

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

OMB No 1545-0047

2010**Open to Public Inspection****A For the 2010 calendar year, or tax year beginning** 08/01, 2010, and ending 07/31, 2011**B** Check if applicable

<input type="checkbox"/>	Address change
<input checked="" type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization COLLEGE NOW GREATER CLEVELAND, INC.

FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

200 PUBLIC SQUARE

Room/suite

3820

City or town, state or country, and ZIP + 4

CLEVELAND, OH 44114

F Name and address of principal officer

LEE FRIEDMAN

200 PUBLIC SQUARE STE 3820 CLEVELAND, OH 44114

D Employer identification number

34-6580096

E Telephone number

(216) 241-5587

G Gross receipts \$ 7,012,333.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.COLLEGENOWGC.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation 1967 **M** State of legal domicile OH**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO INCREASE COLLEGE ATTAINMENT THROUGH COLLEGE ACCESS AND SUCCESS ADVISING, FINANCIAL AID COUNSELING, AND SCHOLARSHIP SERVICES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	46.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	60.
	6	Total number of volunteers (estimate if necessary)	6	50.
		7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,124,651.	5,095,259.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	475,501.	532,655.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-124,364.	-8,481.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,462,672.	5,606,838.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,675,644.	2,090,204.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,480,306.	2,304,702.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 279,003.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	866,595.	908,871.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,022,545.	5,303,777.
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	-559,873.	303,061.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	10,592,064.	11,090,420.
	22	Net assets or fund balances Subtract line 21 from line 20	2,314,074.	1,569,147.
			8,277,990.	9,521,273.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<input checked="" type="checkbox"/>	Signature of officer	<input checked="" type="checkbox"/>	Date 3/8/12
	<input checked="" type="checkbox"/>	Typed or printed name and title	LEE FRIEDMAN	
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date
	STANLEY J. CLETA, CPA		Stanley J. Cleta, CPA	3-7-12
	Firm's name ▶ HOWARD, WERSHBALE & CO.		Firm's EIN ▶ 34-1663157	
	Firm's address ▶ 23240 CHAGRIN BLVD. CLEVELAND, OH 44122-5450		Phone no 216-831-1200	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission

TO INCREASE COLLEGE ATTAINMENT THROUGH COLLEGE ACCESS AND SUCCESS
ADVISING, FINANCIAL AID COUNSELING, AND SCHOLARSHIP SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 1,803,027. including grants of \$ 1,320,598.) (Revenue \$ 2,516,186.)

ATTACHMENT 1

4b (Code _____) (Expenses \$ 1,855,083 including grants of \$ _____) (Revenue \$ 2,181,512)

ADVISORY SERVICES: COLLEGE NOW PROVIDED COLLEGE ACCESS ADVISING,
FINANCIAL AID COUNSELING, AND SCHOLARSHIP SERVICES TO OVER 20,000
NORTHEAST OHIO HIGH SCHOOL STUDENTS VIA INDIVIDUAL AND GROUP
SESSIONS. COLLEGE NOW PAVES THE WAY FOR STUDENTS TO PREPARE FOR,
FINANCE, AND GRADUATE FROM COLLEGE. DURING THE 2010-2011 ACADEMIC
YEAR, COLLEGE NOW SERVED STUDENTS IN 68 NORTHEAST OHIO SCHOOLS (64
HIGH SCHOOLS AND 4 MIDDLE SCHOOLS). COLLEGE NOW ALSO PARTICIPATES
IN SPECIALIZED PROGRAMS (GEAR-UP AND EDUCATIONAL TALENT SEARCH)
THAT FOCUS PRIMARILY ON IDENTIFYING OPPORTUNITIES FOR CAPABLE
LOW-INCOME AND FIRST-GENERATION COLLEGE STUDENTS.

4c (Code _____) (Expenses \$ 596,668 including grants of \$ 314,267.) (Revenue \$ 488,791)

ATTACHMENT 2

4d Other program services (Describe in Schedule O) ATTACHMENT 3(Expenses \$ 473,284 including grants of \$ 455,339) (Revenue \$ 563,466)**4e** Total program service expenses **▶** 4,728,062.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 60		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	46	
b	Enter the number of voting members included in line 1a, above, who are independent	42	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a		X
b	X	
16a		X
b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ☒ OH,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ MARK MAGYAR 200 PUBLIC SQUARE STE 3820 CLEVELAND, OH 44114
 216-241-5587

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARVEY G OPPMANN DIRECTOR - EMERITI	1.00	X						0.	0	0.
(2) PATRICK S MULLIN CHAIRMAN	2.00	X		X				0.	0	0.
(3) HARRY CARLSON DIRECTOR	1.00	X						0.	0	0.
(4) DAVID B GOLDSTON DIRECTOR	1.00	X						0.	0	0.
(5) DOMINIC GONNELLA DIRECTOR	1.00	X						0.	0	0.
(6) BRUCE T GOODE DIRECTOR	1.00	X						0.	0	0.
(7) GEORGE W HAWK JR TREASURER	2.00	X		X				0.	0	0.
(8) DAVID S INGLIS DIRECTOR	1.00	X						0.	0	0.
(9) SANJIV K KAPUR DIRECTOR	1.00	X						0.	0	0.
(10) MARGARET A KENNEDY DIRECTOR	1.00	X						0.	0	0.
(11) KAREN R KLEINHENZ DIRECTOR	1.00	X						0.	0	0.
(12) HOWARD A STEINDLER DIRECTOR - EMERITI	1.00	X						0.	0	0.
(13) JD SULLIVAN JR DIRECTOR	1.00	X						0.	0	0.
(14) SUSAN M TYLER VICE-CHAIR	2.00	X		X				0.	0	0.
(15) JEFFREY M WASSERMAN DIRECTOR	1.00	X						0.	0	0.
(16) DR JEANETTE GRASSELLI BROWN DIRECTOR - EMERITI	1.00	X						0.	0	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) ILENE BUTENSKY BREHM DIRECTOR	1.00	X						0.	0.	0.
(18) ALAN S KOPIT DIRECTOR	1.00	X						0.	0.	0.
(19) ROBERT D LABES DIRECTOR	1.00	X						0.	0.	0.
(20) JAMES G LUBETKIN DIRECTOR	1.00	X						0.	0.	0.
(21) JIMMY MALONE DIRECTOR	1.00	X						0.	0.	0.
(22) MEGAN MEHALKO DIRECTOR	1.00	X						0.	0.	0.
(23) PAUL PESSES DIRECTOR	1.00	X						0.	0.	0.
(24) KRISTEN BAIRD ADAMS DIRECTOR	1.00	X						0.	0.	0.
(25) RITA ANDOLSEN DIRECTOR	1.00	X						0.	0.	0.
(26) MARY BETH BECK DIRECTOR	1.00	X						0.	0.	0.
(27) VIRGINIA BENJAMIN DIRECTOR	1.00	X						0.	0.	0.
(28) PATSY BERKMAN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								411,019.	0	40,306.
d Total (add lines 1b and 1c)								411,019.	0	40,306.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	211,169			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	853,281			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,030,809			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		5,095,259			
Program Service Revenue	2a	REIMBURSEMENT BY SCHOOLS	Business Code 900099	455,441	455,441		
	b	SCHOLARSHIP ADMIN FEE	900099	77,214	77,214		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		532,655			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 6		132,236		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
		(i) Real	(ii) Personal				
6a		Gross Rents					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0			
		(i) Securities	(ii) Other				
7a		Gross amount from sales of assets other than inventory		1,223,453			
b		Less cost or other basis and sales expenses		1,364,170			
c		Gain or (loss)		-140,717			
d		Net gain or (loss)		-140,717			-140,717
8a		Gross income from fundraising events (not including \$ 211,169 of contributions reported on line 1c) See Part IV, line 18	ATCH 7 a	28,076			
b		Less direct expenses	b	41,325			
c		Net income or (loss) from fundraising events	ATCH 8	-13,249			-13,249
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
	Miscellaneous Revenue	Business Code					
11a	OTHER REVENUE	900099	654	654			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		654				
12	Total revenue. See instructions		5,606,838	533,309		-21,730	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,090,204.	2,090,204.		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	422,715.	316,298.	59,549.	46,868.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,503,147.	1,280,011.	81,261.	141,875.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,900.	39,998.	1,908.	2,994.
9	Other employee benefits	195,873.	174,490.	8,326.	13,057.
10	Payroll taxes	138,067.	114,309.	11,160.	12,598.
11	Fees for services (non-employees)	0.			
a	Management	0.			
b	Legal	2,721.		2,721.	
c	Accounting	0.			
d	Lobbying	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	63,993.	34,093.	27,207.	2,693.
g	Other	93,297.	54,928.	32,357.	6,012.
12	Advertising and promotion	61,704.	27,238.	26,688.	7,778.
13	Office expenses	73,565.	61,917.	5,305.	6,343.
14	Information technology	65,051.	55,414.	2,908.	6,729.
15	Royalties	0.			
16	Occupancy	178,262.	145,331.	13,980.	18,951.
17	Travel	37,685.	31,804.	4,124.	1,757.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	29,471.	21,460.	6,050.	1,961.
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	37,529.	28,280.	4,587.	4,662.
23	Insurance	0.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STUDENT FEES	38,162.	38,162.		
b	STUDENT ACTIVITIES	178,955.	178,955.		
c	MISCELLANEOUS EXPENSE	27,336.	18,992.	6,339.	2,005.
d	EQUIPMENT RENTAL & MAINTENAN	21,140.	16,178.	2,242.	2,720.
e					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	5,303,777.	4,728,062.	296,712.	279,003.
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	231.	1	250.
	2 Savings and temporary cash investments	2,228,533.	2	2,122,109.
	3 Pledges and grants receivable, net	1,413,604.	3	1,883,282.
	4 Accounts receivable, net	184,695.	4	372,316.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,951.	9	74,472.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 680,326.			
	b Less accumulated depreciation 10b 623,349.	70,799.	10c	56,977.
	11 Investments - publicly traded securities ATCH 9	6,672,251.	11	6,367,670.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	213,344.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,592,064.	16	11,090,420.	
Liabilities	17 Accounts payable and accrued expenses	426,460.	17	217,338.
	18 Grants payable	1,789,055.	18	1,333,881.
	19 Deferred revenue	98,559.	19	17,928.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,314,074.	26	1,569,147.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-536,540.	27	-7,813.
	28 Temporarily restricted net assets	3,580,819.	28	4,081,876.
	29 Permanently restricted net assets	5,233,711.	29	5,447,210.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,277,990.	33	9,521,273.
34 Total liabilities and net assets/fund balances	10,592,064.	34	11,090,420.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,606,838.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,303,777.
3	Revenue less expenses Subtract line 2 from line 1	3	303,061.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,277,990.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	940,222.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,521,273.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **COLLEGE NOW GREATER CLEVELAND, INC.**
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number
34-6580096

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2010

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,986,338	6,945,613	4,439,329	5,124,651	5,095,259	26,591,190
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,986,338	6,945,613	4,439,329	5,124,651	5,095,259	26,591,190
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						6,574,462
6 Public support. Subtract line 5 from line 4						20,016,728

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,986,338	6,945,613	4,439,329	5,124,651	5,095,259	26,591,190
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	511,688	591,742	211,140	134,685	132,236	1,581,491
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	130	194	157	90	654	1,225
11 Total support. Add lines 7 through 10						28,173,906
12 Gross receipts from related activities, etc. (see instructions)					12	2,523,335
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	71.05 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	71.26 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information (See instructions)ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS INCOME	130	194	157	90	654	1,225
TOTALS	<u>130</u>	<u>194</u>	<u>157</u>	<u>90</u>	<u>654</u>	<u>1,225</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number
34-6580096

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	22 .	
2 Aggregate contributions to (during year)	443,349 .	
3 Aggregate grants from (during year)	520,531 .	
4 Aggregate value at end of year	1,017,619 .	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- (ii) Assets included in Form 990, Part X ► \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,672,251	6,714,346	7,723,959		
b Contributions	3,267	21,649	70		
c Net investment earnings, gains, and losses	914,344	719,118	-986,475		
d Grants or scholarships					
e Other expenditures for facilities and programs	976,122	728,412	23,208		
f Administrative expenses	53,649	54,450			
g End of year balance	6,560,091	6,672,251	6,714,346		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 26.6999 %
 b Permanent endowment ▶ 70.3001 %
 c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0.	102,911.	86,647	16,264.
d Equipment	0.	577,415.	536,702	40,713.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				56,977.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,606,838.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,303,777.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	303,061.
4	Net unrealized gains (losses) on investments	4	940,222.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	940,222.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,243,283.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,588,385.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	940,222.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	41,325.
e	Add lines 2a through 2d	2e	981,547.
3	Subtract line 2e from line 1	3	5,606,838.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,606,838.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,345,102.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	41,325.
e	Add lines 2a through 2d	2e	41,325.
3	Subtract line 2e from line 1	3	5,303,777.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,303,777.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, #4

THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE A FINANCIAL SUPPLEMENT TO THE CONTRIBUTED INCOME OF COLLEGE NOW GREATER CLEVELAND, INC. (COLLEGE NOW) TO BE USED FOR STUDENT GRANTS AND RELATED PURPOSES IN THE FUTURE, AND TO SERVE AS AN ADDITIONAL SOURCE OF FUNDING FOR EMERGENCY NEEDS SHOULD UNANTICIPATED CIRCUMSTANCES DEVELOP IN THE FUTURE WHICH WOULD ADVERSELY IMPACT THE FINANCIAL POSITION (OPERATING OR CAPITAL) OF COLLEGE NOW.

OTHER REVENUE

SCHEDULE D, PART XII, #2D

SPECIAL EVENTS EXPENSES

OTHER EXPENSES

SCHEDULE D, PART XIII, #2D

SPECIAL EVENTS EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization **COLLEGE NOW GREATER CLEVELAND, INC.**
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number
34-6580096

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other Events 0. (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	239,245.			239,245.
2 Less Charitable contributions	211,169.			211,169.
3 Gross income (line 1 minus line 2)	28,076.			28,076.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	8,950.			8,950.
7 Food and beverages	19,202.			19,202.
8 Entertainment				
9 Other direct expenses	13,173.			13,173.
10 Direct expense summary Add lines 4 through 9 in column (d)				(41,325.)
11 Net income summary Combine line 3, column (d), and line 10				-13,249.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

SCHEDULE I
(Form 990)

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.

FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number

34-6580096

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2	SCHOLARSHIPS	1,697	2,085,753			
3	LAPTOPS FOR 1ST YEAR MALONE SCHOLARSHIP RECIPIENTS	5		4,451	COST	LAPTOPS
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, #2

ALL FUNDS ARE TRACKED AT THE PROGRAM/PROJECT LEVEL IN THE GENERAL LEDGER.

THE REPORTS ARE THEN RUN FROM THE SYSTEM TO COMPLETE THE REQUIRED GRANT REPORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **COLLEGE NOW GREATER CLEVELAND, INC.
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS**

Employer identification number
34-6580096

Part I Questions Regarding Compensation

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

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CHRISTINA MILANO	(i) 162,265.	(ii) 0.	(iii) 6,531.	4,256.	7,998.	181,050.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
3		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
4		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
5		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
6		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
7		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
8		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
9		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
10		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
11		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
12		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
13		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
14		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
15		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
16		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----

Schedule J (Form 990) 2010

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, #1A

THE ORGANIZATION PURCHASES A CLUB MEMBERSHIP FOR THE CEO TO CONDUCT

MEETINGS/LUNCHEAS WITH POTENTIAL DONORS OR OTHER PARTIES. THIS COST IS

SUBJECT TO THE SAME PROCUREMENT AND EXPENSE REPORTING PROCEDURES THAT ARE
USED THROUGHOUT THE ORGANIZATION.

RECEIPT OF SEVERANCE PAYMENT

SCHEDULE J, PART I, #4A

THE SEVERANCE AGREEMENT BETWEEN COLLEGE NOW GREATER CLEVELAND, INC.

(FORMERLY KNOWN AS CLEVELAND SCHOLARSHIP PROGRAMS, INC.) AND CHRISTINA

MILANO (MS. MILANO) IS AS FOLLOWS:

COLLEGE NOW GREATER CLEVELAND, INC. (COLLEGE NOW) WILL PAY MS. MILANO HER

CURRENT RATE OF BASE SALARY FOR TEN (10) MONTHS AS SEVERANCE PAY, LESS

ALL REQUIRED TAX AND SIMILAR WITHHOLDINGS, FROM AUGUST 1, 2010, THROUGH

MAY 31, 2011 (THE SEVERANCE PERIOD) IN ACORDANCE WITH REGULAR PAYROLL

PRACTICES.

FOR AS LONG AS MS. MILANO IS NOT ELIGIBLE TO PARTICIPATE IN ANOTHER

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

EMPLOYER'S GROUP HEALTH CARE PLAN, SHE MAY ELECT TO CONTINUE HER MEDICAL,

DENTAL AND VISION CARE COVERAGE WITH COLLEGE NOW IN ACCORDANCE WITH

COBRA, AT HER COLLEGE NOW-SUBSIDIZED RATE FROM AUGUST 1, 2010 THROUGH THE

SEVERANCE PERIOD AND UP TO AN ADDITIONAL EIGHT (8) MONTHS AFTER THE

SEVERANCE PERIOD, AFTER WHICH IT WILL BE AT MS. MILANO'S SOLE EXPENSE.

MS. MILANO MAY CONTINUE TO USE THE AUTOMOBILE THAT COLLEGE NOW PROVIDED

HER UNTIL THE CURRENT LEASE ON THAT AUTOMOBILE EXPIRES, AND SHE WILL

RETURN THE AUTOMOBILE TO COLLEGE NOW ON OR BEFORE THE EXPIRATION DATE; IT

BEING UNDERSTOOD THAT COLLEGE NOW WILL CONTINUE TO PAY THE MONTHLY COST

OF THE LEASE AND THE MONTHLY COST OF THE INSURANCE RELATIVE TO CASUALTY

AND LIABILITY COVERAGES, AS WELL AS ANY CHARGE FOR NORMAL WEAR AND TEAR

DUE AT LEAST TERMINATION; PROVIDED, HOWEVER, THAT COLLEGE NOW WILL NOT

PAY FOR OR REIMBURSE MS. MILANO FOR ANY EXPENSES SUCH AS PARKING OR

GASOLINE EXPENSES SHE MAY INCUR IN USING THE AUTOMOBILE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number
34-6580096

FORM 990 REVIEW PROCESS

PAGE 6, PART VI, SECTION B, #11B

THE FORM 990 IS REVIEWED IN-DEPTH BY THE ORGANIZATION'S FINANCE
COMMITTEE. THIS COMMITTEE IS COMPOSED OF FINANCIAL PROFESSIONALS
FAMILIAR WITH THE REQUIREMENTS OF FORM 990. AFTER THE FINANCE
COMMITTEE'S REVIEW, THE FORM 990 IS FORWARDED TO THE FULL BOARD FOR THEIR
REVIEW.

MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY

PAGE 6, PART VI, SECTION B, #12C

THE ORGANIZATION REQUIRES PERIODIC COMPLETION OF A CONFLICT OF INTEREST
FORM BY DIRECTORS, OFFICERS, AND KEY EMPLOYEES.

PROCESS FOR DETERMINING COMPENSATION

PAGE 6, PART VI, SECTION B, #15B

ALL POSITIONS ARE EVALUATED BY THE HUMAN RESOURCES DEPARTMENT BY
COMPARISON WITH AVAILABLE DATA FOR SIMILAR POSITIONS IN THE INDUSTRY AND
GEOGRAPHIC AREA. THIS PROCESS IS DOCUMENTED AT THE TIME THE DECISION IS
MADE.

DOCUMENTS AVAILABLE TO PUBLIC

PAGE 6, PART VI, SECTION C, #19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

PAGE 6, PART VI, SECTION A, #4

DUE TO THE ORGANIZATION CHANGING ITS NAME DURING THE YEAR, SEE THE
ATTACHED COPY OF THE AMENDED ARTICLES OF INCORPORATION.

RECONCILIATION OF NET ASSETS

PAGE 12, PART XI, #5

UNREALIZED GAIN ON INVESTMENTS - \$940,222.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FINANCIAL AID: COLLEGE NOW PROVIDED ACCESS TO HIGHER EDUCATION
FOR CAPABLE BUT FINANCIALLY DISADVANTAGED STUDENTS BY PROVIDING
DIRECT SCHOLARSHIP ASSISTANCE IN THE AMOUNT OF \$1,771,486 TO 1,697
STUDENTS IN THE NORTHEAST OHIO AREA. COLLEGE NOW ALSO EXPERIENCED
AN 91% COLLEGE RETENTION RATE FOR ITS FIRST-TIME RECIPIENTS FROM
THE 2009-2010 ACADEMIC YEAR. IN COMPARISON, THE NATIONAL AVERAGE
OF RETENTION FROM A STUDENT'S FRESHMAN YEAR TO THE FIRST TERM OF
THEIR SOPHOMORE YEAR IS 59% PER POSTSECONDARY OPPORTUNITY IN
EDUCATION. IN ADDITION, 59% OF COLLEGE NOW'S TRADITIONAL STUDENTS
FROM THE HIGH SCHOOL CLASS OF 2005 GRADUATED WITHIN SIX YEARS OF
COLLEGE ENROLLMENT. IN COMPARISON, THE NATIONAL GRADUATION RATE
FOR LOW-INCOME STUDENTS IS 24% PER POSTSECONDARY OPPORTUNITY IN
EDUCATION.

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ADULT LEARNER AND RESOURCE CENTER: IN 2010-2011, 299 ADULT LEARNERS WERE SELECTED AND RECEIVED SCHOLARSHIPS TOTALING \$314,267. COLLEGE ACCESS AND SUCCESS ADVISING, FINANCIAL AID COUNSELING, AND SCHOLARSHIP SERVICES ARE ALSO PROVIDED VIA THE COLLEGE NOW GREATER CLEVELAND, INC. RESOURCE CENTER IN DOWNTOWN CLEVELAND. THE RESOURCE CENTER IS FREE TO THE PUBLIC, AND PROVIDED ON-SITE ADVISORY SERVICES TO 1,623 ADULT LEARNER AND TRADITIONAL STUDENTS DURING 2010-2011. RESOURCE CENTER ADVISORS ALSO RECEIVED 1,784 PHONE CALLS INQUIRING ABOUT POSTSECONDARY INFORMATION AND SCHOLARSHIPS AND PRESENTED 75 GROUP SESSIONS TO 1,861 PARTICIPANTS.

ATTACHMENT 3

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SPECIAL SERVICES	455,339.	473,284.	563,466.
TOTALS	<u>455,339.</u>	<u>473,284.</u>	<u>563,466.</u>

ATTACHMENT 4

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION	(D) ORG.	(E) REL. ORG.	(F) OTHER
		(1)(2)(3)(4)(5)(6)			
29 BRENT BUCKLEY SECRETARY	2.00	X X	0.	0.	0.
30 EMERICK CORSI JR DIRECTOR	1.00	X	0.	0.	0.
31 DIANE DOWNING DIRECTOR	1.00	X	0.	0.	0.
32 LAURIN RICH FINE					

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number

				ATTACHMENT 4 (CONT'D)		
	DIRECTOR	1.00	X	0.	0.	0.
33	JAMES GARANICH					
	DIRECTOR	1.00	X	0.	0.	0.
34	RICHARD GROSS					
	DIRECTOR	1.00	X	0.	0.	0.
35	CHARLES HARDIN JR					
	DIRECTOR	1.00	X	0.	0.	0.
36	WILLIAM KOEHLER					
	DIRECTOR	1.00	X	0.	0.	0.
37	JAMES MADAUS					
	DIRECTOR	1.00	X	0.	0.	0.
38	SANDRA PINALTO					
	DIRECTOR	1.00	X	0.	0.	0.
39	SEAN RICHARDSON					
	DIRECTOR	1.00	X	0.	0.	0.
40	LISA ROSE					
	DIRECTOR	1.00	X	0.	0.	0.
41	ROBERT SAADA					
	DIRECTOR	1.00	X	0.	0.	0.
42	JAMES SCHMITZ					
	DIRECTOR	1.00	X	0.	0.	0.
43	DEBRA SIMMONS					
	DIRECTOR	1.00	X	0.	0.	0.
44	ANTHONY STALLION					
	DIRECTOR	1.00	X	0.	0.	0.
45	SALLY STEWART					
	DIRECTOR	1.00	X	0.	0.	0.
46	EDDIE TAYLOR					
	DIRECTOR	1.00	X	0.	0.	0.
47	ALENKA WINSLETT					
	CHIEF OPERATING OFFICER	40.00	X	119,225.	0.	8,233.
48	LEE FRIEDMAN					
	CHIEF EXECUTIVE OFFICER	40.00	X	122,998.	0.	19,819.
49	CHRISTINA MILANO					
	CHIEF EXECUTIVE OFFICER	40.00	X	168,796.	0.	12,254.

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COSE/MEDICAL MUTUAL OF OHIO PO BOX 951922 CLEVELAND, OH 44193	HEALTH INSURANCE	104,927.
CLEVELAND FINANCIAL ASSOCIATES LLC 200 PUBLIC SQUARE CLEVELAND, OH 44114-2301	RENT	190,012.

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TOTAL COMPENSATION		<u>294,939.</u>

ATTACHMENT 6

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	132,236.			132,236.
TOTALS	<u>132,236.</u>			<u>132,236.</u>

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GOLF OUTING	211,169.
TOTAL	<u>211,169.</u>

ATTACHMENT 8

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLF OUTING	28,076.	41,325.	-13,249.
TOTALS	<u>28,076.</u>	<u>41,325.</u>	<u>-13,249.</u>

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.
FORMERLY CLEVELAND SCHOLARSHIP PROGRAMS

Employer identification number

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
FIXED INCOME FUNDS	1,221,382.	FMV
EQUITY FUNDS	3,873,958.	FMV
ALTERNATIVE INVESTMENT FUNDS	1,272,330.	FMV
TOTALS	<u>6,367,670.</u>	



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/12/2011	201101200460	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	00		00	00

Receipt

This is not a bill Please do not remit payment.

BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP
200 PUBLIC SQUARE
STE 2300
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**358298**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

COLLEGE NOW GREATER CLEVELAND, INC.

and, that said business records show the filing and recording of:

Document(s):

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s)

201101200460

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 10th day of January, A.D.
2011.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 1329
Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members**

(Domestic)

Filing Fee \$50.00

RECEIVED

JAN 10 2011

SECRETARY OF STATE

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit		(2) Domestic Nonprofit	
<input type="checkbox"/> Amended (122-AMAP)	<input type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amended (126-AMAN)	<input checked="" type="checkbox"/> Amendment (128-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation Cleveland Scholarship Programs, Inc.

Charter Number 358298

Name of Officer Lee Friedman

Title Chief Executive Officer

☐ Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

☒ A meeting of the ☐ shareholders ☒ directors (nonprofit only)

☐ members was duly called and held on November 17, 2010
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation

☐ In a writing signed by all of the ☐ shareholders ☐ directors (nonprofit amended articles only)
☐ members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: College Now Greater Cleveland, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of _____
(city, village or township) (county)

THIRD: The purposes of the corporation are as follows

FOURTH: The number of shares which the corporation is authorized to have outstanding is. _____
(Does not apply to box (2))

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)

 (EO)
Authorized Representative

12/9/10
Date

Lee Friedman, Chief Executive Officer
(Print Name)

Authorized Representative

Date

(Print Name)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	COLLEGE NOW GREATER CLEVELAND, INC.	34-6580096
	Number, street, and room or suite no. If a P.O. box, see instructions	200 PUBLIC SQUARE
	BP TOWER	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	CLEVELAND, OH 44114	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► RICHARD SCHOONOVER

Telephone No ► 216 241-5587

FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this 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 is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year 20 ____ or
- ☒ tax year beginning 08/01, 20 10, and ending 07/31, 20 11

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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 \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.