                        |                    | 0.                        |
| 20           | for Patricia Gordon                 | 0630          | 14 | 200DB  | 5.00 | 17          | 949.                        |               |                       | 949.                      | 949.                        |                    | 0.                        |
|              | Dell Computers<br>Portable monitor, | 0930          | 14 | 200DB  | 5.00 | 17          | 1,613.                      |               | 807.                  | 806.                      | 806.                        |                    | 0.                        |
| 28           |                                     | 1019          | 15 | 200DB  | 5.00 | 17          | 183.                        |               | 92.                   | 91.                       | 91.                         |                    | 0.                        |
|              | Chromebooks for adv                 | 1118          | 15 | 200DB  | 5.00 | 17          | 1,055.                      |               | 528.                  | 527.                      | 527.                        |                    | 0.                        |
|              | 4 Laptops<br>(D)Chromebooks from    | 0816          | 17 | 200DB  | 5.00 | 17          | 4,676.                      |               | 2,338.                | 2,338.                    | 2,203.                      |                    | 135.                      |
|              |                                     | 1018          | 17 | 200DB  | 5.00 | 17          | 460.                        |               | 460.                  |                           |                             |                    | 0.                        |
| 32           | Laptop – Barker                     | 1206          | 17 | 200DB  | 5.00 | 17          | 975.                        |               | 975.                  |                           |                             |                    | 0.                        |
| 33           | (D)Monitor - Barker                 | 1206          | 17 | 200DB  | 5.00 | 17          | 255.                        |               | 255.                  |                           |                             |                    | 0.                        |
| 34           | 2 desk chairs                       | 1215          | 17 | 200DB  | 5.00 | 17          | 1,028.                      |               | 1,028.                |                           |                             |                    | 0.                        |
| 35           | Chair                               | 0514          | 18 | 200DB  | 5.00 | 17          | 655.                        |               | 655.                  |                           |                             |                    | 0.                        |
| 37           | Furniture                           | 0723          | 19 | 200DB  | 7.00 | 17          | 1,053.                      |               | 1,053.                |                           |                             |                    | 0.                        |
| 38           | 13 Chromebooks                      | 0911          | 19 | 200DB  | 5.00 | 17          | 5,788.                      |               | 5,788.                |                           |                             |                    | 0.                        |
| 39           | Chromebooks                         | 11 18         | 19 | 200DB  | 5.00 | 17          | 354.                        |               | 354.                  |                           |                             |                    | 0.                        |
| 40           | 5 PCs                               | 0221          | 20 | 200DB  | 5.00 | 17          | 4,786.                      |               | 4,786.                |                           |                             |                    | 0.                        |
| 41           | Server equipment                    | 0311          | 20 | 200DB  | 5.00 | 17          | 4,873.                      |               | 4,873.                |                           |                             |                    | 0.                        |
| 42           | Furniture                           | 0629          | 20 | 200DB  | 7.00 | 17          | 3,430.                      |               | 3,430.                |                           |                             |                    | 0.                        |

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

GReat Aspirations

Scholarship Program, Inc. \* Reduction In Unadjusted Cost Or Basis Bus % Basis For Accumulated Current **Current Year** Date Line No. Asset No. Method Life Description Fxcl Basis Sec 179 Deduction Acquired Depreciation Depreciation 081120200DB5.00 1,210. 1,210. 43Chromebooks 0. Cubicles for new 44 office 090220200DB7.00 2,339. 2,339. 0. 092120200DB5.00 1,196. 454 Chromebooks 1,196. 0 46 Furniture, cubicles 0929202000B7.00 2,339. 2,339. 0. 47(D)Chromebook 102020200DB5.00 299. 299. 0. 111720200DB5.00 48Chromebook 299. 299. 0. 49Chromebook 042621200DB5.00 299. 299. 0. 062821200DB7.00 50 Refrigerator 694. 694. 0. 51HP ProBook 450 063021200DB5.00 909. 909. 0. 526 Chromebooks 112221SL 5.00 2,094. 2,094. 244 419 532 Chromebooks 122121SL 5.00 818. 818. 82. 164. \* Total 990 Page 10 45,948. 37,006. 8,942. 6,221. 718. Depr Current Year Activity Beginning balance 45,948. 37,006. 8,942. 6,221. Acquisitions 0. 0. 0. 0 Dispositions 1,542. 1,476. 1,476. 3,018. Ending balance 42,930. 35,464. 7,466. 4,745.

