## Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

2006
Open to Public Inspection

A F	or the .	2006 са	lendar yea	r, or tax year beginning	08-01-2006	and ending	07-31-	2007						
<b>B</b> C	heck if a	pplicable	Please	C Name of organization CLEVELAND SCHOLARSHIF	DDOGDAMS INC					D Em	oloyer id	entifica	ation nu	mber
ГА	ddress ch	nange	use IRS	CLEVELAND SCHOLARSHIP	PROGRAMS INC						658009			
$\Gamma_N$	ame cha	nge	label or print or	Number and street (or P 0 200 PUBLIC SQUARE	) box if mail is n	ot delivered to	street a	ddress	) Room/su	ite E Tele	phone n	umber		
┌ īr	nitial retui	rn	type. See Specific	BP TOWER						(21	6)241-	5587		
	ınal retur		Instruc-	City or town, state or cou	ntry, and ZIP + 4				•	F Acco	unting mel	thod 🦵	Cash [	<b>✓</b> Accrual
			tions.	CLEVELAND, OH 44114							Other (spe	cıfy)	<b>&gt;</b>	
	mended													
I A	pplication	n pending				_		1	H and Ta	re not appli	cable to so	ection 5	27 organ	ızatıons
				501(c)(3) organizations nust attach a completed S				ble						res 🔽 No
٠,	4/ a.b. a:4.		MA CCDO HI	10.000					H(b) If	'Yes" enter	number of	f affiliat	es 🕨	
<u> </u>	ved site	e: F- ww	/W CSPOHI	IO ORG					H(c) Are	e all affiliate	s included	?	Γ,	∕es
J C	Organiza	ation type	e (check only	one) 🕨 🔽 🕏 501(c) (3)	(insert no )	— 4947(a)(1)	or $ egin{array}{c} \end{array}$	527	(If	"No," attac	h a list Se	ee instru	ictions )	
<b>K</b> (	Check her	re <b>▶</b> ☐ ıf	the organizat	tion is not a 509(a)(3) suppo	rting organization	and its gross	receipts	are		this a separa				
n	omally i	not more	than 25,000 nplete return	A return is not required, but	ıf the organızatıor	n chooses to fi	le a retu	m,		vered by a o	•		•	res 🔽 No
	- Suic to	The a con	inpicte return					<u>}</u>		oup Exem	•			
L G	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to li	ne 12 ► 13,6	546,751			0	eck ► 「 ach Sch B (				
P	art I	Reve	nue, Exp	enses, and Chang	es in Net A	ssets or	Fund	Bala	nces (S	See the	instru	ction	s.)	
	1	Contrib	utions, gift:	s, grants, and sımılar ar	nounts receive	ed	_							
	а	Contrib	utions to d	onor advised funds .			1a			670,587				
	ь	Directi	oublic supp	ort (not included on line	1a)	•	1b		3	,311,848				
	С	Indirec	t public sup	pport (not included on li	ne 1a)		1c							
	d	Govern	ment contr	ibutions (grants) (not in	cluded on line	1a)	1d		1,	,003,903	]			
	e	Total (a	add lines 1 a	a through 1d) (cash \$ <u>4</u>	.986,338	noncash \$			)		1e		4	,986,338
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .							3) .	2			444,560	
	3	Membe	rship dues	and assessments .							3			
	4	Interes	t on saving	s and temporary cash ı	nvestments .					•	4			226,099
	5	Divider	ids and inte	erest from securities .							5			285,589
	6a	Gross	ents				6a							
	Ь	Less r	ental expen	ises			6b				1			
	С	Net ren	tal ıncome	or (loss) subtract line 6	b from line 6a			•			6с			
当	7	Other	nvestment	income (describe 🕨 )	<u> </u>					•	7			
Revenue	8a			n sales of assets	(A) Secu	urities			<b>(B)</b> 0 th	ner				
Œ				ry		7,515,207	8a							
	b			sis and sales expenses		6,871,164								
	C				<b>%</b>	644,043								
	d		` '	Combine line 8c, colum	. , . ,						8d			644,043
	9	Special	events and	d activities (attach sche	edule) Ifany a	amount is fr	om <b>gan</b>	ning, d	check her	e <b>►</b> 厂				
	а			t including \$		of	l _							
			•	rted on line 1b)			9a				-			
	Ь			ses other than fundrais			9b			40,939	_			1 1 7 0 0 0
	C		-	s) from special events							9c			147,889
	10a			entory, less returns and Is sold			10a				-			
	b c		-	rom sales of inventory (attac			10b	100			10c			
	11		, ,	om Part VII, line 103)	,					•	11			130
	12			lines 1e, 2, 3, 4, 5, 6c						•	12		6	,734,648
	13			(from line 44, column (E							13			,796,060
en St	14			general (from line 44, co						•	14			336,871
Expenses	15			line 44, column (D))							15			349,403
E F F	16			ites (attach schedule)							16			2.2,103
	17			d lines 16 and 44, colu							17		6	,482,334
<u></u>	18			for the year Subtract II							18			252,314
Nel Assels	19			balances at beginning							19		10	,110,988
5 4 7	20			net assets or fund balar							20			13,934
볼	21		•	balances at end of yea	•	' '	_				21		10	,377,236
							_							

