Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

_									_
KI	For the 20	006 calendar year, or tax year beginning	JUL 1, 2006	and en	nding	JUN 30,	2007	<u> </u>	
В	Check if	Please C Name of organization					Employer	identification number	r
á	applicable	use IRS							
	Address change	print or Greenwich Scholarshi	n Association	n. T	nc.		06-1	467698	
F	Name change	type Number and street (or P.O. hox if mail is i				Room/suite E	Telephone		
F	Initial	See Specific C/o United Way of Gr		•	otte		•	975-8830	
F	Ireturn Final	Instruc-		<u>aray</u>	CCCC		Accounting m		1 40
늗	Ireturn IAmende					l i	Other (specify		J Accruai
늗	lreturn □ Applicat	On A Costion E01(a)(2) organizations and 4047(a)		iete	I				
L	pending	must attach a completed Schedule A (Form 9	990 or 990-EZ).	1313	ł			ction 527 organizati	
			,			this a group ret			X No
		▶n/a		7	1 ''	"Yes," enter num		·	
		tion type (check only one) ► X 501(c) (3) ◀ (inse		527		re all affiliates ind f "No," attach a lii	cluded?	N/A LYes	No
	Check he			oss	H(d) is	this a separate	return filed	by an or-	
	-	re normally not more than \$25,000. A return is not req	uired, but if the organization		g	anization covere	d by a grou		X No
	chooses 1	o file a return, be sure to file a complete return.	<u> </u>		I G	roup Exemption	Number 🕨	N/A	
								ation is not required t	to attach
<u>L_</u>		eipts: Add lines 6b, 8b, 9b, and 10b to line 12	435,3			ch. B (Form 990	, 990-EZ , oi	r 990-PF)	
P	art I	Revenue, Expenses, and Changes in	Net Assets or Fund	l Bala	nces				
	1	Contributions, gifts, grants, and similar amounts received	ved:		_				
	a	Contributions to donor advised funds		1a					
	Ь	Direct public support (not included on line 1a)		1b		413,28	3.		
	c	Indirect public support (not included on line 1a)		1c					
	d	Government contributions (grants) (not included on li	ne 1a)	1d					
	e	*- * *	113,283. noncash \$				1e	413,2	283.
	2	Program service revenue including government fees a	2	1 229/2					
	3	Membership dues and assessments	and contracto (nom rant vii, i				3	1	
	4	Interest on savings and temporary cash investments					4	-	
	1	Dividends and interest from securities					5		
	5			1 . 1	1		1 3		
	6 a	Gross rents		6a					
	b	Less: rental expenses	0.	6b	l		┦.		
E C	_ C	Net rental income or (loss). Subtract line 6b from line					6c		\ F.F.
% //IMB	7	Other investment income (describe Net in		urn	ı) 7	22,0	<u> </u>
~ş~	8 a	Gross amount from sales of assets other	(A) Securities	-	-	(B) Other			
		than inventory	<u></u>	8a					
===	b	Less: cost or other basis and sales expenses		8b					
品	C	Gain or (loss) (attach schedule)		8c					
LL.	d	Net gain or (loss). Combine line 8c, columns (A) and	• •				<u>8d</u>	ļ <u> </u>	
	9	Special events and activities (attach schedule). If any	amount is from gaming, chec	k here 📗	▶└─				
씤	a	·	of contributions reported on line 1b)	9a					
SCANNED	b	Less: direct expenses other than fundraising expense	3	9b				1	
	C	Net income or (loss) from special events. Subtract line	e 9b from line 9a	, ,	,		9c	ļ	
	10 a	Gross sales of inventory, less returns and allowances		10a					
92	′ в	Less: cost of goods sold		10b					
	C	Gross profit or (loss) from sales of inventory (attach s	chedule). Subtract line 10b fr	om line	10a		_10c		
	11	Other revenue (from Part VII, line 103)					11		
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11				12	435,3	340.
	13	Program services (from line 44, column (B))				_	13	370,9	
Į Š		Manage Norte of general (from line 44, column (C))					14		35.
01Expenses	-15	Fundraising (from line 44, column (D))					15		
Į,Š	16	Payments to affluates (\$Bach schedule)					16		
12	∭ 17 J/	Total expenses Add links 16 and 44, column (A)					17	379,5	35
十	18	Excess or (deficit) for the year. Subtract line 17 from I	ine 12				18	55,8	
1 4	190	The series of unit balances at beginning of year (from						197,3	
Set les	3 . O	Other changes in net assets or fund balances (attach	volanation)				19	131,3	
4	(20	Net assets or fund balances at end of year. Combine li					20	253.1	0.
	21	INCLASSES OF THILL DAMFICES ALCITU OF YEAR. COMDINE II	1165 10, 13, d110 ZU				21	ı /51.!	L Z 4 -

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II					d (D) are required for section le trusts but optional for othe	
	ot include amounts reported on I 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	s paid from donor advised funds					
(attac	ch schedule)					
(cash	\$ 0 • noncash \$	0.				
If this a	mount includes foreign grants, check here	▶ □ 22a				
22b Other	r grants and allocations (attach s	chedule)			Statement 1	
(cash	\$370,900 • noncash \$	0.	·			
If this a	mount includes foreign grants, check here	▶ □ 22b	370,900.	370,900.	ŀ	
23 Spec	ific assistance to individuals (atta	ich				
sche	dule)	23				
24 Bene	fits paid to or for members (attac	h				
sche	dule)	24				
25a Comp	ensation of current officers, directors	, key				
emplo	yees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Comp	ensation of former officers, directors,	key				_
emplo	yees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Comp	ensation and other distributions, not	ıncluded				
above	, to disqualified persons (as defined ι	ınder				
sectio	n 4958(f)(1)) and persons described	ın				
sectio	n 4958(c)(3)(B)	25c				
26 Salar	ies and wages of employees not					
includ	ded on lines 25a, b, and c	26				
27 Pens	ion plan contributions not include	ed on				
lines	25a, b, and c	27				
28 Empl	oyee benefits not included on line	es				
25a -	27	28				
29 Payro	oli taxes	29				
30 Profe	ssional fundraising fees	30				
31 Acco	unting fees	31				
32 Lega	l fees	32				
33 Supp	lies .	33				<u>-</u>
34 Telep	hone _.	34				
35 Posta	age and shipping	35				
36 Occu	pancy	36				
37 Equip	oment rental and maintenance	37				
38 Printi	ng and publications	. 38				
39 Trave	el	39		<u> </u>		
40 Confe	erences, conventions, and meetii	ngs 40				
41 Intere	est	41				
	eciation, depletion, etc (attach scl					
	r expenses not covered above (it					
a <u>Adr</u>	ministrative	43a				
ь <u>ex</u> r	oenses	43b	8,635.		8,635.	
c		43c				
d		43d				
e	<u> </u>	43e		· · ·		
f		43f				
g		43g				
AA Total	functional expenses. Add lines 22a t	hrough I			I	

43g. (Organizations completing columns (B)-(D),									
carry these totals to lines 13-15)	44	379	,5 <u>35.</u>	370	,900.	8,	635.		0.
Joint Costs. Check If you are following:	SOP	98-2							
Are any joint costs from a combined educational campaig	jn and	d fundraising sol	icitation re	ported in (B) Pro	gram serv	nces?	▶[Yes X No	
If "Yes," enter (i) the aggregate amount of these joint cost	ts \$ _	N/A	;	(ii) the amount a	illocated to	Program services	\$	N/A ;	
(iii) the amount allocated to Management and general \$		N/A	; and	(iv) the amount a	allocated to	o Fundraising \$		N/A	
823011 01-23-07								Form 990 (2	(006

	n 990 (2006)	Greenwich Scholarship Association, Inc. 06-14 rogram Service Accomplishments (See the instructions.)	167698 Page 3
Forr	n 990 is available for public i the public perceives an org	inspection and, for some people, serves as the primary or sole source of information about a partialization in such cases may be determined by the information presented on its return. Therefore and fully describes, in Part III, the organization's programs and accomplishments	•
Wha	it is the organization's prima	ry exempt purpose? ► <u>See Statement 2</u>	Program Service Expenses
cher	its served, publications issue	their exempt purpose achievements in a clear and concise manner. State the number of ed, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) nexempt charitable trusts must also enter the amount of grants and allocations to others)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
	assistance fro	larship Association provides financial m its own funds and various sponsors to more school seniors in Greenwich schools for the er education.	
b	(Grants and allocations	\$) If this amount includes foreign grants, check here	370,900.
c	(Grants and allocations	\$) If this amount includes foreign grants, check here	
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
d			
	(Grants and allocations Other program services (atta	\$) If this amount includes foreign grants, check here ach schedule)	
-		\$) If this amount includes foreign grants, check here	

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

370,900.

Form **990** (2006)

	990_(: rt IV	2006) Greenwich Sch Balance Sheets (See the instructions.)	olar	ship Associati	ion, Inc.	06-	1467698 Page 4
	: Whe	ere required, attached schedules and amounts will be for end-of-year amounts only.	vithin the	e description column	(A) Beginning of year		(B) End of year
•	45 46	Cash - non-interest-bearing . Savings and temporary cash investments			146,417.	45 46	111,886.
	47 a	Accounts receivable Less: allowance for doubtful accounts	47a 47b			47c	
Assets	48 a	Pledges receivable Less allowance for doubtful accounts	48a 48b			48c	
	49 50 a	Grants receivable Receivables from current and former officers,	directors	s, trustees, and	227,100.	49	275,207.
	b	key employees Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 4				50a 50b	
	1		51a 51b			51c	
	53	Inventories for sale or use Prepaid expenses and deferred charges Investments - publicly-traded securities Stm	nt 3	Cost X FMV	197,393.	52 53 54a	268,266.
	l	Investments - other securities Investments - land, buildings, and equipment: basis	_{55a}	Cost FMV		54b	
	b	Less accumulated depreciation	55b		<u> </u>	55c	
	1	Investments - other Land, buildings, and equipment, basis Less: accumulated depreciation	57a 57b			56 57c	
	58	Other assets, including program-related investments (describe)	570 010	58	CEE 350
	59 60	Total assets (must equal line 74) Add lines 48 Accounts payable and accrued expenses	5 throug	h 58	570,910. 133.	59 60	655,359. 1,574.
"	61 62	Grants payable Deferred revenue			357,850.	61 62	370,900.
Liabilities	I	Loans from officers, directors, trustees, and ke Tax-exempt bond liabilities Mortgages and other notes payable	ey emplo	oyees		63 64a 64b	
_	65	Other liabilities (describe Deferred s	chol	arships)	15,608.	65	29,761.
	66 Orga	Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here 1 67 through 69 and lines 73 and 74.	x	and complete lines	<u>953-713 (75-94) .</u>	# /66 (402,235.
alances	67 68	Unrestricted Temporarily restricted			61,781. 24,871.	67 68	72,722. 49,842.
Net Assets or Fund Balances	69 Orga	Permanently restricted . anizations that do not follow SFAS 117, checl complete lines 70 through 74.	k here 🕽	▶ ☐ and	110,667.	69_	130,560.
ssets or	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and			70 71		
Net A	72 73	Retained earnings, endowment, accumulated Total net assets or fund balances. Add lines 67 thr (Column (A) must equal line 19 and column (B) must	or lines 70 through 72.	197,319.	72 73	253,124.	
	74	Total liabilities and net assets/fund balance			570.910.	74	655.359.