- NEXT YEAR FEDERAL -

| _            |                                  |                  |        |      | <u>ip riogial</u>           | 1                          |                           |                             |                           |  |
|--------------|----------------------------------|------------------|--------|------|-----------------------------|----------------------------|---------------------------|-----------------------------|---------------------------|--|
| Asset<br>No. | Description                      | Date<br>Acquired | Method | Life | Unadjusted<br>Cost Or Basis | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Accumulated<br>Depreciation | Amount Of<br>Depreciation |  |
| 15           | 5 Desk Chairs                    | 022013           | 200DB  | 7.00 | 669.                        |                            | 669.                      | 669.                        | 0.                        |  |
| 19           | Camera                           | 052214           | 200DB  | 7.00 | 650.                        |                            | 650.                      | 650.                        | 0.                        |  |
| 22           | Dell Computers                   | 093014           |        |      | 1,613.                      | 807.                       | 806.                      | 806.                        | 0.                        |  |
| 28           | Portable monitor, bag and cables | 101915           | 200DB  | 5.00 | 183.                        | 92.                        | 91.                       | 91.                         | 0.                        |  |
| 30           | 4 Laptops                        | 081617           |        |      | 4,676.                      | 2,338.                     | 2,338.                    | 2,338.                      | 0.                        |  |
| 32           | Laptop - Barker                  | 120617           | 200DB  | 5.00 | 975.                        | 975.                       |                           |                             | 0.                        |  |
| 34           | 2 desk chairs                    | 121517           |        |      |                             |                            |                           |                             | 0.                        |  |
|              | Chair                            | 051418           |        |      |                             |                            |                           |                             | 0.                        |  |
|              | Furniture                        | 072319           |        |      | 1,053.                      | 1,053.                     |                           |                             | 0.                        |  |
|              | 13 Chromebooks                   | 091119           |        |      |                             | 5,788.                     |                           |                             | 0.                        |  |
|              | Chromebooks                      | 111819           |        |      | 354.                        |                            |                           |                             | 0.                        |  |
|              | 5 PCs                            | 022120           |        |      |                             | 4,786.                     |                           |                             | 0.                        |  |
|              | Server equipment                 | 031120           |        |      |                             |                            |                           |                             | 0.                        |  |
|              | Furniture                        | 062920           |        |      |                             |                            |                           |                             | 0.                        |  |
|              | Chromebooks                      | 081120           |        |      | 1,210.                      |                            |                           |                             | 0.                        |  |
|              | Cubicles for new office          | 090220           |        |      | 2,339.                      |                            |                           |                             | 0.                        |  |
|              | 4 Chromebooks                    | 092120           |        |      | 1,196.                      |                            |                           |                             | 0.                        |  |
| 46           | Furniture, cubicles              | 092920           |        |      | 2,339.                      |                            |                           |                             | 0.                        |  |
| -            | Chromebook                       | 111720           |        |      | 299.                        | 299.                       |                           |                             | 0.                        |  |
|              | Chromebook                       | 042621           |        |      | 299.                        | 299.                       |                           |                             | 0.                        |  |
|              | Refrigerator                     | 062821           |        |      | 694.                        | 694.                       |                           |                             | 0.                        |  |
|              | HP ProBook 450                   | 063021           | 200DB  |      | 909.                        | 909.                       |                           |                             | 0.                        |  |
|              | 6 Chromebooks                    | 112221           | SL     | 5.00 | 2,094.                      |                            | 2,094.                    | 663.                        | 419.                      |  |
| 53           | 2 Chromebooks                    | 122121           | .SL    | 5.00 | 818.                        |                            | 818.                      | 246.                        | 164.                      |  |
|              | * Total 990 Page 10 Depr         |                  |        |      | 42,930.                     | 35,464.                    | 7,466.                    | 5,463.                      | 583.                      |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |
|              |                                  |                  |        |      |                             |                            |                           |                             |                           |  |