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B</b> ) Program services	(C) Management and general	( <b>D</b> ) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $\$^0$ noncash $\$^0$ )  If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule) $(cash $2,764,196]$ noncash $0$ ) If this amount includes foreign grants, check here	221				
		22b	2,764,196	2,764,196		
23	Specific assistance to individuals (attach schedule)  Benefits paid to or for members (attach schedule)	23				
24	· · · · · · · · · · · · · · · · · · ·	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	375,873	210,510	66,718	98,645
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	51,833	34,065	17,768	0
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	1,717,735	1,527,017	93,198	97,520
27	Pension plan contributions not included on lines 25a, b and c	27	62,500	50,783	5,090	6,627
28	Employee benefits not included on lines 25a - 27	28	189,062	153,619	15,396	20,047
29	Payroll taxes	29	152,950	128,336	11,177	13,437
30	Professional fundraising fees	30				
31	Accounting fees	31	41,528	35,984	2,698	2,846
32	Legal fees	32	17,888	13,666	1,968	2,254
33	Supplies	33	28,331	23,705	1,626	3,000
34	Telephone	34	47,627	41,944	2,521	3,162
35	Postage and shipping	35	24,859	13,611	5,631	5,617
36	Occupancy	36	174,419	138,266	16,851	19,302
37	Equipment rental and maintenance	37	59,162	48,570	3,080	7,512
38	Printing and publications	38	42,315	15,735	16,430	10,150
39	Travel	39	55,012	40,250	7,728	7,034
40	Conferences, conventions, and meetings	40	49,056	26,214	6,354	16,488
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	63,078	47,664	7,390	8,024
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)  Toets Check by Typy are following SOP 98-2	44	6,482,334	5,796,060	336,871	349,403

For org The	m 990 is available for public inspection and, fo anization How the public perceives an organiza	r som ition i	ccomplishments (See the instructions.)  The people, serves as the primary or sole source of information a  Thin such cases may be determined by the information presented  The accurate and fully describes, in Part III, the organization's pro-	on its return
All c	rganizations must describe their exempt purpose achieve	ments easura	THE MAJOR FUNCTION OF THE CSP IS TO HELP CLEVELAND AREA STUDENTS GAIN ACCESS TO HIGHER EDUCATION CSP EMPLOYS 30 PART- TIME ADVISORS WHO PROVIDE GUIDANCE AND ASSISTANCE TO STUDENTS IN ALL CLEVELAND MUNICIPAL SCHOOL DISTRICT (CMSD) HIGH SCHOOLS AND IN SEVERAL PAROCHIAL AND SUBURBAN HIGH SCHOOLS THEY HELP STUDENTS RESEARCH COLLEGES AND COMPLETE TESTING ADMISSIONS AND FINANCIAL AID APPLICATIONS CSP OBTAINS FEE WAIVERS AND PROVIDES APPLICATION AND TESTING FEES FOR STUDENTS WHO CANNOT PAY THEM TO THE EXTENT RESOURCES PERMIT, CSP ALSO PROVIDES "LAST DOLLAR" GRANTS FOR QUALIFIED STUDENTS TO HELP MAKE UP THE DIFFERENCE BETWEEN AVAILABLE STUDENT FINANCIAL AID AND ACTUAL COLLEGE COSTS IN ADDITION, CSP'S ADVISORS PROVIDE GUIDANCE AND ASSISTANCE TO MIDDLE SCHOOL STUDENTS IN 55 CLEVELAND MUNICIPAL SCHOOL DISTRICT (CMSD) MIDDLE SCHOOLS THEY HELP STUDENTS INCREASE THEIR AWARENESS OF THE NEED AND IMPORTANCE OF POST- SECONDARY EDUCATION THROUGH VARIOUS STUDENT ACTIVITIES, CAMPS AND FIELD TRIPS CSP  In a clear and concise manner State the number of clients served, the (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt Insto others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	STUDENTS THROUGH ADVISORY SERVICE SCHOLARSHIPS FOR THE 2006/2007 SCHOPROVIDED TO 23,000 STUDENTS 84% OF	S A N D O L ` S T U P H O I	R CAPABLE BUT FINANCIALLY DISADVANTAGED D SCHOLARSHIPS 2,122 STUDENTS RECEIVED YEAR APPROXIMATELY 64,000 SERVICES WERE DENTS RECEIVING SCHOLARSHIPS FROM CSP WERE MORE YEARS OF COLLEGE 4,500 ADULTS WERE	
b	(Grants and allocations \$ 2,764,196)		If this amount includes foreign grants, check here 🕨 🦵	5,796,060
	(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
C				
d	(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
	(Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
е	Other program services (attach schedule) (Grants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	

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

5,796,060

Part	IV Balance Sheets (See the instructions.)				
Not e:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the description	(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing		100	45	150
46	Savings and temporary cash investments		3,368,983	46	2,543,776
47	a Accounts receivable 47a	326,897			
	<b>b</b> Less allowance for doubtful accounts 47b		110,039	47c	326,897
			·		
48	a Pledges receivable 48a	1,438,115			
	b Less allowance for doubtful accounts 48b	19,950	2,066,422	48c	1,418,165
49	Grants receivable			49	
50	Receivables from current and former officers, directors key employees (attach schedule)	· ·		50a	
	<b>b</b> Receivables from other disqualified persons (as define 4958(c)(3)(B) (attach schedule)	1		50b	
51	Other notes and loans receivable (attach schedule)				
ا و	<b>b</b> Less allowance for doubtful accounts <b>51b</b>			51c	
Stess 25	Inventories for sale or use			52	
र्वे   53	Prepaid expenses and deferred charges		48,474	53	40,146
54	a Investments—publicly-traded securities . ▶ □	Cost FMV	0	54a	0
	b Investments—other securities (attach schedule)	Cost FMV		54b	
55	Investments land, buildings, and	' ' <u> </u>			
	b Less accumulated depreciation (attach schedule)			55c	
56			6,295,605	56	7,745,292
57		584,225	, ,		
	<b>b</b> Less accumulated depreciation (attach				
	schedule)	444,559	173,341	57c	139,666
58	Other assets, including program-related investments (describe -	38,125	58	1,925	
59	Total assets (must equal line 74) Add lines 45 throug	ıh 58	12,101,089	59	12,216,017
60			165,682	60	245,608
61	. ,		·	61	
62		F	193,176	62	17,491
رم 63	Loans from officers, directors, trustees, and key emplo	oyees (attach			
1	schedule)			63	
ដ; <b>6</b> 4	a Tax-exempt bond liabilities (attach schedule)	[		64a	
	<b>b</b> Mortgages and other notes payable (attach schedule)	[		64b	
65	Other liablilities (describe ►	)	1,631,243	65	1,575,682
66			1,990,101	66	1,838,781
	rganizations that follow SFAS 117, check here ► 🔽 and c 67 through 69 and lines 73 and 74	omplete lines			
8 67		F	1,217,927	67	1,895,351
89 69 69	,	F	3,900,759		3,487,584
G 69	•		4,992,302	69	4,994,301
Fund	rganizations that do not follow SFAS 117, check here ► Complete lines 70 through 74	and			
5 70	, , , ,	F		70	
As set 21	1 , , , , , , , , , , , , , , , , , , ,	F		71	
¥ 72	· · · · · · · · · · · · · · · · · · ·	F		72	
2 73 2	through 72 (Column (A) <b>must</b> equal line 19 and colum		40 440 000	70	10.077.000
,,	line 21)	10,110,988	73 74	10,377,236 12,216,017	
74	Total liabilities and net assets / fund balances Add lines 66	anu /3 • •	12,101,009	/4	Form <b>990</b> (2006)

Par	tiv-A Reconciliation of Revenuthe instructions.)	ue per Audited Finar	ncial Sta	tements V	Vith Reven	ue per	Return (See
	Total revenue, gains, and other suppor	t per audited financial stat	tements			а	6,789,521
b	A mounts included on line <b>a</b> but not on	Part I, line 12					<u></u>
1	Net unrealized gains on investments		Ь1		13,934		
2	Donated services and use of facilities		b2		,		
3	Recoveries of prior year grants		b3			1	
4	<u>_</u>						
	other (specify)		b4		40,939		
	Add lines <b>b1</b> through <b>b4</b>		·			ь	54,873
c	Subtract line <b>b</b> from line <b>a</b>					с	6,734,648
d	A mounts included on Part I, line 12, bi	ut not on line <b>a</b>					
1	Investment expenses not included on	Part I, line					
	6b		d1				
2	Other (specify)						
			_ d2				
	Add lines <b>d1</b> and <b>d2</b>					d	54,873
e	Total revenue (Part I, line 12) Add lin					<sub>e</sub>	6,734,648
Dar	d		ncial St	atements	With Eyne		ar Daturn
a	Total expenses and losses per audited					a	6,523,273
b	A mounts included on line <b>a</b> but not on						
1	Donated services and use of facilities		Ь1	I			
- 2	Prior year adjustments reported on Pai						
_	20	(1)	b2				
3	Losses reported on Part I, line						
	20		b3				
4	Other (specify)				40.030		
	Add been held bloomed held		_ <b>b</b> 4		40,939	.	40.020
	Add lines <b>b1</b> through <b>b4</b>				• •	ь	40,939
с	Subtract line <b>b</b> from line <b>a</b>					С	6,482,334
d	Amounts included on Part I, line 17, bi		1	İ			
1	Investment expenses not included on 6b	Part I, line	d1				
2	Other (specify)						
		_	d2				
	Add lines <b>d1</b> and <b>d2</b>					d	
e	Total expenses (Part I, line 17) Add li	nes <b>c</b> and					6,482,334
	d					e	
Par	director, trustee, or key em	r <b>s, Trustees, and Ke</b> ployee at any time dur	y Emplo ing the y	<b>yees</b> (List ear even if	each persor they were r	n who wa	as an officer, pensated.) <i>(See the</i>
	instructions.)				(D) Contribi	itions to	(E) E
	(A) Name and address	(B) Title and average hours per week devoted to position		mpensation	employee bend deferred com		<b>(E)</b> Expense account and other
		per week devoted to position	(II not pai	u, enter -u,	plans		allowances
See A	dditional Data Table						

•							i age t
Par	t V-A Current Officers, Directors	s, Trustees, and Key	<b>Employees</b> (conti	inued)		Yes	No
75a	Enter the total number of officers, director	s, and trustees permitted	to vote on organization	n business at board			
	meetings		<u>▶</u> 36				
b	Are any officers, directors, trustees, or ke $$	y employees listed in For	m 990, Part V-A, or hig	ghest compensated			
	employees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	lependent			
	contractors listed in Schedule A , Part II-A	or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	t that identifies the indivi	duals and explains the	relationship(s) 🕏 .	75b	Yes	
c	Do any officers, directors, trustees, or key	employees listed in Forn	n 990, Part V - A , or hig	hest compensated			
	employees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other ind	lependent			
	contractors listed in Schedule A , Part II-A	or II-B, receive comper	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to to organization"	the organization? See the	instructions for the de	finition of "related	75c		No
	If "Yes," attach a statement that includes						
d	Does the organization have a written confl		75d	Yes			
Par	Former Officers, Director Benefits (If any former office) (described below) during the benefits in the appropriate contact.	er, director, trustee, o year, list that person	or key employee red below and enter the	ceived compensation	or ot	ner be	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		oense ac ner allowa	count and ances
MAF	RIA I BOSS			F 1-2-1-2			
	PUBLIC SQUARE	0	51,833	0			0
	OWER 3820 VELAND,OH 44114		·				
Par	t VI Other Information (See the	instructions.)				Yes	No
76	Did the organization make a change in its activities	or methods of conducting activ	ıtıes? If "Yes," attach a				
	detailed statement of each change				76		No
77	Were any changes made in the organizing	or governing documents l	out not reported to the	IRS?	77		No
	If "Yes," attach a conformed copy of the c	hanges					
78a	Did the organization have unrelated business gross	income of \$1,000 or more duri	ng the year covered by this	return? • • •	78a		No
Ь	If "Yes," has it filed a tax return on Form 9	<b>90-T</b> for this year?			78b		
79	Was there a liquidation, dissolution, termination, or	substantial contraction during t	he year? If "Yes," attach				
	a statement				79		No
80a	Is the organization related (other than by association	n with a statewide or nationwi	de organization) through cor	nmon membership,			
	governing bodies, trustees, officers, etc , to any oth	er exempt or nonexempt orga	nızatıon?		80a		No
b	If "Yes," enter the name of the organizatio	n <b>►</b>					
			ıs	onexempt			
	Enter direct or indirect political expenditu		L		]		
b	Did the organization file Form 1120-POL fo	rthis year?			81b		No

Dar	t VI Other Information (continued)		V	No.
	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)....... 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
Ī	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year	032		
c	Dues assessments, and similar amounts from members 85c			
	Section 162(e) lobbying and political expenditures 85d	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
		-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
		85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0	-		
b	Gross receipts, included on line 12, for public use of club facilities 86b 0			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
88a	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? If "Yes," complete Part IX	88a		No
Ь	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	ook		NI -
00-	504/-1/20	88b		No
<b>89</b> а	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 • 0 , section 4912 • 0 , section 4955 •			
b	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	20-		N
	AW ( D.III ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	89e		No
т	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?	90.		NI -
۵0-	List the states with which a copy of this return is filed by OH	89g		No
	List the states with which a copy of this return is filed • OH			
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)			60
91a	The books are in care of ALENKA M WINSLETT  Telephone no (216)	241-5	587	
	200 PUBLIC SQUARE STE 3820			
	Located at			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	Νo
	account)?	91b		Νo
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

and enter the amount of tax-exempt i  VII Analysis of Income-Pro		ties <i>(See t</i>	he instructio	ons.)		
Enter gross amounts unless otherwise	ındıcated.	Unrelated (A)	business income	Excluded by sec	tion 512, 513, or 514	<b>(E)</b> Related or
		Business code	<b>(B)</b> Amount	Exclusion code	( <b>D)</b> Amount	exempt functio
Program service revenue						
REIMBURSE SCHOOL						388,
SCHOLARSHIP ADMIN FEE						56,
Medicare/Medicaid payments						
Fees and contracts from government	_					
Membership dues and assessments		<u> </u>		111	226.000	
Interest on savings and temporary cash inve				14	226,099	
Dividends and interest from securition  Net rental income or (loss) from real		<del>                                     </del>		14	285,589	
debt-financed property						
non debt-financed property						
Net rental income or (loss) from personal pri						
Other investment income	•			+		
Gain or (loss) from sales of assets other than				18	644,043	
Net income or (loss) from special ev	ents .					147
Gross profit or (loss) from sales of ir	iventory					
Other revenue a OTHER REVEN	J E			01	130	
Subtotal (add columns (B), (D), and	(E))				1,155,861	592,
<b>Total</b> (add line 104, columns (B), (D)	` ,,				· · · <b>&gt;</b>	1,748,3
Line 105 plus line 1e, Part I, should equ		<u> </u>				
Relationship of Activi						
lo. Explain how each activity for whice of the organization's exempt purpose.					ortantly to the acc	omplishment
See Additional Data Table	·		•			
Ty Information Description	Tavable Sub	aidia via a a	nd Diamana	dad Catition	(Coo the instru	tiona \
IX Information Regarding (A)	(B)	Siuiai ies a		ded Elititles		(E)
ame, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		(C) Nature of activitie	s	( <b>D)</b> Total income	End-of-year assets
partitioning, or albregataca criticy	9,	6				
	9,					
	9,	6				

Part		nformation Regarding Tran controlling organization as def			Entities Comp	lete only if the org	ganizati	on is
							Yes	No
106		e reporting organization <b>make</b> any ode? if "Yes," complete the schedu		•	ed in section 512	2(b)(13) of		No
		(A) Name and address of each controlled entity	Employer I	B) dentification mber	(C) Description of transfer		(D) A mount of transf	
		Totals						
							Yes	No
107		e reporting organization <b>receive</b> an ode? if "Yes," complete the schedu			defined in sectior	512(b)(13) of	No	
	(A) Name and address of each controlled entity		Employer I	B) dentification mber	(C) Description of Am transfer		(D) ount of transfer	
		Totals						
			<u>-</u>					
108	Did th	e organization have a binding writt	en contract in effe	ct on August 17, 200	6 covering the in	terests, rents,	Yes	No
		ies and annuities described in ques		j ,	·	, ,		No
Pleas	and	der penalties of perjury, I declare that I ha d belief, it is true, correct, and complete D ******				of which preparer has ar		
Sign Here	<b>                                   </b>	Signature of officer			Date			
iicic		ALENKA WINSLETT INTERIM PRESIDENT/O	CEO CEO					
Paid Prep	arer's	Preparer's signature Stanley J Olejarski		Date	Check if self-empolyed	Preparer's SSN or PTIN	(See Gen	Inst W)
Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4	BALE & CO		•	EIN ▶		
		23240 CHAGRIN I CLEVELAND, OH				Phone no 🕨 (216) 83	1-1200	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490162002028

OMB No 1545-0047

#### **SCHEDULE A** (Form 990 or 990EZ) 牣

Department of the Treasury Internal Revenue Service

# 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 2006

Name of the organization

Employer identification number

CLEVELAND SCHOLARSHIP PROGRAMS INC			34-6580096	
Part I Compensation of the Five	Highest Paid Employees	s Other Than Offic		nd Trustees
(See page 2 of the instruction				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VICTOR RUIZ	<b>.</b>			
200 PUBLIC SQUARE BP TOWER SUITE 3820 CLEVELAND, OH 44114	MGR OF ADVISORY SVCS	52,223	5,018	0
ALFRED BIELSKIS				
200 PUBLIC SQUARE BP TOWER SUITE 3820 CLEVELAND, OH 44114	MGR OF INFO SYSTEMS 40 0	54,947	5,694	0
Total number of other employees paid over \$50,000				
Part II-A Compensation of the	Five Highest Paid Independent on the Highest Paid Independent			
(a) Name and address of each independent	contractor paid more than \$50,0	000 <b>(b)</b> Typ	e of service	(c) Compensation
Anthem				
PO Box 105673 ATLANTA,GA 303485673		INSURANCE		159,343
Total number of others receiving over \$50,0 professional services	00 for			
(List each contractor who	Five Highest Paid Independent of performed services other to enter "None". See page 2 for	than professional se		
(a) Name and address of each independent			e of service	(c) Compensation
Cleveland Financial Associates LLC				
PO Box 60625 CHARLOTTE, NC 282600625		Rent		176,198
Total number of other contractors receiving of	over			
\$50,000 for other services	<b>&gt;</b>			

Par	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, include 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			
	ı of Part VI-B )	1		Νo
	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 property?	2a		Νo
b	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c		Νo
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	<u> </u>
e	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			1
	of how the organization determines that recipients qualify to receive payments ) $^{m{\pi}}$	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		Νo
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
Ь	Did the organization make any taxable distributions under section 4966?	4b		Νo
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year $1,00$	9,228		
f	Enter the total number of separate funds or accounts owned at the end of the tax 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			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	art I	N Reason for Non-Private	Foundation Status	(See pages 4 th	rough 7 of the	instructions.	)			
cert	ify th	nat the organization is not a private four	ndation because it is (P	lease check only <b>C</b>	NE applicable bo	эх )				
5	Г	A church, convention of churches, or	association of churches	Section 170(b)(1	)(A )(ı)					
6	Г	A school Section 170(b)(1)(A)(ii) (A	Also complete Part V )							
7	Г	A hospital or a cooperative hospital s	service organization Sec	tion 170(b)(1)(A)	(111)					
8	Γ	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A	)(v)					
9	Γ	A medical research organization oper	rated in conjunction with	a hospital Section	170(b)(1)(A)(ıı	ı) Enter the ho	spital's name, city			
		and state 🕨								
10	Γ	An organization operated for the bene	fit of a college or univer	sity owned or opera	ated by a govern	mental unit				
		Section 170(b)(1)(A)(iv) (Also complete the <b>Support Schedule</b> in Part IV-A)								
11a	굣	An organization that normally receive	rganization 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 comp	lete the <b>Support Schedu</b>	le ın Part IV-A)						
11b	Γ	A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)								
12	Γ	An organization that normally receives (1) more than 331/3% 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 331/3% of								
		its support from gross investment inc	ome and unrelated busi	ness taxable ıncom	ne (less section !	511 tax) from b	ousinesses			
		acquired by the organization after Jur	ne 30, 1975 See sectioi	n 509(a)(2) (Also	complete the <b>Su</b>	pport Schedule	in Part IV-A)			
13	Γ	An organization that is not controlled requirements of section 509(a)(3) C		•		,	se meets the			
		requirements of section 309(a)(3) C	neck the box that descri	ibes the type of suf	pporting organiza	ition				
		┌ Type I ┌ Type II ┌ Typ	e III - Functionally Inte	grated $\Gamma$ T	ype III - Other					
		Provide the following informa	ation about the supporte	d organizations. (s	see page 7 of the	instructions.)				
				(c)	(b)		T			
			(b)	Type of	Is the sup	ported				
		(a)	Employer	organization (described in	organization li		(e) Amount of			
1	lame(	(s) of supported organization(s)	ident if icat ion	lines 5 t hrough	supporting org governing do		support?			
			number	12 above or	governing do	cuments	_			
				IRC section)	Yes	No				
Γota						<u> </u>	<u> </u>			
14	_	An organization organized and operat	ed to test for public safe	ity Section 509(a)	(4) (See page 7	of the instruct	ions )			
	,	Ingamental operation		-, (u)	· · · · · · · · · · · · · · · · · · ·		·-·- /			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d) 2	2002	<b>(e)</b> Total
15	Gifts, grants, and contributions received (Do not	5,163,315	5,275,632	5,349,183		4,279,217	20,067,347
	include unusual grants See line 28 )	-,,	-,,	-,,			
16	Membership fees received						0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of						
	facilities in any activity that is related to the	678,929	785,374	686,769		968,393	3,119,465
	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	280,756	248,127	232,241		240,878	1,002,002
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						0
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						0
	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						0
	facilities generally furnished to the public without						
	charge						
22	_						
	gain or (loss) from sale of capital assets 🍠	25	712	230		1,508	2,475
23	Total of lines 15 through 22	6,123,025	6,309,845	6,268,423		5,489,996	24,191,289
24	Line 23 minus line 17	5,444,096	5,524,471	5,581,654		4,521,603	+
25	Enter 1% of line 23	61,230	63,098	62,684		54,900	
26	Organizations described on lines 10 or 11: a En	nter 2% of amoun	t ın column (e), lır	ne 24	26a		421,436
	Prepare a list for your records to show the name of	f and amount cont	ributed by each p	erson (other			
-	than a governmental unit or publicly supported org						
	2005 exceeded the amount shown in line 26a <b>Do</b>	•	-	-			
	of all these excess amounts		,	<b>.</b>	26b		5,418,760
	Total support for section 509(a)(1) test Enter line	e 24. column (e)			26c		21,071,824
	Add Amounts from column (e) for lines 18	1,002,00	2 19	0			21,071,02
`	22		 	5,418,760	   26d		6,423,237
	Public support (line 26c minus line 26d total)				26e		14,648,587
	Public support percentage (line 26e (numerator) d	livided by line 26c	(denominator))		26f	<u> </u> 	69 52 %
	Organizations described on line 12: a For amou			7 that were received		l "disai	
27	prepare a list for your records to show the name of						
	Do not file this list with your return. Enter the sur			.ii year iroiii, eaci	i uisqua	illed pe	13011
	(2005) (2004)	ii oi sacii ailloants	(2003)		(2002)		
	For any amount included in line 17 that was receiv	ed from each ners	-` ´———			nare a li	st for your
•	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de						*
	return. After computing the difference between the						
	these differences (the excess amounts) for each y		and the larger an	nount acsembed n	(1)	. <b>2</b> ), circo	Title Sam of
	(2005) (2004)		(2003)		(2002)		
	(2003)						
	Add Amounts from column (e) for lines 15		16				
`	17 20					27c	
_	Add Line 27a total	and line 27b tot				27d	
-	Public support (line 27c total minus line 27d total					27e	
			column (a) 🛌	27f	-	-/-	
f	Total support for section 509(a)(2) test. Enter am			<u> </u>	1 27:	1	
9	Public support percentage (line 27e (numerator) d			• • • • • • • • • • • • • • • • • • •	27g		
- I	Investment income percentage (line 18, column (e						1 225
28	Unusual Grants: For an organization described in li		•		-		-
	prepare a list for your records to show, for each ye	ar, the name of th	e contributor, the	date and amount	of the g	rant, and	l a brief

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	Private School Questionnaire (See page 7 of the instructions.)  (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,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, 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		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
32	Does the organization maintain the following			
;	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ı	B Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b		
(	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
;	a Students' rights or privileges?	33a		
	<b>b</b> Admissions policies?	33b		
•	c Employment of faculty or administrative staff?	33c		1
•	d Scholarships or other financial assistance?	33d		
•	e Educational policies?	33e		
1	Use of facilities?	33f		
,	g Athletic programs?	33g		
i	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>b</b> Has the organization's right to such aid ever been revoked or suspended?	34b		
	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 Pay, Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." attach an explanation	35	I	I

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768)

ሩ 🟲 a 🦵 ıf the organızatıon belong			a ana mmcaacon	trol" provisions apply
	bbying Expenditures " means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for all electing organizations
Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)	36		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	37		C
Total lobbying expenditures (add line	es 36 and 37)	38		С
Other exempt purpose expenditures		39		
Total exempt purpose expenditures (	(add lines 38 and 39)	40		С
obbying nontaxable amount Enter t	he amount from the following table—			
If the amount on line 40 is—	The lobbying nontaxable amount is—			
Not over \$500,000	20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		c
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			
Grassroots nontaxable amount (ente	r 25% of line 41)	42		c
Subtract line 42 from line 36 Enter -	-0- ıf lıne 42 ıs more than lıne 36	43		С
Subtract line 41 from line 38 Enter -	-0- ıf lıne 41 ıs more than lıne 38	44		С
Caution: If there is an amount on eithe	er line 43 or line 44, you must file Form 4720			
	otal exempt purpose expenditures (obbying nontaxable amount Enter the the amount on line 40 is—ot over \$500,000 over \$500,000 but not over \$1,000,000 over \$1,000,000 but not over \$1,500,000 over \$1,500,000 but not over \$17,000,000 over \$17,000,	otal exempt purpose expenditures (add lines 38 and 39) obbying nontaxable amount Enter the amount from the following table—  f the amount on line 40 is—	otal exempt purpose expenditures (add lines 38 and 39)  obbying nontaxable amount Enter the amount from the following table—  f the amount on line 40 is—  ot over \$500,000  20% of the amount on line 40  ver \$500,000 but not over \$1,000,000  ver \$1,000,000 but not over \$1,500,000  ver \$1,000,000 but not over \$1,500,000  ver \$1,500,000 but not over \$17,000,000  ver \$17,000,000  ver \$17,000,000  rassroots nontaxable amount (enter 25% of line 41)  ubtract line 42 from line 36 Enter -0- if line 42 is more than line 36  ubtract line 41 from line 38 Enter -0- if line 41 is more than line 38  44	otal exempt purpose expenditures (add lines 38 and 39)  obbying nontaxable amount Enter the amount from the following table—  f the amount on line 40 is—  ot over \$500,000  20% of the amount 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 \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000  ver \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000  ver \$17,000,000 \$1,000,000  rassroots nontaxable amount (enter 25% of line 41)  ubtract line 42 from line 36 Enter -0 - if line 42 is more than line 36  ubtract line 41 from line 38 Enter -0 - if line 41 is more than line 38

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section  $501(\bar{h})$  election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions )

		Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2005	(c) 2004	<b>(d)</b> 2003	<b>(e)</b> Total	
45	Lobbying nontaxable amount	0	465,072	510,253	484,445	1,459,770	
46	Lobbying ceiling amount (150% of line 45(e))					2,189,655	
47	Total lobbying expenditures	0	0	0	0	0	
48	Grassroots nontaxable amount	0	116,268	127,563	121,111	364,942	
49	Grassroots ceiling amount (150% of line 48(e))					547,413	
50	Grassroots lobbying expenditures	0	0		0	0	

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only b	ov organizations that did not complete	Part VI-A) (See page 13 of the instructions.)
-----------------------	--	---

During the year, did the organization attempt to influence national, state or local legislation, including any	
attempt to influence public opinion on a legislative matter or referendum, through the use of	

- Paid staff or management (Include compensation in expenses reported on lines  ${f c}$  through  ${f h.}$ )
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	A mount
	Νo	

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

1 Did the			age 13 of the instructions.)	with any other organization descr	ıbed ın :	sectio	n
			) organizations) or in section 527				
<b>a</b> Transf	ers from the reporting	g organization to a no	ncharitable exempt organization o	of		Yes	No
(i)	Cash			ĺ	51a(i)		Νo
(ii)	O ther assets				a(ii)		Νo
<b>b</b> Other	transactions						
(i)	Sales or exchanges o	of assets with a nonch	narıtable exempt organızatıon		b(i)		Νo
	Purchases of assets				b(ii)		Νo
(iii)	Rental of facilities, ed	quipment, or other as	sets		b(iii)		Νo
	Reimbursement arrar	-			b(iv)		Νo
	Loans or loan guaran				b(v)		Νo
			r fundraising solicitations		b(vi)		No
			er assets, or paid employees	[	С		No
			lete the following schedule Colun				
			porting organization If the organiz		rket valı	ue in a	iny
transa		igement, snow in colu I	mn (d) the value of the goods, otl				
(a) _ine no	<b>(b)</b> A mount involved	Name of noncha	(c) arıtable exempt organızatıon	nization (d)  Description of transfers, transac arrangements			sharın
- T- 4b-							
descri	bed in section 501(c)	) of the Code (other th	l with, or related to, one or more t nan section 501(c)(3)) or in secti		Г	Yes	<b>▽</b>
<b>b</b> If "Yes	s," complete the follow	wing schedule					
	(a) Name of organiza	ation	(b) Type of organization	<b>(c)</b> Description of relat	tions hin		
	italiic of organize	2010	Type of organization	Description of felac			

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 34-6580096

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

#### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
а	STUDENT FEES	43a	60,906	60,906		
Ь	INVESTMENT MGMT FEES	43b	62,152	37,516	24,504	132
c	STUDENT ACTIVITIES	43c	260,565	260,565		
d	CONTRACT LABOR	43d	99,921	72,728	17,963	9,230
е	MISCELLANEOUS EXPENSE	43e	38,612	18,924	3,912	15,776
f	BAD DEBT EXPENSE	43f	25,200	25,200		
g	ADVERTISING	43g	3,622		3,622	
h	DUES & SUBSCRIPTIONS	43h	13,932	6,086	5,246	2,600

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and ot her allowances
MARIA I BOSS 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	PRESIDENT/CEO THRU 3/07 40 0	130,811	8,883	2,637
ALENKA M WINSLETT 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	COO/PRESIDENT/CEO 40 0	113,562	15,973	2,283
MITCHELL WASSERMAN 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	VICE PRES OF INSTITUTIONAL ADV 40 0	131,500	17,154	0
HARVEY G OPPMANN 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	CHAIRMAN 2 0	0	0	0
BARBARA L HAWLEY 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	SECRETARY 2 0	0	0	0
PATRICK S MULLIN 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	TREASURER 2 0	0	0	0
BRIAN R ADAMS 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
PETER K ANAGNOSTOS 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
HARRY CARLSON 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
JACQUELINE DALTON 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND, OH 44114	DIRECTOR 10	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PAUL J DOLAN 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
DAVID B GOLDSTON 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
DOMINIC GONNELLA 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
BRUCE T GOODE 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
BRIAN GOTHOT 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
ROBERT L GUIDO 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
GEORGE W HAWK JR 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
DAVID S INGLIS 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
SANJIV K KAPUR 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND, OH 44114	DIRECTOR 1 0	0	0	0
MARGARET A KENNEDY 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KAREN R KLEINHENZ 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
RONALD A KOVACH 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
WILBUR J MARKSTROM 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
ANTHONY C PEEBLES 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
WILLIAM H ROBERTS 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
ROBERT J SCHNEIDER 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
DR MICHAEL SCHWARTZ 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND, OH 44114	DIRECTOR 10	0	0	0
HOWARD A STEINDLER 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
JD SULLIVAN 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
GENE TODD 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SUSAN M TYLER 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
JEFFREY M WASSERMAN 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
DAVID W WHITEHEAD 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
MARGARET W WONG 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
MARC WYSE 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
DR JEANETTE GRASSELLI BROWN 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 1 0	0	0	0
ROBERT M GINN 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
GEORGE M HUMPHREY II 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND,OH 44114	DIRECTOR 10	0	0	0
LEIGH H PERKINS 200 PUBLIC SQUARE BP TOWER 3820 CLEVELAND, OH 44114	DIRECTOR 10	0	0	0

#### Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

•	o, i are the more than the management of the meaning of the meanin
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	CHARGES ASSESSED TO MIDDLE SCHOOLS AND HIGH SCHOOLS FOR THE
0	USE OF THE ORGANIZATION'S ADVISORS WHICH ASSIST STUDENTS IN
0	THE COLLEGE PREPARATION, SELECTION AND ADMISSION PROCESS
93B	FEES ASSESSED TO VARIOUS OTHER ENTITIES TO ASSIST IN THE
0	ADMINISTRATION OF THEIR SCHOLARSHIP PROGRAMS
101	NET INCOME FROM THE GOLF OUTING, A SPECIAL EVENT HELD
0	ANNUALLY TO RAISE SCHOLARSHIP FUNDS

#### **TY 2006 Cash Grants Paid Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Class of Activity	Recipient's name	Address	Amount	Relationship
	2129 RECIPIENTS - SUBJECT TO FERPA		2,764,196	

## TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

**EIN:** 34-6580096

**Gross Sales Price:** 7,515,207

**Basis:** 6,871,164

**Sales Expenses:** 

**Total (net):** 644,043

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## **TY 2006 Investments - Other Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Description	Book Value	Cost/FMV
FIXED INCOME FUNDS	1,321,239	F
EQUITY FUNDS	5,546,621	F
ALTERNATIVE INVESTMENT FUNDS	877,432	F



### **TY 2006 Other Assets Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Description	Beginning of Year Amount	End of Year Amount
LEGAL FEES (NET)		1,925

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## **TY 2006 Other Changes in Net Assets Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	13,934



## **TY 2006 Other Expenses Included Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Description	Amount	
SPECIAL EVENTS EXPENSES	40,939	



### **TY 2006 Other Liabilities Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Description	Beginning of Year Amount	End of Year Amount
SCHOLARSHIP AWARDS PAYABLE	1,631,243	1,575,682



#### **TY 2006 Other Revenues Included Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Description	Amount	
SPECIAL EVENTS EXPENSES	40,939	

## **TY 2006 Relationship Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
MARGARET A KENNEDY	DIRECTOR		DIRECTOR	BUSINESS PARTNER
HOWARD A STEINDLER	DIRECTOR		DIRECTOR	BUSINESS PARTNER

## **TY 2006 Special Events Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Event Name	Event Name Gross Receipts Cont		Gross Revenue	Direct Expense	Net Income (Loss)
GOLF OUTING		188,828		40,939	147,889

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#### **TY 2006 Other Income Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Description	2003	2002	2001	2000	Total
MISCELLANEOUS INCOME	25	712	230	1,508	2,475

## **TY 2006 Scholarship Award Statement**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

**EIN:** 34-6580096

**Statement:** SEE ATTACHMENT

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## **TY 2006 Self Dealing Statement**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Line Number	Explanation
2d	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2006 Supplemental Support Schedule**

Name: CLEVELAND SCHOLARSHIP PROGRAMS INC

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	5,163,315		678,929	280,756				25	6,123,025
2004	5,275,632		785,374	248,127				712	6,309,845
2003	5,349,183		686,769	232,241				230	6,268,423
2002	4,279,217		968,393	240,878				1,508	5,489,996