	m 990 (2006) Greenwich Scholarship art IV-A Reconciliation of Revenue per Audited Final Instructions.)	Association ncial Statements V	, Inc. /ith Revenue p	<u>06-1</u> er Retu	4676 Jrn (Se	98 Page 5
						125 212
a	Total revenue, gains, and other support per audited financial stateme	nts		<u>a</u>	+	435,340.
b	Amounts included on line a but not on Part I, line 12.	ı	1			
1	Net unrealized gains on investments	ľ	<u>b1</u>			
2	Donated services and use of facilities .	•	b2			
3	Recoveries of prior year grants .		b3			
4	Other (specify):		b4			•
	Add lines b1 through b4			. <u> b</u>	 	0.
C	Subtract line b from line a			. <u> c</u>	1	435,340.
d	Amounts included on Part I, line 12, but not on line a:	ı	i			
1	Investment expenses not included on Part I, line 6b		d1			
2	Other (specify):		d2			_
	Add lines d1 and d2 .			<u> d</u>	 -	0.
<u>e</u>	Total revenue (Part I, line 12). Add lines c and d		W	<u>e</u>		435,340.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	incial Statements	With Expenses	per Re	turn	
a	Total expenses and losses per audited financial statements			_a	4	379,535.
b	Amounts included on line a but not on Part I, line 17.	,	ı			
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify)		b4			
	Add lines b1 through b4			ь		0.
C	Subtract line b from line a			ع ا		379,535.
d	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
2	Other (specify).		d2			
	Add lines d1 and d2			l d		0.
۵						
	Total expenses (Part I, line 17) Add lines c and d			▶ e		<u>379,535.</u>
Pa	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we			s an offic	er, dıre	ctor, trustee,
Pa	art V-A Current Officers, Directors, Trustees, and Ke		ee the instructions)	s an offic	er, dire	(E) Expense account and
Pa	or key employee at any time during the year even if they we	re not compensated) (Se (B) Title and average hours per week devoted to	ee the instructions) (C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and
Pa	or key employee at any time during the year even if they we	re not compensated) (Se (B) Title and average hours per week devoted to	ee the instructions) (C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	ee the instructions) (C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances
Pa	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contrib	er, dire	(E) Expense account and other allowances

Form 990 (2006) Greenwich Scholarship			<u>06-1467</u>	<u>698</u>		age 6	
Part V-A Current Officers, Directors, Trustees, and Ko	ey Employees (continu	ed)			Yes	No	
75 a Enter the total number of officers, directors, and trustees permitted	to vote on organization but	siness at board		İ			
meetings .		.▶	23				
b Are any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest o	compensated emp	loyees				
listed in Schedule A, Part I, or highest compensated professional ar	id other independent contr	actors listed in Sci	nedule A,				
Part II-A or II-B, related to each other through family or business rela	tionships? If "Yes," attach	a statement that i	dentifies				
the individuals and explains the relationship(s)				75b	\square	<u>X</u>	
c Do any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest c	ompensated empl	oyees				
listed in Schedule A, Part I, or highest compensated professional ar					l i		
Part II-A or II-B, receive compensation from any other organizations,	•	able, that are relat	ed to the				
organization? See the instructions for the definition of "related organization"				75c		<u>X</u> _	
if "Yes," attach a statement that includes the information described	in the instructions			75d		х	
d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation							
Benefits (If any former officer, director, trustee, or key eithe year, list that person below and enter the amount of co							
the year, list that person below and office the amount of de	The state of the s	(C) Compensation			E) Expe		
(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefi	t à	ccount	and	
None None	<u> </u>	enter -0-)	compensation pla	ns othe	er allow	ances	
				┷			
			•				
				┷			
				┿			
18				┿		 -	
							
				$+\!\!-$			
	ļ			 -	-		
Part VI Other Information (See the instructions)	I	*** ** ***** ***	n.	ــــــ ـ	Yes	Na	
					1 65	No	
76 Did the organization make a change in its activities or methods of co	onducting activities? If "Yes	s, attach a detaile	a			v	
statement of each change	hod and represent to the 180			76		<u>X</u>	
Were any changes made in the organizing or governing documents	but not reported to the IRS) f		77		<u>X</u>	
If "Yes," attach a conformed copy of the changes	· · · · · · · · · · · · · · · · · · ·					32	
78 a Did the organization have unrelated business gross income of \$1,00	or more during the year	covered by this ret		78a		<u> </u>	
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b		<u></u>	
79 Was there a liquidation, dissolution, termination, or substantial cont	• •	•		_79_		<u> </u>	
80 a Is the organization related (other than by association with a statewic	•	,	on			7.	
membership, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt orga	anization?		80a		<u>X</u>	
b If "Yes," enter the name of the organization ► N/A							
=	$\underline{}$ and check whether it is $\underline{}$	l exempt or L	Inonexempt		ĺ		
81 a Enter direct or indirect political expenditures. (See line 81 instruction	ns.)	81a	0.				
b Did the organization file Form 1120-POL for this year?				81b	000	<u>X</u>	
				rorm	990 (2006)	

For	m 990 (2006) Greenwich Scholarship Association, Inc. 06-	-14676	98	Р	age 7		
Pá	art VI Other Information (continued)			Yes			
82 8	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substa	intially					
	less than fair rental value?	8	2a		X		
١.	b If "Yes," you may indicate the value of these items here. Do not include this						
	amount as revenue in Part I or as an expense in Part II.						
	(See instructions in Part III)	4					
83 a	a Did the organization comply with the public inspection requirements for returns and exemption applications?	8	3a	X			
l	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	8	3b	X			
84 8	a Did the organization solicit any contributions or gifts that were not tax deductible?	_8	4a		X		
١	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	not	ļ				
	tax deductible? N/A	_	4b		L		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/ I		5a				
1	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/P	<u> 8</u>	5b				
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received	a					
	waiver for proxy tax owed for the prior year.						
(c Dues, assessments, and similar amounts from members 85c N/P		- 1				
(d Section 162(e) lobbying and political expenditures . 85d N/F		- 1				
(e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/P		- 1		ĺ		
1	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/P		Ì				
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/P	<u>*</u>	5g		<u> </u>		
ı	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			į			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the						
	following tax year?	<u> 8</u>	5h				
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on	. 1					
	line 12						
	b Gross receipts, included on line 12, for public use of club facilities 86b N/A						
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/P	7			l		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	.					
00							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,						
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?		8a		x		
	If "Yes," complete Part IX b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	•	Ua				
	section 512(b)(13)? If "Yes," complete Part XI	▶ 8	8ь		x		
80	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	۲	-		-		
03	section 4911 O • ; section 4912 O • ; section 4955	0.	ŀ		ĺ		
	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit				ĺ		
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?						
	If "Yes," attach a statement explaining each transaction	8	9b		х		
ı	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	اً ا	寸		_ - _		
	sections 4912, 4955, and 4958	0.					
	d Enter Amount of tax on line 89c, above, reimbursed by the organization	0.					
_	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		9e		X		
1	f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	. 8	9f		Х		
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations	zation,					
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	9g		X		
90	a List the states with which a copy of this return is filed ▶CT						
	b Number of employees employed in the pay period that includes March 12, 2006				0		
91	a The books are in care of ▶ William A. Dylewsky, CPA Telephone no. ▶ 20	13-975	<u>-88</u>	330			
	Located at ▶ 30 Oak Street, Stamford, CT ZIP	+4 ► <u>069</u>					
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over			Yes	No		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 9	1b		Х		
	If "Yes," enter the name of the foreign country N/A						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
_	and Financial Accounts		丄				
		F	orm !	990 ((2006)		

Form 990 (2006) Greenwi	<u>ch Scholars</u>	<u>hip Associat</u>	ion,	Inc. 06-1	<u>1467698</u>	
Part VI Other Information (continu						Yes No
c At any time during the calendar year, did	-		the United	d States?	91c	X
If "Yes," enter the name of the foreign co		N/A				
Section 4947(a)(1) nonexempt chantable			heck here	. 1 . 1		
and enter the amount of tax-exempt inte				▶ 92	N/	<u>A</u>
Part VII Analysis of Income-Prod		ted business income	T 5			
Note: Enter gross amounts unless otherwise	(A)		(C)	y section 512, 513, or 514	(E)	
indicated.	Business	(B) Amount	Exclu- sion	(D) Amount	Related or	•
93 Program service revenue.	code		code		function i	ncome
a			 -			
b			-			
C			\vdash			
d			 			
e			 			
f Medicare/Medicaid payments			 			
g Fees and contracts from government age	ncies					
94 Membership dues and assessments						
95 Interest on savings and temporary cash investr	nents					
96 Dividends and interest from securities	-					
97 Net rental income or (loss) from real estate	ə: <u> </u>					
a debt-financed property	<u> </u>	<u> </u>	 			
b not debt-financed property					-	
98 Net rental income or (loss) from personal	property	·		20 255		
99 Other investment income	 		18	22,057.		
100 Gain or (loss) from sales of assets						
other than inventory					-	
101 Net income or (loss) from special events			-			
102 Gross profit or (loss) from sales of invento	'ry					
103 Other revenue						
a			 			
D						
C	1					
d			 			
104 Subtotal (add columns (B), (D), and (E))		0.	 	22,057.		0
105 Total (add line 104, columns (B), (D), and	(E)\	<u> </u>	<u> </u>	22,037.	2	2,057
Note: Line 105 plus line 1e, Part I, should equa		2. Part I.				<u> </u>
Part VIII Relationship of Activities			t Purpo	Ses (See the instruction	ns l	
Explain how each activity for which ince exempt purposes (other than by provid			I importantly	y to the accomplishment o	the organization	on's
Part IX Information Regarding T			ed Entit			
Name, address, and EIN of corporation, partnership, or disregarded entity owner	(B) centage of ship interest	(C) Nature of activities		(D) Total income	(E) End-of- asse	year
DT / 3	%				··-···································	
N/A	%					
	%					
Dort V Information Departing T	% Associa	tod with Domonal	Porof:1	Contracts (2 ::		
Part X Information Regarding T					instructions)	
 (a) Did the organization, during the year, receive a (b) Did the organization, during the year, pay prer Note: If "Yes" to (b), file Form 8870 and Form 	niums, directly or indirec	tly, on a personal benefit co		penefit contract?	Yes Yes	X No
					Form	990 (2006

	rt XI Information Regarding Transfers To and From C controlling organization as defined in section 512(b)(13)				
106	Did the reporting organization make any transfers to a controlled entity a complete the schedule below for each controlled entity.	as defined in section	512(b)(13) of the Code? If "Yes	Yes No	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
а					
ь					
С					
107	Totals Did the reporting organization receive any transfers from a controlled en	itity as defined in se	ction 512(b)(13) of the Code? If	"Yes,"	
	complete the schedule below for each controlled entity (A) Name, address, of each controlled entity	(B) Employer Identification Number	(D) Amount of transfer		
а					
b					
С					
	Totals			Voc No	
108	Did the organization have a binding written contract in effect on August annuities described in question 107 above?			Yes No	
Plea Sign Here	Signature of officer	ing schedules and statemich preparer has any knowl	ents, and to the best of my knowledge and ledge Date	pelief, it is true, correct,	
Paid Prepa Use (Preparer's signature arer's Firm's name (or yours if self-employed), aster-employed, aster-employed, aster-employed, and self-employed, aster-employed, aster	Date /22/08 ner, LLC	self- employed ► EIN ►	N or PTIN (See Gen Inst X)	
	Stamford, CT 06905		Phone no. ► (203) 975-8830 Form 990 (2006)	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

epartment of the Treasury Internal Revenue Service

Name of the organization Employer identification number Greenwich Scholarship Association, Inc. 06 1467698 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours (e) Expense account and other (d) Contributions to (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation more than \$50,000 position allowances None_ Total number of other employees paid 0 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services 0

Р	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
•	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	_2a	1	X
b	Lending of money or other extension of credit?	_ 2b		X
C	Furnishing of goods, services, or facilities?	_2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	_2d		X
е	Transfer of any part of its income or assets?	_2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	1		
	the organization determines that recipients qualify to receive payments.) See Statement 5	3a	X	
b	Dd the organization have a section 403(b) annuity plan for its employees?	3ь		X
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	Зс		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
-4:a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		Х
b	Did the organization make any taxable distributions under section 4966? N/A	4b		_
C	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		<u> </u>
d	Enter the total number of donor advised funds owned at the end of the tax year		_N/	<u> </u>
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	<u> </u>
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

-	ile A (I t	om 990 of 990-EZ) 2006 Greenwich Sch	orarship As	sociation,	inc.	06-14	67698 Page 3			
Parl	IV	Reason for Non-Private Foundation S	Status (See pages 4 th	rough 7 of the instructio	ns.)	_				
5 6 7 8 9	that th	e organization is not a private foundation because it is: (for A church, convention of churches, or association of charches, or association of charches, or association of charches, or account to the A school. Section 170(b)(1)(A)(ii). (Also complete Part A hospital or a cooperative hospital service organization A federal, state, or local government or governmental upon A medical research organization operated in conjunction and state An organization operated for the benefit of a college or	urches. Section 170(b)(1 V.) n. Section 170(b)(1)(A)(i init. Section 170(b)(1)(A) in with a hospital. Section)(A)(I). I). (V). I 170(b)(1)(A)(III). Enter I			v).			
11a 11b 12	x	(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)								
13	509(a)(3). Check the box that describes the type of supporting organization: Type II Type III-Functionally Integrated Type III-Other									
		Provide the following information at			· · ·					
		(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support			
					Yes	No				
Total		An executation exampled and energial to test for sub-		10.40		>				

P a	Support Schedule (C	Complete only if you che we worksheet in the instr	ecked a box on line 10,	, 11, or 12.) Use cash from the accusal to the	method of acc	ountir	ng. Duntina
	ndar year (or fiscal year ning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	371,597.	387,709.	336,131.	308,9	90.	1,404,427.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975				- 11		
19	Net income from unrelated business	5					
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule.			See Statemen	nt 6		
	Do not include gain or (loss) from sale of capital assets	11,289.	5,679.	223,942.	29,4	83.	270,393.
23	Total of lines 15 through 22	382,886.	393,388.	560,073.	338,4		1,674,820.
24	Line 23 minus line 17	382,886.	393,388.	560,073.	338,4	73.	1,674,820.
25	Enter 1% of line 23	3,829.	3,934.	5,601.	3,3	85.	
26	Organizations described on lines 1	O or 11: a Enter 2% of a	amount in column (e), line	e 24	>	26a	33,496.
b	Prepare a list for your records to sh	ow the name of and amou	nt contributed by each pe	rson (other than a govern	mental		
	unit or publicly supported organizat	ion) whose total gifts for 2	002 through 2005 exceed	ded the amount shown in	line 26a.		
	Do not file this list with your return	. Enter the total of all thes	e excess amounts		>	26b	<u>78,376.</u>
C	Total support for section 509(a)(1)	test: Enter line 24, column	(e)		>	26c	1,674,820.
d	Add: Amounts from column (e) for		19				
		22 <u> </u>	70,393. 26b	78,376	<u>5.</u> ▶	26d	<u>348,769.</u>
е	Public support (line 26c minus line	26d total)			>	26e	<u>1,326,051.</u>
f	Public support percentage (line 26	e (numerator) divided by	line 26c (denominator))		<u>></u>	26f	<u>79.1757%</u>
27	Organizations described on line 12						•
	records to show the name of, and to	_	ıch year from, each "dısqı	ualified person." Do not file	e this list with yo	ur retui	rn. Enter the sum of
	such amounts for each year:	N/A					
	(2005)	(2004)	•	003)	(200		
Ь	For any amount included in line 17 to		·				
	and amount received for each year,			•	•		-
	described in lines 5 through 11b, as	· · · · · · · · · · · · · · · · · · ·	•	• •		een tne	amount received and
	the larger amount described in (1) o			•		·O)	
	(2005)	(2004)	•	003)	(200	(2)	
C	Add: Amounts from column (e) for	ines. 15		16 21		27c	N/A
	Add; Line 27a total		d line 27b total		—	27d	N/A
d e	Public support (line 27c total minus		u mie 270 total			27e	N/A
f	Total support for section 509(a)(2)	·	23. column (e)	▶ 27f 1	I/A	216	
' a	Public support percentage (lir				·,	27g	N/A %
•	Investment income percentage	•	•		or))	27h	N/A %
28 (Jnusual Grants: For an organization	n described in line 10, 11,	or 12 that received any u	nusual grants during 2002	2 through 2005, p	repare	a list for your records to
	show, for each year, the name of the ceturn. Do not include these grants in	contributor, the date and ar line 15.	mount of the grant, and a	brief description of the na	ture of the grant.	Do not	file this list with your

None

623131 01-18-07

Schedule A (Form 990 or 990-EZ) 2006 Greenwich Scholarship Association, Inc.

06-1467698

Schedule A (Form 990 or 990-EZ) 2008

Page 4

	rt V Private School Questionnaire (See page 9 of the instructions.)	<u>146769</u> N/		Page 5
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	3		
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	ļ	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
		_		
32	Does the organization maintain the following:			
а	· · · · · · · · · · · · · · · · · · ·	32a		ļ
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	, , , , , , , , , , , , , , , , , , , ,			
	admissions, programs, and scholarships?	32c	<u> </u>	
đ		32d		<u> </u>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
00	Does the experience description description to be seen a service with respect to	_		
33	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	222		l
a b	Admissions policies?	33a 33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b		34b	<u> </u>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	ı	l	ı

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	tion belongs to an affiliated gro	oup. Check	<u>▶ b </u>	you chec	ked "a" and "	limited o	control"	provisions apply.
	mits on Lobbying Ex				Affiliate	a) d group tals		(b) To be completed for all electing organizations
(110 1011	- Oxportationed Incario amoun	no paid of mountain			N/Z	Δ		
otal lobbying expenditures to	influence public opinion (gras	scroots lobbying)		36	14 / 2	1		
		• • •		37				-
		. 0,		38				
				39	_			
otal exempt purpose expend	tures (add lines 38 and 39)			40				
obbying nontaxable amount.	Enter the amount from the following	lowing table -						
the amount on line 40 is -	The lobbying r	nontaxable amount is -						
ot over \$500,000	20% of the amoun	nt on line 40)					
ver \$500,000 but not over \$1,000,	000 \$100,000 plus 15	% of the excess over \$500,000						
ver \$1,000,000 but not over \$1,50	0,000 \$175,000 plus 10	% of the excess over \$1,000,00	0	41				
ver \$1,500,000 but not over \$17,0	00,000 \$225,000 plus 5%	of the excess over \$1,500,000						
ver \$17,000,000	\$1,000,000)					
	` '							
ubtract line 41 from line 38.	enter -0- if line 41 is more than	1 line 38		44				
aution; If there is an amoi	ınt on either line 43 or line	44, you must file Form 4	1720.					
	* 11.0.							<u> </u>
	4-Year Av	eraging Period U	nder Sec	tion 50	01(h)			
(nns	
	below. See the instru	ctions for lines 45 through	50 on page	13 of the	instructions.)		
		Lobbying Expen	ditures Durir	ng 4-Year	Averaging F	Period		N/A
dar year (or year beginning in)	(a) 2006	(b) 2005				(d) 2003	-	(e) Total
obbying nontaxable				_				
mount								0.
obbying ceiling amount								
150% of line 45(e))	=							0.
otal lobbying								
xpenditures								0.
rassroots nontaxable								
mount								0.
· · · · · · · · · · · · · · · · · · ·								_
								0.
, ,								0.
	ctivity by Nonelectin	ng Public Charities			1 -			
		_		he instruc	tions.)			N/A
the year, did the organization	n attempt to influence nationa	I, state or local legislation, i	ncluding any	attempt t	10	T		
	ative matter or referendum, thi					Yes	No	Amount
olunteers		-						
	lude compensation in expense	es reported on lines c throu	gh h .)					
aid staff or management (Inc								<u> </u>
aid staff or management (Ind ledia advertisements								
= :	ors, or the public					<u> </u>		
ledia advertisements								
ledia advertisements lailings to members, legislate ublications, or published or t rants to other organizations	proadcast statements for lobbying purposes							
ledia advertisements lailings to members, legislate ublications, or published or t rants to other organizations	proadcast statements	als, or a legislative body						
ledia advertisements lailings to members, legislate ublications, or published or l rants to other organizations irect contact with legislators,	proadcast statements for lobbying purposes their staffs, government offici nars, conventions, speeches, le		6					0.
otootooorula and oolooloonooloo	total lobbying expenditures (a ther exempt purpose expenditures (a ther exempt purpose expenditures (a ther exempt purpose expenditures) and exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose expenditures (a total exempt purpose expenditures) and total exempt purpose exempt p	that lobbying expenditures (add lines 36 and 37) ther exempt purpose expenditures that exempt purpose expenditures (add lines 38 and 39) to bying nontaxable amount. Enter the amount from the foll the amount on line 40 is - The lobbying is the ver \$500,000 20% of the amount ter \$500,000 but not over \$1,000,000 \$100,000 plus 15 ter \$1,000,000 but not over \$1,000,000 \$225,000 plus 59 ter \$1,000,000 but not over \$17,000,000 \$225,000 plus 59 ter \$17,000,000 but not over \$17,000,000 \$225,000 plus 59 ter \$17,000,000 \$1,000,000 ter \$1,000,000 \$1,000,000 ter \$1,000,000 ter \$1,000,000 \$1,000,000 ter \$1,000,00	ther exempt purpose expenditures (add lines 38 and 39) biblying nontaxable amount. Enter the amount from the following table - the amount on line 40 is - the amount on line 40 is - the exempt purpose expenditures (add lines 38 and 39) biblying nontaxable amount is - the tover \$500,000 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$100,000 plus 15% of the excess over \$1,000,000 \$175,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000 \$255,000 000 \$255,000,000 plus 10% of the excess over \$1,500,000 \$255,000 plus 5% of the excess over \$1,500,000 \$255,000 plus 5% of the excess over \$1,500,000 \$255,000 plus 5% of the excess over \$1,500,000 \$255,000 plus 10% of the excess over \$1,500,000 \$255,000 plus 5% of the excess over \$1,500,000 \$255,000 plus 10% of th	that lobbying expenditures (add lines 36 and 37) ther exempt purpose expenditures that exempt purpose expenditures (add lines 38 and 39) bibbying nontaxable amount. Enter the amount from the following table - The lobbying nontaxable amount is - The lobbying nontaxable amount is - The lobbying nontaxable amount is - The lobbying nontaxable amount or expenditures (20% of the amount on line 40 \$1,500,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$500,000 \$255,000 plus 15% of the excess over \$1,000,000 \$255,000 plus 15% of the excess over \$1,500,000 \$2	and lobbying expenditures (add lines 36 and 37) ther exempt purpose expenditures (add lines 38 and 39) bibbying nontaxable amount. Enter the amount from the following table - the amount on line 40 is - the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the second of the amount on line 40 is - the amount on line 41 is more than line 40 42 44 45 46 47 48 49 49 49 49 49 49 49 49 49	tal lobbying expenditures (add lines 36 and 37) ther exempt purpose expenditures (add lines 38 and 39) bibbying nontaxable amount. Enter the amount from the following table - the amount on line 40 is - the amount on line 40 is - the semont on line 40 is - the expenditures (add lines 38 and 39) bibbying nontaxable amount. Enter the amount from the following table - the amount on line 40 is - the expenditures (add lines 38 and 39) and the amount on line 40 is - the expenditures (add lines 38 and 39) bibbying nontaxable amount is - 20% of the amount on line 40 expenditures (add lines 38 and 39) and the expenditures (add lines 38 and 39) 40 41 41 42 42 43 44 44 44 44 44 45 46 47 48 49 49 49 49 49 49 49 49 49	to the lobbying expenditures (add lines 36 and 37) her exempt purpose expenditures (add lines 38 and 39) biblying nontaxable amount. Enter the amount from the following table - the amount on line 40 is - The lobbying nontaxable amount is - to ever \$500,000 = 20% of the amount on line 40 is - The lobbying nontaxable amount is - to ever \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 er \$1,000,000 but not over \$1,000,000 \$125,000 plus 15% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 er \$1,500,000 but not over \$17,000,000 er \$1,500,000 but not over \$17,000,000 \$225,000 plus 15% of the excess over \$1,500,000 42	to the lobbying expenditures (add lines 36 and 37) her exempt purpose expenditures (add lines 38 and 39) biblying nontaxable amount. Enter the amount from the following table - the amount on line 40 is - The lobbying nontaxable amount is - to exer \$500,000

Schedule A (Form 990 or 990-EZ) 2006 Greenwich Scholarship Association,

		rarding Transfers To an		d Relationships With Noncha	ritable	Page 7
Fait		zations (See page 13 of the inst		d nelationships with Noncha	iitabie	
51 D		rectly or indirectly engage in any of		r organization described in section		
		section 501(c)(3) organizations) or i	• •	_		
	• •	ganization to a noncharitable exemp		middl organizations.	Ye:	s No
	(i) Cash	gamzation to a nononantable exemp	t or garnzation or.		51a(i)	X
	ii) Other assets				a(ii)	X
-	ther transactions:				-(/_	
		ts with a noncharitable exempt orga	nization		b(i)	x
	• •	noncharitable exempt organization			b(ii)	X
	ii) Rental of facilities, equipme	· · ·			b(iii)	X
•	v) Reimbursement arrangeme				b(iv)	X
•	v) Loans or loan guarantees				b(v)	X
-	•	membership or fundraising solicita	tions		b(vi)	X
•		mailing lists, other assets, or paid e			c	X
		-		always show the fair market value of the	L	
	_	given by the reporting organization		-		
_		nent, show in column (d) the value o			N/	Α
(a)	(b)	(c)	<u> </u>	(d)		
Line no.		Name of noncharitable ex	empt organization	Description of transfers, transactions, an	id sharing arrange	ements
				-	· -	_
						•
		_				
С	s the organization directly or incode (other than section 501(c) "Yes," complete the following s	(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of th		X No
	(a) Name of org) ganization	(b) Type of organization	(c) Description of relation	nship	
			ļ <u> </u>			
		-				
			ļ			
			<u></u>		 	
					<u></u>	
						
623152	 		<u>L</u>			
01-18-07				Schedule A (Fo	orm 990 or 990-E	Z) 2006

06-1467698

Form 990	Cash G	rants and A to Others	llocations		Statement	1
Class of Activity/Done	ee's Name	and Addres	S		Amount	
College scholarships See schedule attached			_		370,90	00.
otal Included on Form	m 990, Pa	rt II, line	22b		370,90	00.
Form 990 Statement	of Organ	ization's Pr Part III	rimary Exemp	t Purpose	Statement	2
Explanation To provide financial a						
Form 990	Non-G	overnment Se	ecurities		Statement-	3
Security Description (Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov' Securitie	
JBS Financial Services	FMV			268,266.	268,26	6.
To Form 990, line 54a	, Col B			268,266.	268,26	6.

	Current Officers, es and Key Employee		State	ement 4
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Janet Blasberg	At-Large Direc	tor		
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00	0.	0.	0.
Oora Williams	At-Large Direc	tor		
c/o United Way of Greenwich 1 Lafayette GreenwichCT 06836	0.00	0.	0.	0.
Tudy Chapman	Vice President			
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00	0.	0.	0.
illiam Dylewsky	Treasurer	-		
c/o United Way of Greenwich 1 Lafayette Greenwich——CT 06836	0.00	0.	0.	0.
Debbie-Fatica	At-Large Direc	tor		
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00	0.	0.	0.
Catherine Holden	Vice President			
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00	0.	0.	0.
Marie Hertzig	President ward			-
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00	0.	0.	0.
Mary Ann Hume	At-Large Direc	tor		
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00	0.	0.	0.
oiane Keleher	Recording Secre	etary		
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00	0.	0.	0.

Greenwic	h Scholarship Asso	ciatio	n, Inc.		06-14	167698
Villiam G.	Kelly Way of Greenwich	1	At-Large Director	•		
afayette Greenwich,	_		0.00	0.	0.	0.
Teanette M	oye Way of Greenwich	1	At-Large Director	•		
Lafayette Greenwich,	_		0.00	0.	0.	0.
Ann Robb	Way of Greenwich	1	At-Large Director	:		
Lafayette Greenwich,	_	-	0.00	0.	0.	0.
Adrianne S	inger Way of Greenwich	1	At-Large Director	•		
Lafayette Greenwich,	_	1	0.00	0.	0.	0.
Janet Sotz	ing Way of Greenwich	1	Corresponding Sec	retary		
Lafayette		_	0.00	0.	0.	0.
John Vecch		1	Legal Counsel			
Lafayette Greenwich,	Way of Greenwich CT 06836	1	0.00	0.	0.	0.
Sharon Vec	chiolla Way of Greenwich	1	At-Large Director	:		
Lafayette Greenwich,	_	1	0.00	0.	0.	0.
Donna Zeal	e Way of Greenwich	1	At-Large Director	•		
Lafayette Greenwich,	_	-	0.00	0.	0.	0.
Allan Jay	Way of Greenwich	1	Asst. Treasurer			
Lafayette Greenwich,	_	1	0.00	0.	0.	0.
Alison Loc	hridge Way of Greenwich	1	High School Liais	on		
c/o united Lafayette Greenwich,	_	1	0.00	0.	0.	0.

Greenwich beholdiship Associa	ation, Inc.			06-1467	698
ryn A Bingle	Vice Pres	sident			
:/o United Way of Greenwich 1 afayette Greenwich, CT 06836	0.00		0.	0.	0.
inda Woods	Guidance	Director			
:/o United Way of Greenwich 1 afayette reenwich, CT 06836	0.00		0.	0.	0.
nne Bourne	At-Large	Director			
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00		0.	0.	0.
Barbara Hindman	At-Large	Director			
c/o United Way of Greenwich 1 Lafayette Greenwich, CT 06836	0.00		0.	0.	0.
otals Included on Form 990, Pa	art V-A		0.	0.	0.
Schedule A Explanation of Qu	alifications Part III, Li		Payments	Statement	5
Recipients must be seniors gr	nts attending	schools ou	t-of-town		
private, or Greenwich resider demonstrate financial need to	attend highe	equication			
	Other Inco	 		Statement	6

11,289.

11,289.

5,679%

5,679.

223,942.

223,942.

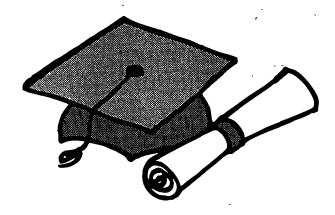
Investment income

Total to Schedule A, line 22

29,483.

29,483.

The Greenwich Scholarship Association



35th

ANNUAL AWARDS EVENING June 7, 2007

2007 Award Recipients

Agudelo-Rios	Harrinson	Fairfield University
Angon	Stephanie	Southern CT State University
Annunzlato	Tracy	Quinnipiac College
Anthony	Jermaine	Southern CT State University
Araque	Marion	Syracuse University
Avila	Adrianna	Univeristy of CT/Stamford
Barresi	Max	Gettysburg College
Bautista 🕆	Lisa	Southern CT State University
Bawol	Matthew	Norwalk Community College
Bhatnagar	Anisha	Bucknell University
Blank	Matthew	University of Tampa
Brown	Gregory	University of New Hampshire
Calderon	Amanda	Johnson & Wales University
Chavista	Jeffrye	University of Nevada at Las Vegas
Chiappetta	Michael	Iona College
Conion	Thomas	Seton Hall University
Coogan-Wyle	Melissa	John Carroll University
Crisp	Erica	Johnson & Wales University,
Crowle	Kathleen	Southern CT State University
Davis	Michael	Norwalk Community College
DeVico	Jenna	Villanova University
Diddel	Gregory	Miami University
Dixon	Mallory	Quinnipiac College
Doyle	Lauren	Ohio State University
Ecay	Wesley	University of Connecticut/Storrs
Edwards, IV	Charles "Nick"	Amherst College
Ellis	Devon	University of Connecticut/Storrs
Enea	Alyson	January application
Fierro	Robert	Northeastern University
Fischer	Chelsea	Southern CT State University
Flores	Edwar	Norwalk Community College
Fox	Lida	Mercy College
Fraser	Katherine	Bard College .
Gachelin	Reginal	Curry College
Gallegos	Mireille	Tufts University
Grant	Kelsey	University of Delaware
Gullotta	Jason	University of Massachusetts
Hardman	Sara	Georgetown University
Haviland	Donald	Ithaca College
Hemandez	Dinora	Norwalk Community College
Hernandez	Antonio	Norwalk Community College
Hermann	Tyler	University of Massachusetts
Hogan	James)	Virginia Tech
Hollis	Matthew	Norwalk Community College
Hvolbeck	Kate	Central CT State University
Illescas	Michael	University of Vermont
Jackson	Sueyen-Lee	Hampton University

= GSA AWARDS 2007 =

2007 Award Recipients

•		
James `	Emily '	Cedar Crest College
Johnson .	Kaitlin	Simmons College
Kabot	Kathenne	Coastal Carolina University
Karamanian	Lilybet	Norwalk Community College
Krupa	Marcin	Pace University
Le	Dung	Fairfield University
Li	Richard	- Swarthmore College
Lucas	Brendan	Western New England College
Macri	Christopher	Springfield College
Maisak	Dzmitry -	Boston College
Marrone	Robyn	Eastern CT State University
Mason	Arthur	Franklin & Marshall College
Mastroianni	Megan	Syracuse University
McCarthy	Sarah	Syracuse University
McKee	Shawn	Western New England College
Mediate	Tina	University of Connecticut/Storrs
Micik	Brendan	Southern CT State University
		University of Connecticut/Avery Pt.
Micik ,	Michael	Monmouth University
Micik	William	
Miles	Katelyn	Brown University
Montague	Érin	University of Connecticut/Storrs
Neri	Bianca	George Washington University
Nihoul .	Margaret	McGill University
Oates	Louisa	Wake Forest University
O'Hara	Susan 🔩	Nottingham University
Ostrowski `	Maximilian ·	University of Vermont
Pachon	Stephanie	Syracuse University
Parker .	Colleen -	Old Dominion University
Piccirillo	Anthony	Manhattanville College
Pineda	Christopher	NY Institute of Technology
Piro .	Matthew	University of Connecticut/Storrs
Riley	Katherine	Pace University
Robinson	Alex	Pace University
Robinson	Bruce	Lynn University
Robinson	Jenna -	Dean College
Roina	Ashley	Central CT State University
Romaine .	Sarah	Central CT State University
Romero	Jonathan	Embry Riddle Institute
Root	Alan	Paul Smith's College
Rubin	Hillary	Central CT State University
Sanchez	Jessica	Long Island University
Screnci :	Alessandra	Quinnipiac College
Sierra	Karen	Southern CT State University
' Silbereisen	Lindsay	Eckerd College
Sowin	Kristy	University of Connecticut/Storrs
Steele	Azrielle	Norwalk Community College
Strazza	Steven -	University of Massachusetts
ouazza	Oleacíi -	Chitcing of madesonate

2007 Award Recipients

Summers, III
Tischler
Tummarello
Van Cura, III
Velez
Vitti
Wetmore
White
Williams, III

Williams, III Yamson Zarate Richard George Kristen Thomas Tiffany

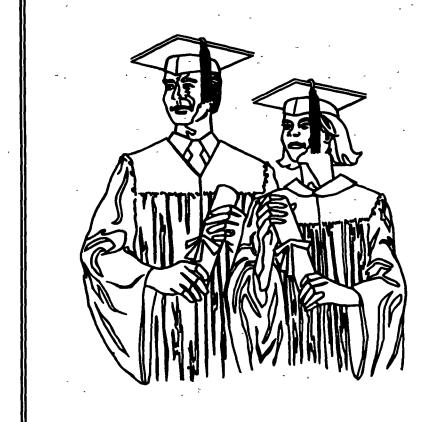
Melissa John Bryan Charles Rean Catherine

Andrea

Ithaca College Manhattanville College Southern CT State University

PA College of Technology Art Institute of Philadelphia

Art Institute of Philadelphia Adelphi University Hofstra University Lyndon State College Central CT State University Norwalk Community College Anna Maria College



GSA AWARDS 2007

(Rev. April 2007)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

_		<u> </u>					
• If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ 🗓					
If yo	ou are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).					
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form 8868.					
Parl	Automatic 3-Month Extension of Time. Only submit original (no copies needed)						
Section	n 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check thi	s box					
	omplete Part I only	▶ □					
All oth	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	extension of time					
	income tax returns.	. Galeria en timo					
noted the ad 990-T	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form ditional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a collinstead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on www.irs.gov/efile and click on e-file for Chanties & Nonprofits	8868 electronically if (1) you want omposite or consolidated Form					
Type	Name of Exempt Organization	Employer identification number					
print	Greenwich Scholarship Association, Inc.	06-1467698					
File by t due date	hor Number, street, and room or suite no It a PO box, see instructions.						
filing your							
instructi							
Checl	t type of return to be filed (file a separate application for each return)						
X	Form 990 Form 990-T (corporation) Form 47	720					
$\overline{\Box}$	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52						
\Box	Form 990-EZ Form 990-T (trust other than above) Form 60						
=	Form 990-PF	370					
 							
	books are in the care of William A. Dylewsky, CPA						
	ephone No. ► <u>203-975-8830</u> FAX No ►						
	ne organization does not have an office or place of business in the United States, check this box	▶ ∟					
	nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th						
box 🕨	▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	members the extension will cover.					
	I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extens February 15, 2008, to file the exempt organization return for the organization named as for the organization's return for. Calendar year or						
	X tax year beginning JUL 1, 2006 , and ending JUN 30, 2007						
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period					
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.	3a \$					
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	at a					
	tax payments made Include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b \$					
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ N/A					
	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form						
LHA	For Privacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 4-2007)					

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