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR State -

|              |                                     | Scholarship Flogram, The. |    |        |       |             |                             |               |                            |                           |                             |                    |                           |
|--------------|-------------------------------------|---------------------------|----|--------|-------|-------------|-----------------------------|---------------|----------------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| Asset<br>No. | Description                         | Date<br>Acquir            |    | Method | Life  | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus %<br>Excl | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Accumulated<br>Depreciation | Current<br>Sec 179 | Current Year<br>Deduction |
| 15           | 5 Desk Chairs                       | 0220                      | 13 | SL     | 10.00 | 16          | 669.                        |               |                            | 669.                      | 625.                        |                    | 44.                       |
| 19           | Camera<br>(D)Laptop purchased       | 0522                      | 14 | SL     | 7.00  | 16          | 650.                        |               |                            | 650.                      | 650.                        |                    | 0.                        |
| 20           | for Patricia Gordon                 |                           | 14 | SL     | 5.00  | 16          | 949.                        |               |                            | 949.                      | 949.                        |                    | 0.                        |
|              | Dell Computers<br>Portable monitor, | 0930                      | 14 | SL     | 5.00  | 16          | 1,613.                      |               |                            | 1,613.                    | 1,613.                      |                    | 0.                        |
|              | •                                   | 1019                      | 15 | SL     | 5.00  | 16          | 183.                        |               |                            | 183.                      | 183.                        |                    | 0.                        |
| 29           | Chromebooks for adv                 | 1118                      | 15 | SL     | 5.00  | 16          | 1,055.                      |               |                            | 1,055.                    | 1,055.                      |                    | 0.                        |
| 30           | 4 Laptops (D)Chromebooks from       | 0816                      | 17 | SL     | 5.00  | 16          | 4,676.                      |               |                            | 4,676.                    | 4,597.                      |                    | 79.                       |
| 31           |                                     | 1018                      | 17 | SL     | 5.00  | 16          | 460.                        |               |                            | 460.                      | 429.                        |                    | 0.                        |
| 32           | Laptop - Barker                     | 1206                      | 17 | SL     | 5.00  | 16          | 975.                        |               |                            | 975.                      | 894.                        |                    | 81.                       |
| 33           | (D)Monitor - Barker                 | 1206                      | 17 | SL     | 5.00  | 16          | 255.                        |               |                            | 255.                      | 234.                        |                    | 0.                        |
| 34           | 2 desk chairs                       | 1215                      | 17 | SL     | 5.00  | 16          | 1,026.                      |               |                            | 1,026.                    | 940.                        |                    | 86.                       |
| 35           | Chair                               | 0514                      | 18 | SL     | 5.00  | 16          | 655.                        |               |                            | 655.                      | 546.                        |                    | 109.                      |
| 37           | Furniture                           | 0723                      | 19 | SL     | 7.00  | 16          | 1,053.                      |               |                            | 1,053.                    | 150.                        |                    | 150.                      |
| 38           | 13 Chromebooks                      | 0911                      | 19 | SL     | 5.00  | 16          | 5,788.                      |               |                            | 5,788.                    | 1,158.                      |                    | 1,158.                    |
| 39           | Chromebooks                         | 1118                      | 19 | SL     | 5.00  | 16          | 354.                        |               |                            | 354.                      | 71.                         |                    | 71.                       |
| 40           | 5 PCs                               | 0221                      | 20 | SL     | 5.00  | 16          | 4,786.                      |               |                            | 4,786.                    | 957.                        |                    | 957.                      |
| 41           | Server equipment                    | 0311                      | 20 | SL     | 5.00  | 16          | 4,873.                      |               |                            | 4,873.                    | 975.                        |                    | 975.                      |
| 42           | Furniture                           | 0629                      | 20 | SL     | 7.00  | 16          | 3,430.                      |               |                            | 3,430.                    | 490.                        |                    | 490.                      |

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR State -

|              | Scholarship Program, Inc.       |                         |            |        |      |             |                             |               |                       |                           |                             | 1                  |                           |
|--------------|---------------------------------|-------------------------|------------|--------|------|-------------|-----------------------------|---------------|-----------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| Asset<br>No. | Description                     | Da <sup>i</sup><br>Acqu | te<br>ired | Method | Life | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus %<br>Excl | Reduction In<br>Basis | Basis For<br>Depreciation | Accumulated<br>Depreciation | Current<br>Sec 179 | Current Year<br>Deduction |
|              | Chromebooks<br>Cubicles for new | 0813                    | 120        | SL     | 5.00 | 16          | 1,210.                      |               |                       | 1,210.                    | 242.                        |                    | 242.                      |
|              |                                 | 0902                    | 220        | SL     | 7.00 | 16          | 2,339.                      |               |                       | 2,339.                    | 334.                        |                    | 334.                      |
| 45           | 4 Chromebooks                   | 0921                    | 120        | SL     | 5.00 | 16          | 1,196.                      |               |                       | 1,196.                    | 239.                        |                    | 239.                      |
| 46           | Furniture, cubicles             | 0929                    | 920        | SL     | 7.00 | 16          | 2,339.                      |               |                       | 2,339.                    | 334.                        |                    | 334.                      |
| 47           | (D)Chromebook                   | 1020                    | 020        | SL     | 5.00 | 16          | 299.                        |               |                       | 299.                      | 60.                         |                    | 0.                        |
| 48           | Chromebook                      | 1111                    | 720        | SL     | 5.00 | 16          | 299.                        |               |                       | 299.                      | 60.                         |                    | 60.                       |
| 49           | Chromebook                      | 0426                    | 521        | SL     | 5.00 | 16          | 299.                        |               |                       | 299.                      | 60.                         |                    | 60.                       |
| 50           | Refrigerator                    | 0628                    | 321        | SL     | 7.00 | 16          | 694.                        |               |                       | 694.                      | 99.                         |                    | 99.                       |
| 51           | HP ProBook 450                  | 0630                    | 021        | SL     | 5.00 | 16          | 909.                        |               |                       | 909.                      | 182.                        |                    | 182.                      |
| 52           | 6 Chromebooks                   | 1122                    | 221        | SL     | 5.00 | 16          | 2,094.                      |               |                       | 2,094.                    | 244.                        |                    | 419.                      |
| 53           |                                 | 1221                    | 121        | SL     | 5.00 | 16          | 818.                        |               |                       | 818.                      | 82.                         |                    | 164.                      |
|              | Total Form 199<br>Depreciation  |                         |            |        |      |             | 45,946.                     |               |                       | 45,946.                   | 18,452.                     | 0.                 | 6,333.                    |
|              | State Totals                    |                         |            |        |      |             | 45,946.                     |               |                       | 45,946.                   | 18,452.                     | 0.                 | 6,333.                    |
|              |                                 |                         |            |        |      |             |                             |               |                       |                           |                             |                    |                           |
|              |                                 |                         |            |        |      |             |                             |               |                       |                           |                             |                    |                           |
|              |                                 |                         |            |        |      |             |                             |               |                       |                           |                             |                    |                           |
|              |                                 |                         |            |        |      |             |                             |               |                       |                           |                             |                    |                           |
|              |                                 |                         |            |        |      |             |                             |               |                       |                           |                             |                    |                           |

- NEXT YEAR State -

| Asset<br>No. | Description                      | Date<br>Acquire |    | Method   | Life  | Unadjusted<br>Cost Or Basis | Reduction In | Basis For<br>Depreciation | Accumulated<br>Depreciation | Amount Of<br>Depreciation |
|--------------|----------------------------------|-----------------|----|----------|-------|-----------------------------|--------------|---------------------------|-----------------------------|---------------------------|
|              | 200011941011                     | Acquire         | 5u | Widelida | Liio  | GOST OF DASIS               | Basis        | Бергесіаціон              | Бергестаноп                 | Deprediation              |
| 15           | 5 Desk Chairs                    | 0220            | 13 | SL       | 10.00 | 669.                        |              | 669.                      | 669.                        | 0.                        |
| 19           | Camera                           | 0522            | 14 | SL       | 7.00  | 650.                        |              | 650.                      | 650.                        | 0.                        |
| 22           | Dell Computers                   | 0930            | 14 | SL       | 5.00  | 1,613.                      |              | 1,613.                    | 1,613.                      | 0.                        |
| 28           | Portable monitor, bag and cables | 1019            |    |          | 5.00  | 183.                        |              | 183.                      |                             |                           |
| 30           | 4 Laptops                        | 0816            |    |          | 5.00  | 4,676.                      |              | 4,676.                    | 4,676.                      | 0.                        |
|              | Laptop – Barker                  | 1206            |    |          | 5.00  | 975.                        |              | 975.                      |                             |                           |
|              | 2 desk chairs                    | 1215            |    |          | 5.00  | 1,026.                      |              | 1,026.                    |                             |                           |
|              | Chair                            | 0514            |    |          | 5.00  | 655.                        |              | 655.                      |                             |                           |
|              | Furniture                        | 0723            |    |          | 7.00  | 1,053.                      |              | 1,053.                    | 300.                        |                           |
|              | 13 Chromebooks                   | 0911            |    |          | 5.00  | 5,788.                      |              | 5,788.                    |                             |                           |
|              | Chromebooks                      | 1118            |    |          | 5.00  | 354.                        |              | 354.                      | 142.                        |                           |
|              | 5 PCs                            | 0221            |    |          | 5.00  | 4,786.                      |              | 4,786.                    |                             |                           |
|              | Server equipment                 | 0311            |    |          | 5.00  | 4,873.                      |              | 4,873.                    |                             |                           |
|              | Furniture                        | 0629            |    |          | 7.00  | 3,430.                      |              | 3,430.                    |                             |                           |
|              | Chromebooks                      | 0811            |    |          | 5.00  | 1,210.                      |              | 1,210.                    | 484.                        | 242.                      |
|              | Cubicles for new office          | 0902            |    |          | 7.00  | 2,339.                      |              | 2,339.                    |                             |                           |
|              | 4 Chromebooks                    | 0921            |    |          | 5.00  | 1,196.                      |              | 1,196.                    | 478.                        |                           |
|              | Furniture, cubicles              | 0929            |    |          | 7.00  | 2,339.                      |              | 2,339.                    | 668.                        |                           |
|              | Chromebook                       | 1117            |    |          | 5.00  | 299.                        |              | 299.                      | 120.                        | 60.                       |
|              | Chromebook                       | 0426            |    |          | 5.00  | 299.                        |              | 299.                      | 120.                        | 60.                       |
|              | Refrigerator                     | 0628            |    |          | 7.00  | 694.                        |              | 694.                      | 198.                        | 99.                       |
| _            | HP ProBook 450                   | 0630            |    |          | 5.00  | 909.                        |              | 909.                      | 364.                        | 182.                      |
|              | 6 Chromebooks                    | 1122            |    |          | 5.00  | 2,094.                      |              | 2,094.                    | 663.                        | 419.                      |
| 53           | 2 Chromebooks                    | 1221            | 21 | SL       | 5.00  | 818.                        |              | 818.                      | 246.                        | 164.                      |
|              | Total Form 199 Depreciation      |                 |    |          |       | 42,928.                     |              | 42,928.                   | 22,058.                     |                           |
|              | State Totals                     |                 |    |          |       | 42,928.                     |              | 42,928.                   | 22,058.                     | 5,934.                    |
|              |                                  |                 |    |          |       |                             |              |                           |                             |                           |
|              |                                  |                 |    |          |       |                             |              |                           |                             |                           |
|              |                                  |                 |    |          |       |                             |              |                           |                             |                           |
|              |                                  |                 |    |          |       |                             |              |                           |                             |                           |
|              |                                  |                 |    |          |       |                             |              |                           |                             |                           |
|              |                                  |                 |    |          |       |                             |              |                           |                             |                           |
|              |                                  |                 |    |          |       |                             |              |                           |                             |                           |
|              |                                  |                 |    |          |       |                             |              |                           |                             |                           |

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone