



# 2011 Income Tax Returns

INNER CITY SCHOLARSHIP FUND INC

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# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning 09/01, 2011, and ending 08/31, 2012

# 2011

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions on back.**

Name of exempt organization

Employer identification number

INNER CITY SCHOLARSHIP FUND INC

51-0453629

Name and title of officer

MONSIGNOR GREGORY MUSTACIUOLO, TREASURER

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|    |                          |   |                                     |   |  |       |    |                  |
|----|--------------------------|---|-------------------------------------|---|--|-------|----|------------------|
| 1a | Form 990 check here      | ▶ | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | ...   | 1b | <u>15494058.</u> |
| 2a | Form 990-EZ check here   | ▶ | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9)                      | ..... | 2b | _____            |
| 3a | Form 1120-POL check here | ▶ | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | ..... | 3b | _____            |
| 4a | Form 990-PF check here   | ▶ | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | ..... | 4b | _____            |
| 5a | Form 8868 check here     | ▶ | <input type="checkbox"/>            | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | ..... | 5b | _____            |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Gregory Mustaciulo

Date ▶ 5/28/13

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 4 | 0 | 2 | 8 | 0 | 1 | 1 | 6 | 4 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Gregory Mustaciulo

Date ▶ 5-22-13

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

**2011 990 Returns Found in Account 2502**

**Total Record Count: 1**

**Report Date: 5/30/2013**

**\*\*\* - Federal Only**

| Locator | Tax Type | Taxpayer Name                   | ClientCode | Alerts | Jurisdiction | FedForm | Federal Service Center | Filing Type | Filing Status | Date Sent                   | Date Ack                    | DCN | Debts*** | PIN*** | EIC*** | Direct Debit From IRS*** | Direct Debit In Locators | Create Date             |
|---------|----------|---------------------------------|------------|--------|--------------|---------|------------------------|-------------|---------------|-----------------------------|-----------------------------|-----|----------|--------|--------|--------------------------|--------------------------|-------------------------|
| 56709G  | 990      | Inner City Scholarship Fund Inc | [ICSF]     | N      | FED          |         |                        | Return      | Accepted      | 5/29/2013<br>11:39:00<br>AM | 5/29/2013<br>11:56:00<br>AM |     |          |        |        |                          | N                        | 5/28/2013<br>4:57:34 PM |

# 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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning** 09/01, 2011, and ending 08/31, 2012

|                          |                             |  |   |
|--------------------------|-----------------------------|--|---|
| <b>B</b>                 | Check if applicable:        | <b>C</b> Name of organization<br>INNER CITY SCHOLARSHIP FUND INC   | <b>D</b> Employer identification number<br>51-0453629   |
| <input type="checkbox"/> | Address change              | Doing Business As NON-PROFIT   | <b>E</b> Telephone number<br>(212) 753-8583   |
| <input type="checkbox"/> | Name change                 | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1011 FIRST AVE. 1400  |   |
| <input type="checkbox"/> | Initial return              | City or town, state or country, and ZIP + 4<br>NEW YORK, NY 10022  | <b>G</b> Gross receipts \$ 16,059,968.  |
| <input type="checkbox"/> | Terminated                  | <b>F</b> Name and address of principal officer: SUSAN GEORGE<br>1011 FIRST AVE. NEW YORK, NY 10022   |   |
| <input type="checkbox"/> | Amended return              |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
| <input type="checkbox"/> | Application pending         |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b>                 | Tax-exempt status:          | <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | <b>H(c)</b> Group exemption number ▶ 0928   |
| <b>J</b>                 | Website: ▶ WWW.ICSF-NYC.ORG |  |   |
| <b>K</b>                 | Form of organization:       | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                 | <b>L</b> Year of formation: 1971 <b>M</b> State of legal domicile: NY   |

**Part I Summary**

|  |  |                                   |                                  |                     |
|--|--|-----------------------------------|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities:<br>TO PROVIDE FUNDING FOR THE BENEFIT OF STUDENTS IN ATTENDANCE<br>AT CATHOLIC SCHOOLS SERVING CERTAIN LOW-INCOME AREAS WITHIN<br>THE ARCHDIOCESE OF NEW YORK. |                                   |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                   |                                  |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                          |                                  | 39.                 |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                          |                                  | 38.                 |
| <b>5</b>   | Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | <b>5</b>                          |                                  | 15.                 |
| <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>                          |                                  | 185.                |
| <b>7a</b>  | Total gross unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                         |                                  | 0                   |
| <b>b</b>   | Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>                         |                                  | 0                   |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   |                                   | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>COPY FOR PUBLIC INSPECTION</b> | 17,222,012.                      | 14,718,131.         |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                                   | 0                                | 0                   |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                                   | 514,629.                         | 678,629.            |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                                   | -259,366.                        | 97,298.             |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                                   | 17,477,275.                      | 15,494,058.         |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                                   | 11,970,824.                      | 11,493,651.         |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                                   | 0                                | 0                   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                                   | 884,810.                         | 834,329.            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,423,369.  |                                   | 395,363.                         | 347,132.            |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   |                                   | 1,192,403.                       | 1,540,188.          |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                                   | 14,443,400.                      | 14,215,300.         |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 |  | 3,033,875.                        | 1,278,758.                       |                     |
| <b>Net Assets or Fund Balances</b>                             | <b>20</b> Total assets (Part X, line 16)   |                                   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>21</b> Total liabilities (Part X, line 26)  |                                   | 16,588,014.                      | 18,627,931.         |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.  |                                   | 286,529.                         | 847,862.            |
|  |  |                                   | 16,301,485.                      | 17,780,069.         |

**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.

|                               |  |                      |                          |   |                   |
|-------------------------------|--|----------------------|--------------------------|---|-------------------|
| <b>Sign Here</b>              | ▶ Signature of officer                                     | Date                 |                          |   |                   |
|                               | ▶ Type or print name and title                             |                      |                          |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Raymond Ly                   | Preparer's signature | Date<br>5-22-13          | Check if self-employed <input type="checkbox"/> | PTIN<br>P01205643 |
|                               | Firm's name ▶ KPMG LLP                                     |                      | EIN ▶ 13-5565207         |   |                   |
|                               | Firm's address ▶ 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102 |                      | Phone no. ▶ 703-286-8000 |   |                   |

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

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

▶ **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](http://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.

|  |  |  |
|--|--|--|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.                            | Enter filer's identifying number, see instructions |
|  | INNER-CITY SCHOLARSHIP FUND, INC   | Employer identification number (EIN) or            |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.                   | 51-0453629   |
|  | 1011 FIRST AVENUE, SUITE. 1400   | Social security number (SSN)                       |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |
|  | NEW YORK, NY 10022   |  |

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                              | 01          | 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 ▶ Monsignor William Belford

Telephone No. ▶ 212-753-8583 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 4/15, 20 13, 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 09/01, 20 11, and ending 08/31, 20 12.

**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

|  |              |
|--|--------------|
| <b>3a</b> 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.                                   | <b>3a</b> \$ |
| <b>b</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. | <b>3b</b> \$ |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | <b>3c</b> \$ |

**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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|  |  |   |
|--|--|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><br>INNER-CITY SCHOLARSHIP FUND, INC              | Enter filer's identifying number, see instructions<br>Employer identification number (EIN) or<br><br>51-0453629 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><br>1011 FIRST AVENUE, SUITE. 1400       | Social security number (SSN)  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><br>NEW YORK, NY 10022 |   |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 4720 (individual)                   | 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          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► MONSIGNOR WILLIAM BELFORD  
Telephone No. ► 212-753-8583 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.
- 4 I request an additional 3-month extension of time until 07/15, 20 13 .
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 09/01, 20 11, and ending 08/31, 20 12 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE

|   |       |
|---|-------|
| 8a 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.   | 8a \$ |
| 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 and any amount paid previously with Form 8868. | 8b \$ |
| c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | 8c \$ |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Przemyslaw Sz* Title ► CPA Agent Date ► 4-11-13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 547,768. including grants of \$ 547,768. ) (Revenue \$ )

FINANCIAL AID GRANTS - GRANTING PROGRAM PROVIDES UNRESTRICTED FUNDS TO INNER CITY SCHOOLS TO USE WHERE THE STUDENTS AND/OR THE SCHOOL NEED IT MOST. THIS COULD BE FOR STUDENT SCHOLARSHIPS, ENRICHMENT OPPORTUNITIES, CAPITAL REPAIRS OR GENERAL OPERATIONS.

4b (Code: ) (Expenses \$ 4,679,448. including grants of \$ 4,249,222. ) (Revenue \$ )

BE A STUDENT'S FRIEND - THIS PROGRAM MATCHES A SPONSOR WITH AN INDIVIDUAL STUDENT WHO IS CURRENTLY ATTENDING AN ICSF SCHOOL AND WHOSE FAMILIES ARE MOST IN NEED OF FINANCIAL ASSISTANCE. EACH SPONSOR CONTRIBUTES A FIXED AMOUNT PER YEAR AND HAS THE OPTION TO SPONSOR THE SAME STUDENT UNTIL HE/SHE GRADUATES FROM HIGH SCHOOL.

4c (Code: ) (Expenses \$ 6,507,989. including grants of \$ 6,507,989. ) (Revenue \$ )

CARDINAL SCHOLARSHIP PROGRAM - THIS INITIATIVE PROVIDES FINANCIAL ASSISTANCE TO THOSE IN PUBLIC SCHOOL LOOKING TO ENROLL AT AN INNER-CITY SCHOOL. DEPENDING ON FINANCIAL NEED OF THE FAMILY, THESE SCHOLARSHIPS COVER UP TO 75% OF THE SUBSIDIZED TUITION.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 283,713. including grants of \$ 188,672. ) (Revenue \$ )

4e Total program service expenses 12,018,918.

**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 <b>Section 501(c)(3) organizations.</b> 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 . . . . .   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .  |     | 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 temporarily restricted endowments, permanent endowments, 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   |    |
| 12a 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  |
| 14a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     | X  |



**Part IV Checklist of Required Schedules (continued)**

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .   | X   |    |
| <b>22</b> 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  |
| <b>23</b> 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   |    |
| <b>24 a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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  |
| <b>26</b> 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  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . . |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  |     | X  |
| <b>b</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  |
| <b>c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  |     | X  |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .  |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> 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   |    |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| <b>b</b> 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> . . . . .  |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> 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  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MONSIGNOR GREGORY MUSTACIUOLO 1011 FIRST AVENUE NEW YORK, NY 10022 (212)753-8583

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

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

**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)<br>Name and Title                                       | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ARCHBISHOP TIMOTHY M. DOLAN<br>CHAIRMAN - TRUSTEE       | 1.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) ARTHUR J MAHON<br>TRUSTEE                               | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) BISHOP DENNIS SULLIVAN<br>TRUSTEE                       | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) CATHERINE M. KEATING<br>TRUSTEE                         | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) CHRISTINE H. SCHWARZMAN<br>TRUSTEE LEFT 05/31/12        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) EDWARD D HERLIHY<br>TRUSTEE                             | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) FLORENCE B. D'URSO<br>TRUSTEE DECEASED 04/25/12         | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) FREDERIC V. SALERNO<br>TRUSTEE                          | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) GEORGE B. IRISH<br>TRUSTEE                              | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) HELEN T. LOWE<br>TRUSTEE/MEMBER                        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) HON. MILTON L. WILLIAMS, SR.<br>TRUSTEE/VICE PRESIDENT | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) HOWARD J. RUBENSTEIN<br>TRUSTEE                        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) JOHN J. FARRELL<br>TRUSTEE                             | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) JOHN M. CALLAGY ESQ.<br>TRUSTEE                        | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| 15) JOHN Q. DOYLE<br>TRUSTEE                                   | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 16) JOSEPH R. SCHMUCKLER<br>TRUSTEE JOINED 05/31/2012          | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 17) LAWRENCE B BENENSON<br>TRUSTEE                             | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 18) MARTIN J. SULLIVAN<br>TRUSTEE                              | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 19) MARY ANN TIGHE<br>TRUSTEE/VICE PRESIDENT                   | 1.00   | X   |                       | X       |              |                              | 0        | 0  | 0   |   |
| 20) MAURO C. ROMITA<br>TRUSTEE                                 | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 21) MICHAEL J. MILLETTE<br>TRUSTEE                             | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 22) MO ROCCA<br>TRUSTEE  | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 23) MONSIGNOR GREGORY MUSTACIUOLO<br>TRUSTEE/TREASURER         | 1.00   | X   |                       | X       |              |                              | 0        | 0  | 0   |   |
| 24) PATRICIA A. QUICK<br>TRUSTEE                               | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 25) PAUL P. WOOLARD<br>TRUSTEE/VICE PRESIDENT                  | 1.00   | X   |                       | X       |              |                              | 0        | 0  | 0   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | 0        | 0  | 0   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | 313,931. | 0  | 29,586.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 313,931. | 0  | 29,586.   |   |

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

|  | Yes | No |
|--|-----|----|
| 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  |     | 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 | X   |    |
| 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                       |     | X  |

**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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 **3**

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| 26) PETER K. SCATURRO<br>TRUSTEE                               | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 27) PETER T GRAUER<br>TRUSTEE/PRESIDENT                        | 1.00   | X   |                       | X       |              |                              | 0        | 0  | 0   |   |
| 28) PONCHITTA PIERCE<br>TRUSTEE                                | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 29) ROBERT M AMEN<br>TRUSTEE                                   | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 30) RONALD E BLAYLOCK<br>TRUSTEE                               | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 31) SUSAN GEORGE<br>EXECUTIVE DIRECTOR                         | 40.00  | X   |                       | X       |              |                              | 203,056. | 0  | 25,614.   |   |
| 32) THOMAS C. QUICK<br>TRUSTEE                                 | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 33) THOMAS S MURPHY, JR.<br>TRUSTEE                            | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 34) THOMAS S. JOHNSON<br>TRUSTEE                               | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 35) TIMOTHY C. MUCCIA<br>TRUSTEE                               | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| 36) TIMOTHY MCNIFF<br>TRUSTEE                                  | 1.00   | X   |                       |         |              |                              | 0        | 0  | 0   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |          |  |   |   |

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

|  | Yes | No |
|--|-----|----|
| 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  |     | 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 | X   |    |
| 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                       |     | X  |

**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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 37) ANTHONY J. DE NICOLA<br>TRUSTEE                                    | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 38) SAMUEL A PIAZZA ,JR<br>TRUSTEE                                     | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 39) JAMES B LEE<br>TRUSTEE   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 40) STEPHEN G ROONEY, ESQ<br>TRUSTEE                                   | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 41) WALTERS S TOMEN, JR<br>TRUSTEE                                     | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ( 42) GININE MOHAMAD<br>SENIOR DIR OF DEVELOP OF GIFTS                   | 1.00   |   |                       |         |              | X                            |        | 110,875.   | 0   | 3,972.  |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        |  |   |   |

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

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|--|--|----------------|----------------------|----------------------|--|---|---|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>      |                      |                      |  |   |   |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>      |                      |                      |  |   |   |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>      | 2,094,497.           |                      |  |   |   |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>      |                      |                      |  |   |   |
|  | <b>e</b> Government grants (contributions) . .   | <b>1e</b>      |                      |                      |  |   |   |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .   | <b>1f</b>      | 12,623,634.          |                      |  |   |   |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |                |                      |                      |  |   |   |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .  |                |                      | 14,718,131.          |  |   |   |
| <b>Program Service Revenue</b>   | <b>Business Code</b>   |                |                      |                      |  |   |   |
|  | <b>2a</b> _____  |                |                      |                      |  |   |   |
|  | <b>b</b> _____   |                |                      |                      |  |   |   |
|  | <b>c</b> _____   |                |                      |                      |  |   |   |
|  | <b>d</b> _____   |                |                      |                      |  |   |   |
|  | <b>e</b> _____   |                |                      |                      |  |   |   |
|  | <b>f</b> All other program service revenue . . . . .   |                |                      |                      |  |   |   |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |  |                | 0                    |                      |  |   |   |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   |                |                      | 678,629.             |  |   | 678,629.  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . .  |                |                      | 0                    |  |   |   |
|  | <b>5</b> Royalties . . . . .   |                |                      | 0                    |  |   |   |
|  |  | (i) Real       | (ii) Personal        |                      |  |   |   |
|  | <b>6a</b> Gross rents . . . . .  |                |                      |                      |  |   |   |
|  | <b>b</b> Less: rental expenses . . . . .   |                |                      |                      |  |   |   |
|  | <b>c</b> Rental income or (loss) . . . . .   |                |                      |                      |  |   |   |
|  | <b>d</b> Net rental income or (loss) . . . . .   |                |                      | 0                    |  |   |   |
|  |  | (i) Securities | (ii) Other           |                      |  |   |   |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .  |                |                      |                      |  |   |   |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .   |                |                      |                      |  |   |   |
|  | <b>c</b> Gain or (loss) . . . . .  |                |                      |                      |  |   |   |
|  | <b>d</b> Net gain or (loss) . . . . .  |                |                      | 0                    |  |   |   |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ 2,094,497.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>       | 663,208.             |                      |  |   |   |
|  | <b>b</b> Less: direct expenses . . . . .   | <b>b</b>       | 565,910.             |                      |  |   |   |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                  |  |                | 97,298.              |                      |  |   |   |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>a</b>   |                |                      |                      |  |   |   |
| <b>b</b> Less: direct expenses . . . . .   | <b>b</b>   |                |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                   |  |                | 0                    |                      |  |   |   |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>a</b>   |                |                      |                      |  |   |   |
| <b>b</b> Less: cost of goods sold . . . . .                                      | <b>b</b>   |                |                      |                      |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                  |  |                | 0                    |                      |  |   |   |
| <b>Miscellaneous Revenue</b>   |  |                | <b>Business Code</b> |                      |  |   |   |
| <b>11a</b> _____   |  |                |                      |                      |  |   |   |
| <b>b</b> _____   |  |                |                      |                      |  |   |   |
| <b>c</b> _____   |  |                |                      |                      |  |   |   |
| <b>d</b> All other revenue . . . . .   |  |                |                      |                      |  |   |   |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      |  |                | 0                    |                      |  |   |   |
| <b>12 Total revenue.</b> See instructions . . . . .                              |  |                | 15,494,058.          |                      |  | 678,629.                                |   |



**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).

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .  | 11,493,651.           | 11,493,651.                     |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .  | 0                     |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 . . . . .   | 219,776.              |                                 | 54,944.                                | 164,832.                    |
| 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 . . . . .   | 460,611.              |                                 | 142,885.                               | 317,726.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 45,335.               |                                 | 5,924.                                 | 39,411.                     |
| 9 Other employee benefits . . . . .  | 65,975.               |                                 | 13,349.                                | 52,626.                     |
| 10 Payroll taxes . . . . .   | 42,632.               |                                 | 12,647.                                | 29,985.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 0                     |                                 |  |                             |
| c Accounting . . . . .   | 41,200.               |                                 | 41,200.                                |                             |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 347,132.              |                                 |  | 347,132.                    |
| f Investment management fees . . . . .   | 0                     |                                 |  |                             |
| g Other . . . . .  | 37,931.               |                                 |  | 37,931.                     |
| 12 Advertising and promotion . . . . .   | 310,918.              |                                 |  | 310,918.                    |
| 13 Office expenses . . . . .   | 21,350.               |                                 | 21,350.                                |                             |
| 14 Information technology . . . . .  | 62,837.               |                                 | 62,837.                                |                             |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 86,640.               |                                 | 86,640.                                |                             |
| 17 Travel . . . . .  | 19,537.               |                                 | 3,228.                                 | 16,309.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 0                     |                                 |  |                             |
| 20 Interest . . . . .  | 0                     |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 27,784.               |                                 | 27,784.                                |                             |
| 23 Insurance . . . . .   | 3,398.                |                                 | 3,398.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <u>EVENTS ALLOCATION</u> . . . . .   | 38,337.               |                                 | 38,337.                                |                             |
| b <u>FOOD/GRATUITIES/EVENTS</u> . . . . .  | 29,973.               |                                 | 5,163.                                 | 24,810.                     |
| c <u>BE A STUDENT'S FRIEND PROG.</u> . . . . .   | 430,226.              | 430,226.                        |  |                             |
| d <u>ENRICHMENT PROGRAM</u> . . . . .  | 95,041.               | 95,041.                         |  |                             |
| e All other expenses . . . . .   | 335,016.              |                                 | 253,327.                               | 81,689.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 14,215,300.           | 12,018,918.                     | 773,013.                               | 1,423,369.                  |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 0                        | <b>1</b>    | 0                   |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 2,115,971.               | <b>2</b>    | 2,147,008.          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 3,402,012.               | <b>3</b>    | 3,295,098.          |
|   | <b>4</b> Accounts receivable, net . . . . .  | 0                        | <b>4</b>    | 0                   |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>    | 0                   |
|   | <b>6</b> 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) . . . . . | 0                        | <b>6</b>    | 0                   |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 2,348,698.               | <b>7</b>    | 2,376,340.          |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>    | 0                   |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 25,324.                  | <b>9</b>    | 30,450.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 277,845.      |             |                     |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 41,677.       | 54,150.     | <b>10c</b> 236,168. |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 8,472,134.               | <b>11</b>   | 10,367,338.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 0                        | <b>12</b>   | 0                   |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>   | 0                   |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>   | 0                   |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 169,725.                 | <b>15</b>   | 175,529.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 16,588,014.  | <b>16</b>                | 18,627,931. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 64,272.                  | <b>17</b>   | 231,185.            |
|   | <b>18</b> Grants payable . . . . .   | 104,413.                 | <b>18</b>   | 88,100.             |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>   | 0                   |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>   | 0                   |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0                        | <b>21</b>   | 0                   |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b>   | 0                   |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>   | 0                   |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>   | 0                   |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 117,844.                 | <b>25</b>   | 528,577.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 286,529.                 | <b>26</b>   | 847,862.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                     |
|   | <b>27</b> Unrestricted net assets . . . . .  | 3,791,643.               | <b>27</b>   | 4,596,227.          |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 6,677,842.               | <b>28</b>   | 7,336,510.          |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 5,832,000.               | <b>29</b>   | 5,847,332.          |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>   |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>   |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>   |                     |
| <b>33</b> Total net assets or fund balances . . . . .                         | 16,301,485.  | <b>33</b>                | 17,780,069. |                     |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 16,588,014.  | <b>34</b>                | 18,627,931. |                     |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|          |  |          |             |
|----------|--|----------|-------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b> | 15,494,058. |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b> | 14,215,300. |
| <b>3</b> | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b> | 1,278,758.  |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b> | 16,301,485. |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>5</b> | 199,826.    |
| <b>6</b> | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | <b>6</b> | 17,780,069. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .   |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .  | X   |    |
| <b>2c</b> | 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| <b>d</b>  | 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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     |    |
| <b>3a</b> | 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>3b</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

**2011**

**Open to Public Inspection**

|  |   |
|--|---|
| <b>Name of the organization</b><br>INNER CITY SCHOLARSHIP FUND INC | <b>Employer identification number</b><br>51-0453629 |
|--|---|

**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)                                |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2011

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (65.81%); 15 Public support percentage from 2010 Schedule A, Part II, line 14 (66.96%); 16a 33 1/3% support test - 2011 (checked); 16b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, 2011, 2010. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2011, 2010. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2011. 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.
19b 33 1/3% support tests - 2010. 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.

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

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**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2011**

|  |   |
|--|---|
| <b>Name of the organization</b><br>INNER CITY SCHOLARSHIP FUND INC | <b>Employer identification number</b><br>51-0453629 |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) ( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization **INNER CITY SCHOLARSHIP FUND INC**

Employer identification number

51-0453629

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | -----<br>-----<br>-----           | \$ 4,181,950.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | -----<br>-----<br>-----           | \$ 1,271,750.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | -----<br>-----<br>-----           | \$ 500,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | -----<br>-----<br>-----           | \$ 1,007,995.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | -----<br>-----<br>-----           | \$ 400,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization **INNER CITY SCHOLARSHIP FUND INC**

Employer identification number

51-0453629

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____                                       | _____                |

Name of organization INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**Part III** *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| _____                                   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various conservation easement questions and tracking.

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.

Table with 3 columns: Line number, Description, Amount. Rows 1a-1b for collection reporting, 2 for financial gain reporting.

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

Schedule D (Form 990) 2011

**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
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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 XIV 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 XIV.

**Part V Endowment Funds.** Complete if the 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 . . . . .                     | 6,960,172.       | 5,874,745.     | 4,438,783.         | 3,627,084.           |                     |
| b Contributions . . . . .                                  | 4,413,413.       | 863,882.       | 1,108,531.         | 834,491.             |                     |
| c Net investment earnings, gains, and losses . . . . .     | 843,315.         | 421,260.       | 414,929.           | -22,792.             |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 271,918.         | 199,715.       | 87,498.            |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 11,944,982.      | 6,960,172.     | 5,874,745.         | 4,438,783.           |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 39.0000 %
- b Permanent endowment ▶ 49.0000 %
- c Temporarily restricted endowment ▶ 12.0000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 property   | (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 . . . . .  |                                      | 277,845.                        | 41,677.                      | 236,168.       |
| d Equipment . . . . .   |                                      |                                 |                              |                |
| e Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c). . . . . ▶ |                                      |                                 |                              | 236,168.       |

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

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>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) _____   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| (10) _____  |                |  |
| <b>Total.</b> (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) _____  |                |
| <b>Total.</b> (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) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) PAYABLE TO ARCHDIOCESE OF NEW YORK                                      | 528,577.       |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| (10) _____  |                |  |
| (11) _____  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 528,577.       |  |

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  | 15,494,058. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 14,215,300. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 1,278,758.  |
| 4  | Net unrealized gains (losses) on investments   | 4  | 199,826.    |
| 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  | 199,826.    |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 1,478,584.  |

**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  | 15,693,884. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments   | 2a | 199,826.    |
| b | Donated services and use of facilities  | 2b |             |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIV.)   | 2d |             |
| e | Add lines 2a through 2d   | 2e | 199,826.    |
| 3 | Subtract line 2e from line 1  | 3  | 15,494,058. |
| 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  | 15,494,058. |

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

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 14,215,300. |
| 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 |             |
| e | Add lines 2a through 2d  | 2e |             |
| 3 | Subtract line 2e from line 1   | 3  | 14,215,300. |
| 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  | 14,215,300. |

**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.

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SEE PAGE 5

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**Part XIV Supplemental Information** (continued)

FORM 990, SCHEDULE D, PART X

TAX STATUS

FINANCIAL ACCOUNTING STANDARD BOARDS (FASB) INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AS INTERPRETATION OF FASB STATEMENT NO. 109, WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS.

ADOPTION OF FIN 48 HAD NO MATERIAL IMPACT ON THE ICSF FINANCIAL STATEMENTS AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES WAS REFLECTED IN THE AUDITED FINANCIAL STATEMENTS.

FORM 990, SCH D, PART V

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

BOARD - DESIGNATED: A FUND BESTOWED UPON ICSF TO BE USED FOR A SPECIFIC PURPOSE THAT THE BOARD OF TRUSTEES HAS DETERMINED. BOARD APPROVED INTEREST DISBURSED TO STUDENTS MOST NEEDY.

DONOR - RESTRICTED: USE OF INCOME - 50% OF TUITION TO QUALIFIED STUDENTS UNABLE TO ENROLL IN SCHOOL WITHOUT THE MONETARY ASSISTANCE REPRESENTED BY THE AWARD.

THE ENDOWMENT PORTFOLIO IS INVESTED THROUGH THE ARCHDIOCESAN COMMON INVESTMENT FUND, AS CUSTODIAN, AND SEEKS A BALANCE OF INCOME AND GROWTH TO SUPPORT ICSF PROGRAMS. GENERALLY, SPENDING SHOULD NOT EXCEED 5% OF A FUND'S VALUE AT THE BEGINNING OF THE FISCAL YEAR.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2011**

**Open to Public  
Inspection**

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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<br>FAIRCOM  | DIRECT MAIL   |  | X  | 176,341.                          | 120,083.  | 56,258.   |
| 2<br>TRINITY DIRECT                                       | DIRECT MAIL   |  | X  | 24,519.                           | 16,697.   | 7,822.  |
| 3<br>CARE2  | DIRECT MAIL   |  | X  | 9,178.                            | 6,250.  | 2,928.  |
| 4<br>EURO AMERICAN  | DIRECT MAIL   |  | X  | 299,722.                          | 204,102.  | 95,620.   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | 509,760.                          | 347,132.  | 162,628.  |

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.

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**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  | (b) Event #2 | (c) Other Events | (d) Total events                |             |
|-----------------|----|---|--------------|------------------|---------------------------------|-------------|
|                 |    | ANNUAL DINNER   | SPRING GALA  | 3.               | (add col. (a) through col. (c)) |             |
|                 |    | (event type)  | (event type) | (total number)   |                                 |             |
| Revenue         | 1  | Gross receipts . . . . .  | 1,267,605.   | 773,776.         | 716,324.                        | 2,757,705.  |
|                 | 2  | Less: Charitable contributions . . . . .                                | 911,309.     | 558,167.         | 625,021.                        | 2,094,497.  |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            | 356,296.     | 215,609.         | 91,303.                         | 663,208.    |
| Direct Expenses | 4  | Cash prizes . . . . .   |              |                  |                                 |             |
|                 | 5  | Noncash prizes . . . . .  |              |                  |                                 |             |
|                 | 6  | Rent/facility costs . . . . .   |              |                  |                                 |             |
|                 | 7  | Food and beverages . . . . .  | 148,303.     | 131,102.         | 160,833.                        | 440,238.    |
|                 | 8  | Entertainment . . . . .   |              | 5,495.           |                                 | 5,495.      |
|                 | 9  | Other direct expenses . . . . .   | 38,027.      | 51,958.          | 30,192.                         | 120,177.    |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |              |                  |                                 | ( 565,910.) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶ |              |                  |                                 | 97,298.     |

**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))                    |
|-----------------|---|---------------------------------|---|---|---|
|                 |   | 1                               | Gross revenue . . . . .   |   |   |
| Direct Expenses | 2   | Cash prizes . . . . .           |   |   |   |
|                 | 3   | Noncash prizes . . . . .        |   |   |   |
|                 | 4   | Rent/facility costs . . . . .   |   |   |   |
|                 | 5   | Other direct expenses . . . . . |   |   |   |
|                 | 6   | Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISING EXPENSES

DIRECT MAIL CAMPAIGN EXPENSES IN THE AMOUNT OF \$367,082 REPORTED ON THE AUDITED FINANCIAL STATEMENTS AND REPORTED ON PART IX, LINE 11E, DIRECT MAIL FUNDRAISING EXPENSE. IN JULY 2012, EURO AMERICAN CHANGED THEIR NAME TO FAIRCOM.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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)  | ST. JOSEPH - YORKVILLE<br>420 EAST 87TH STREET NEW YORK, NY 10128 | 13-2691296 | 501(C)(3)                     | 8,000.                   |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | ANNUNCIATION<br>461 WEST 131ST ST NEW YORK, NY 10027              | 13-2686484 | 501(C)(3)                     | 62,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  | ASCENSION<br>220 WEST 108TH ST. NEW YORK, NY 10025                | 13-2695240 | 501(C)(3)                     | 40,220.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (4)  | BLESSED SACRAMENT<br>147 WEST 70TH ST NEW YORK, NY 10023          | 13-2693402 | 501(C)(3)                     | 10,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (5)  | CORPUS CHRISTI<br>535 WEST 121ST ST NEW YORK, NY 10027            | 13-2698639 | 501(C)(3)                     | 28,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (6)  | GOOD SHEPARD<br>620 ISHAM ST NEW YORK, NY 10034                   | 13-1623946 | 501(C)(3)                     | 37,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (7)  | GUARDIAN ANGEL<br>193 10TH ST NEW YORK, NY 10011                  | 13-2693053 | 501(C)(3)                     | 30,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (8)  | HOLY CROSS<br>332 WEST 43RD ST NEW YORK, NY 10036                 | 13-2687238 | 501(C)(3)                     | 17,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (9)  | HOLY NAME OF JESUS<br>202 WEST 97TH ST NEW YORK, NY 10025         | 13-2693399 | 501(C)(3)                     | 32,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (10) | MT. CARMEL/HOLY ROSARY<br>371 PLEASANT AVE NEW YORK, NY 10035     | 13-2831737 | 501(C)(3)                     | 53,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (11) | IMMACULATE CONCEPTION<br>419 EAST 13TH ST. NEW YORK, NY 10009     | 13-2703315 | 501(C)(3)                     | 32,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (12) | INCARNATION<br>570 WEST 175TH ST NEW YORK, NY 10033               | 13-2688407 | 501(C)(3)                     | 84,790.                  |                                   |   |  | FINANCIAL AID GRANTS               |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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)  | OUR LADY OF LOURDES<br>468 WEST 143RD ST NEW YORK, NY 10031      | 13-1663210 | 501(C)(3)                     | 66,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | OUR LADY OF POMPEII<br>240 BLEECKER ST NEW YORK, NY 10014        | 13-3755325 | 501(C)(3)                     | 12,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  | SACRED HEART<br>95 WEST 168TH ST. BRONX, NY 10452                | 13-2691174 | 501 (C) (3)                   | 41,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (4)  | OUR LADY QUEEN OF ANGELS<br>229 EAST 112TH ST NEW YORK, NY 10029 | 13-2687297 | 501(C)(3)                     | 32,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (5)  | OUR LADY QUEEN OF MARTYRS<br>71 ARDEN ST NEW YORK, NY 10040      | 13-2694126 | 501(C)(3)                     | 22,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (6)  | ST. ALOYSIUS<br>223 WEST 132ND ST NEW YORK, NY 10027             | 13-2687246 | 501(C)(3)                     | 22,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (7)  | ST. ANN<br>314 EAST 110TH ST NEW YORK, NY 10029                  | 13-2688387 | 501(C)(3)                     | 49,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (8)  | ST. BRIGID<br>185 EAST 7TH ST NEW YORK, NY 10009                 | 13-2693076 | 501(C)(3)                     | 28,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (9)  | ST. CHARLES BORROMEO<br>214 WEST 142ND ST NEW YORK, NY 10030     | 13-2688384 | 501(C)(3)                     | 8,000.                   |                                   |   |  | FINANCIAL AID GRANTS               |
| (10) | ST. ELIZABETH<br>612 WEST 187TH ST NEW YORK, NY 10033            | 13-2692428 | 501(C)(3)                     | 42,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (11) | ST. GREGORY THE GREAT<br>138 WEST 90TH ST NEW YORK, NY 10024     | 13-2688401 | 501(C)(3)                     | 19,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (12) | ST. JAMES AND JOSEPH<br>1 MONROE ST NEW YORK, NY 10002           | 13-5642887 | 501(C)(3)                     | 59,474.                  |                                   |   |  | FINANCIAL AID GRANTS               |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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)  | ST. RAYMOND ELEM.<br>2380 EAST TREMONT AVE. BRONX, NY 10462    | 13-3615147 | 501(C)(3)                     | 52,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | ST. JUDE<br>433 WEST 204TH ST NEW YORK, NY 10034               | 13-2687292 | 501(C)(3)                     | 16,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  | ST. MARK THE EVANGELIST<br>55 WEST 138TH ST NEW YORK, NY 10037 | 13-2686814 | 501(C)(3)                     | 14,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (4)  | ST. PAUL<br>114 EAST 118TH ST NEW YORK, NY 10035               | 13-2687825 | 501(C)(3)                     | 32,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (5)  | ST. ROSE OF LIMA<br>517 WEST 164TH ST NEW YORK, NY 10032       | 13-2690364 | 501(C)(3)                     | 25,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (6)  | ST. STEPHEN OF HUNGARY<br>408 EAST 82ND ST NEW YORK, NY 10028  | 13-2695173 | 501(C)(3)                     | 19,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (7)  | TRANSFIGURATION<br>29 MOTT ST NEW YORK, NY 10013               | 13-5562331 | 501(C)(3)                     | 17,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (8)  | BLESSED SACRAMENT<br>1160 BEACH AVE BRONX, NY 10472            | 13-1740140 | 501(C)(3)                     | 16,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (9)  | CHRIST THE KING<br>1345 GRAND CONCOURSE BRONX, NY 10452        | 13-2687820 | 501(C)(3)                     | 52,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (10) | HOLY CROSS<br>1846 RANDALL AVE BRONX, NY 10473                 | 13-2693387 | 501(C)(3)                     | 31,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (11) | HOLY FAMILY<br>2169 BLACKROCK AVE BRONX, NY 10472              | 13-2686489 | 501(C)(3)                     | 12,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (12) | HOLY ROSARY<br>1500 ARNOW AVE BRONX, NY 10469                  | 13-2693071 | 501(C)(3)                     | 6,000.                   |                                   |   |  | FINANCIAL AID GRANTS               |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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.

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| 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)  | HOLY SPIRIT<br>1960 UNIVERSITY AVE BRONX, NY 10453               | 13-2696726 | 501(C)(3)                     | 29,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | IMMACULATE CONCEPTION<br>378 EAST 151ST ST BRONX, NY 10455       | 13-2686496 | 501(C)(3)                     | 71,500.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  | IMMACULATE CONCEPTION<br>760 EAST GUN HILL BRONX, NY 10467       | 13-2693005 | 501(C)(3)                     | 36,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (4)  | NATIVITY OF OUR BLESSED LADY<br>3893 DYRE AVE BRONX, NY 10466    | 13-1743244 | 501(C)(3)                     | 12,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (5)  | OUR LADY OF ANGELS<br>2865 CLAFLIN AVE BRONX, NY 10468           | 13-2688399 | 501(C)(3)                     | 18,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (6)  | OUR LADY OF GRACE<br>3981 BRONXWOOD AVE BRONX, NY 10466          | 13-2693393 | 501(C)(3)                     | 28,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (7)  | OUR LADY OF MERCY<br>2512 MARION AVE BRONX, NY 10458             | 13-2687824 | 501(C)(3)                     | 32,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (8)  | SACRED HEART OF JESUS<br>456 WEST 52ND STREET NEW YORK, NY 10019 | 13-5562980 | 501(C)(3)                     | 28,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (9)  | ST. ANGELA MERICI<br>266 EAST 163RD ST BRONX, NY 10451           | 13-2690368 | 501(C)(3)                     | 40,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (10) | ST. ANN<br>3511 BAINBRIDGE AVE BRONX, NY 10467                   | 13-2687245 | 501(C)(3)                     | 12,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (11) | ST. ANSELM<br>685 TINTON AVE BRONX, NY 10455                     | 13-2693054 | 501(C)(3)                     | 87,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (12) | ST. ANTHONY<br>1776 MANSION ST BRONX, NY 10460                   | 13-2686486 | 501(C)(3)                     | 7,608.                   |                                   |   |  | FINANCIAL AID GRANTS               |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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OMB No. 1545-0047

**2011**

**Open to Public  
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Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**Part I General Information on Grants and Assistance**

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| 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)  | ST. ATHANASIUS<br>830 SO. BOULEVARD BRONX, NY 10459             | 13-2687818 | 501(C)(3)                     | 52,018.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | ST. ANN<br>125 CROMWELL AVE. STATEN ISLAND, NY 10304            | 13-5596881 | 501(C)(3)                     | 21,500.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  | ST. BARNABAS<br>425 EAST 240TH ST. BRONX, NY 10470              | 13-1942278 | 501(C)(3)                     | 29,990.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (4)  | ST. BRENDAN<br>268 EAST 207TH ST BRONX, NY 10467                | 13-2688402 | 501(C)(3)                     | 29,500.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (5)  | ST. HELENA<br>2050 BENEDICT AVE BRONX, NY 10462                 | 13-1740343 | 501(C)(3)                     | 28,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (6)  | ST. JEROME<br>222 ALEXANDER AVE BRONX, NY 10454                 | 13-2667168 | 501(C)(3)                     | 50,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (7)  | ST. JOHN<br>3143 KINGSBRIDGE AVE BRONX, NY 10463                | 13-2686756 | 501(C)(3)                     | 13,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (8)  | ST. JOHN CHRYSOSTOM<br>1144 HOE AVE BRONX, NY 10459             | 13-2734298 | 501(C)(3)                     | 54,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (9)  | HOLY NAME OF JESUS<br>70 PETERSVILLE RD. NEW ROCHELLE, NY 10801 | 13-2693067 | 501(C)(3)                     | 7,500.                   |                                   |   |  | FINANCIAL AID GRANTS               |
| (10) | ST. LUCY<br>830 MACE AVE BRONX, NY 10467                        | 13-1740208 | 501(C)(3)                     | 6,000.                   |                                   |   |  | FINANCIAL AID GRANTS               |
| (11) | ST. LUKE<br>608 EAST 139TH ST BRONX, NY 10454                   | 13-2693051 | 501(C)(3)                     | 37,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (12) | ST. MARGARET MARY<br>121 EAST 177TH ST BRONX, NY 10453          | 13-2695172 | 501(C)(3)                     | 31,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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)  | ADAPP<br>2789 SCHURZ AVENUE BRONX, NY 10465                    | 13-2933816 | 501(C)(3)                     | 80,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | ST. MARY<br>3956 CARPENTER AVE BRONX, NY 10466                 | 13-1996614 | 501(C)(3)                     | 42,700.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  | ST. MARY STAR OF THE SEA<br>580 MINNIEFORD AVE BRONX, NY 10464 | 13-2686767 | 501(C)(3)                     | 14,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (4)  | ST. NICHOLAS OF TOLENTINE<br>2336 ANDREWS AVE BRONX, NY 10468  | 13-2690355 | 501(C)(3)                     | 24,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (5)  | STS. PETER & PAUL<br>838 BROOK AVE BRONX, NY 10451             | 13-1740375 | 501(C)(3)                     | 62,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (6)  | STS. PHILIP & JAMES<br>1160 EAST 213TH ST BRONX, NY 10469      | 13-2686485 | 501(C)(3)                     | 10,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (7)  | ST. PHILIP NERI<br>3031 GRAN CONCOURSE BRONX, NY 10469         | 13-2690360 | 501(C)(3)                     | 22,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (8)  | ST. RAYMOND<br>2151 ST. RAYMOND AVE BRONX, NY 10462            | 13-1958475 | 501(C)(3)                     | 114,350.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (9)  | ST. SIMON STOCK<br>2195 VALENTINE AVE. BRONX, NY 10457         | 13-2694446 | 501(C)(3)                     | 26,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (10) | ST. THOMAS AQUINAS<br>1909 DALY AVE BRONX, NY 10460            | 13-2687828 | 501(C)(3)                     | 31,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (11) | SANTA MARIA<br>1510 ZEREGA AVE BRONX, NY 10462                 | 13-2692936 | 501(C)(3)                     | 14,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (12) | ST. FRANCIS OF ASSISI<br>4300 BAYCHESTER AVE BRONX, NY 10466   | 13-2695244 | 501(C)(3)                     | 26,500.                  |                                   |   |  | FINANCIAL AID GRANTS               |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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)  | VISITATION<br>171 WEST 239TH ST BRONX, NY 10463                                | 13-2691193 | 501(C)(3)                     | 30,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | IMMACULATE CONCEPTION<br>104 GORDON ST STATEN ISLAND, NY 10304                 | 13-2687296 | 501(C)(3)                     | 22,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  | OUR LADY OF MOUNT CARMEL/ST. BENEDICTA<br>285 CLOVE RD STATEN ISLAND, NY 10310 | 13-2688388 | 501(C)(3)                     | 26,823.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (4)  | NEW YORK CATHOLIC FOUNDATION<br>1011 FIRST AVENUE NEW YORK, NY 10022           | 13-2688405 | 501(C)(3)                     | 11,922.                  |                                   |   |  | FINANCIAL AID GRANT                |
| (5)  | OUR LADY OF THE ASSUMPTION<br>920 FIRST AVE PEEKSKILL, NY 10566                | 13-2685995 | 501(C)(3)                     | 20,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (6)  | CATHEDRAL<br>350 EAST 56TH ST NEW YORK, NY 10022                               | 13-2669135 | 501(C)(3)                     | 209,618.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (7)  | MOTHER CABRINI<br>701 FORT WASHINGTON AVE MANHATTAN, NY 10040                  | 13-2669135 | 501(C)(3)                     | 105,750.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (8)  | NOTRE DAME<br>327 WEST 13TH ST MANHATTAN, NY 10014                             | 13-1782481 | 501(C)(3)                     | 102,915.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (9)  | ST. AGNES BOYS<br>555 WEST END AVE MANHATTAN, NY 10024                         | 13-2669135 | 501(C)(3)                     | 50,800.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (10) | ST. JEAN BAPTISTE<br>173 EAST 75TH ST MANHATTAN, NY 10021                      | 13-2693089 | 501(C)(3)                     | 154,566.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (11) | LA SALLE<br>215 EAST 6TH ST MANHATTAN, NY 10003                                | 13-2669135 | 501(C)(3)                     | 69,350.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (12) | ST. VINCENT FERRER<br>151 EAST 65TH ST MANHATTAN, NY 10021                     | 13-2698371 | 501(C)(3)                     | 59,060.                  |                                   |   |  | FINANCIAL AID GRANTS               |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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)  | ST. PETER BOYS<br>200 CLINTON AVE STATEN ISLAND, NY 10301       | 13-2688406 | 501(C)(3)                     | 25,515.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | ACADEMY OF MT. ST URSULA<br>300 BEDFORD PK BLVD BRONX, NY 10458 | 13-1740316 | 501(C)(3)                     | 103,461.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  | ALL HALLOWS<br>111 EAST 164TH ST BRONX, NY 10452                | 13-2669135 | 501(C)(3)                     | 218,326.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (4)  | AQUINAS H.S.<br>685 EAST 182ND ST. BRONX, NY 10457              | 13-2728390 | 501(C)(3)                     | 317,054.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (5)  | CARDINAL HAYES<br>650 GRAND CONCOURSE BRONX, NY 10451           | 13-2669135 | 501(C)(3)                     | 249,006.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (6)  | CARDINAL SPELLMAN<br>1 CARDINAL SPELLMAN NEWBURGH, NY 10466     | 13-2669135 | 501(C)(3)                     | 216,880.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (7)  | MONSIGNOR SCANLAN<br>915 HUTCHINSON BRONX, NY 10465             | 13-2679883 | 501(C)(3)                     | 81,800.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (8)  | MT. ST MICHAEL<br>4300 MURDOCK AVE BRONX, NY 10466              | 13-2690365 | 501(C)(3)                     | 78,420.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (9)  | PRESTON<br>2780 SCHURZ AVE BRONX, NY 10465                      | 13-2669135 | 501(C)(3)                     | 50,006.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (10) | ST. CATHERINE<br>2250 WILLIAMSBRIDGE RD BRONX, NY 10469         | 13-2687430 | 501(C)(3)                     | 98,500.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (11) | ST. RAYMOND GIRLS<br>1725 CASTLE HILL AVE BRONX, NY 10462       | 13-2688683 | 501(C)(3)                     | 144,413.                 |                                   |   |  | FINANCIAL AID GRANTS               |
| (12) | CARDINAL'S SCHOLARSHIP PROGRAM<br>8 WEST 38TH STREET, 9TH FL.   | 13-3096713 | 501(C)(3)                     | 6,507,989.               |                                   |   |  | FINANCIAL AID GRANTS               |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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)  | STUDENT SPONSOR PARTNERSHIP<br>286 MADISON AVE 1601 NEW YORK, NY 10017 | 13-3392965 | 501(C)(3)                     | 91,750.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (2)  | ST. JOSEPH<br>1946 BATHGATE AVE. BRONX, NY 10457                       | 13-2690352 | 501(C)(3)                     | 39,000.                  |                                   |   |  | FINANCIAL AID GRANTS               |
| (3)  |  |            |                               |                          |                                   |   |  |                                    |
| (4)  |  |            |                               |                          |                                   |   |  |                                    |
| (5)  |  |            |                               |                          |                                   |   |  |                                    |
| (6)  |  |            |                               |                          |                                   |   |  |                                    |
| (7)  |  |            |                               |                          |                                   |   |  |                                    |
| (8)  |  |            |                               |                          |                                   |   |  |                                    |
| (9)  |  |            |                               |                          |                                   |   |  |                                    |
| (10) |  |            |                               |                          |                                   |   |  |                                    |
| (11) |  |            |                               |                          |                                   |   |  |                                    |
| (12) |  |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 117.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2011)

**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.

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 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.

FORM 990, PART I, LINE 2

MONITORING THE USE OF GRANT FUNDS

OUR "PARTNERSHIP FOR STRONG SCHOOLS" GRANTING PROGRAM PROVIDES

UNRESTRICTED FUNDS TO INNER-CITY SCHOOLS TO USE WHERE THE STUDENTS AND/OR

THE SCHOOL NEED IT MOST. THIS COULD BE FOR STUDENT SCHOLARSHIPS,

ENRICHMENT OPPORTUNITIES, CAPITAL REPAIRS OR GENERAL OPERATIONS. THE

AMOUNT OF MONEY DISBURSED IS BASED ON THE NUMBER OF STUDENTS PER SCHOOL.

BE A STUDENT FRIEND APPLICATIONS ARE GIVEN TO THE PRINCIPALS, WHO HAND

THEM OUT TO THE NEEDIEST STUDENTS WHO APPLY FOR FINANCIAL AID. ICSF

REVIEWS ALL STUDENT APPLICATIONS AND CONNECTS NEW SPONSORS WITH THE

**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.

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 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.

STUDENTS FROM THE NEEDY LIST. THE DONOR'S MONEY IS THEN APPLIED TO THIS STUDENT. TO VERIFY ENROLLMENT, ICSF IS PROVIDED WITH A REPORT CARD AND THANK YOU NOTES TWICE A YEAR. CARDINAL'S SCHOLARSHIP PROGRAM (CSP) ICSF'S PARTNER CSF ADMINISTERS THE CSP. STUDENTS APPLY DIRECTLY TO CSP. CSP PROVIDES SLIDING-SCALE SCHOLARSHIPS. SCHOOLS ARE SENT GRANTS FOR INDIVIDUAL STUDENTS. CSP VERIFIES ALL STUDENTS THROUGHOUT THE YEAR AND SENDS ICSF A COPY.

**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

**2011**

**Open to Public Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**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 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input 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? . . . . .
- 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 |
|-----------|-----|----|
|           |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
|           |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
|           |     |    |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
|           |     |    |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
|           |     |    |
| <b>7</b>  |     | X  |
|           |     |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2011

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (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 as deferred in prior Form 990 |
|----------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 SUSAN GEORGE | (i)  | 190,257.   | 0                                   | 12,799.                             | 11,400.  | 14,214.                 | 228,670.                        | 0   |
|                | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 3              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                | (ii) |  |                                     |                                     |  |                         |                                 |   |



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**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

**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

**2011**

**Open to Public  
Inspection**

Employer identification number

51-0453629

FORM 990, PART III

LINE 1, ORGANIZATION'S MISSION:

INNER-CITY SCHOLARSHIP FUND CHANGES LIVES FOR THE BETTER BY PROVIDING FAMILIES WITH DEMONSTRABLE FINANCIAL NEED THE OPPORTUNITY TO GIVE THEIR CHILDREN A QUALITY, VALUES-BASED K-12 CATHOLIC EDUCATION WITHIN THE ARCHDIOCESE OF NEW YORK. ICSF EXISTS TO ENSURE THAT THE GIFT OF AN EXCELLENT CATHOLIC SCHOOL EDUCATION CONTINUES TO BE A VIABLE OPTION FOR CURRENT AND FUTURE GENERATIONS OF STUDENTS OF ALL FAITHS.

LINE 4D, OTHER PROGRAMS:

ENRICHMENT PROGRAM - THIS PROGRAM GIVES HIGH SCHOOL JUNIORS AN OPPORTUNITY TO GAIN EXPERIENCE IN A BUSINESS SETTING THROUGH JOB-RELATED WORKSHOPS AND PAID SUMMER INTERNSHIPS AT MANY NEW YORK PRESTIGIOUS COMPANIES AND ORGANIZATIONS.

JUNIOR COMMITTEE PROVIDES HANDS-ON SUPPORT TO STUDENTS IN OUR PARTICIPATING SCHOOLS. THEY WORK AND LIVE THROUGHOUT THE TRI-STATE AREA AND THEIR COMMON DESIRE IS TO HELP THE BOYS AND GIRLS OF THE INNER-CITY BY PROVIDING THEM WITH ENRICHING EXPERIENCE.

SECTION A, FORM 990, PART VI, LINE 2

FAMILY RELATIONSHIP: THOMAS S. MURPHY SR., AND THOMAS S. MURPHY JR., TRUSTEE AND VICE PRESIDENT, HAVE A FAMILY RELATIONSHIP, FATHER AND SON.

|   |  |
|---|--|
| Name of the organization<br>INNER CITY SCHOLARSHIP FUND INC | Employer identification number<br>51-0453629 |
|---|--|

PATRICIA A. QUICK AND THOMAS QUICK, TRUSTEES, HAVE A FAMILY RELATIONSHIP, SIBLINGS.

SECTION B, FORM 990, PART VI, LINE 11

THE TAX RETURN PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IS REVIEWED BY THE PRINCIPAL OFFICER. ICSF AUDIT COMMITTEE REVIEWS THE FORM 990 AND AN ELECTRONIC COPY OF THE FINAL FORM 990 IS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

SECTION B, FORM 990, PART VI, LINE 12

CONFLICT OF INTEREST

A MEMBER OF THE BOARD OF TRUSTEES RECEIVES A COPY OF THE CONFLICT OF INTEREST QUESTIONNAIRE WITH OTHER MATERIALS TO SIGN. THE BOARD REVIEWS QUESTIONNAIRES COMPLETED BY EACH BOARD MEMBER ANNUALLY. THE POLICY PROVIDES THE FOLLOWING:

A. MEMBERS OF THE BOARD SHALL NOT PERSONALLY BENEFIT AS A RESULT OF THEIR BOARD INVOLVEMENT EXCEPT FOR REASONABLE COMPENSATION OF SERVICES RENDERED. THE PURPOSE OF THIS PROVISION IS TO PREVENT BOARD MEMBERS FROM ACTING PRIMARILY ON THE BASIS OF FINANCIAL SELF-INTEREST AND TO PREVENT INNER-CITY SCHOLARSHIP FUND FROM OPERATING IN A MANNER THAT FAVORS BOARD MEMBERS TO THE DETRIMENT OF OTHERS.

B. IN THE EVENT THAT THE BOARD CONSIDERS AN ISSUE THAT INVOLVES THE FINANCIAL RELATIONSHIP BETWEEN THE ORGANIZATION AND A MEMBER OF THE BOARD, THE BOARD MEMBER WILL DISCLOSE TO THE BOARD THE FINANCIAL RELATIONSHIP THAT THE PARTICULAR BOARD MEMBER HAS WITH RESPECT TO THE ISSUE. THE BOARD MEMBER SHALL REFRAIN FROM VOTING ON THE MATTER.

|   |  |
|---|--|
| Name of the organization<br>INNER CITY SCHOLARSHIP FUND INC | Employer identification number<br>51-0453629 |
|---|--|

C. BOARD MEMBERS WHO SERVE AS AN EMPLOYEE OR VOLUNTEER IN A DECISION MAKING CAPACITY ON BEHALF OF ANOTHER ORGANIZATION WHICH INNER-CITY SCHOLARSHIP FUND IS WORKING WITH OR TRANSACTING BUSINESS WITH, SHALL INFORM THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR AS TO THEIR INVOLVEMENT IN THE SAID ORGANIZATION.

D. THE CONFLICT OF INTEREST POLICY APPLIES TO A BOARD MEMBER'S IMMEDIATE FAMILY AS WELL AS TO INDIVIDUAL BOARD MEMBERS.

FORM 990, PART VI, SECTION C QUESTION 19  
ALL FINANCIAL STATEMENTS AND SIGNED CONFLICT OF INTEREST FORMS ARE AVAILABLE ON THE ICSF WEB SITE, WWW.ICSF-NYC.ORG. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART, XI LINE 5  
OTHER CHANGES IN NET ASSETS  
UNREALIZED GAIN ON INVESTMENTS: 199,826

ATTACHMENT 1

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

| <u>DESCRIPTION</u>                        | <u>GRANTS</u>   | <u>EXPENSES</u> | <u>REVENUE</u> |
|---|-----------------|-----------------|----------------|
| STUDENT SPONSOR PARTNERSHIP               | 91,750.         | 91,750.         |                |
| ARCHDIOCESE DRUG ABUSE PREVENTION PROGRAM | 80,000.         | 80,000.         |                |
| NEW YORK CATHOLIC FOUNDATION              | 11,922.         | 11,922.         |                |
| PARTNERSHIP FOR INNER-CITY                | 5,000.          | 5,000.          |                |
| ENRICHMENT PROGRAMS                       |                 | 95,041.         |                |
| TOTALS                                    | <u>188,672.</u> | <u>283,713.</u> |                |

|   |  |
|---|--|
| Name of the organization<br>INNER CITY SCHOLARSHIP FUND INC | Employer identification number<br>51-0453629 |
|---|--|

ATTACHMENT 2

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

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| MANDARIN ORIENTAL<br>80 COLUMBUS CIRCLE AT 60TH STRRET<br>NEW YORK, NY 10023 | AWARD DINNER                   | 148,303.            |
| CIPRIANI'S<br>110 EAST 42ND STREET<br>NEW YORK, NY 10017                     | LAWYERS LUNCHEON AND           | 176,967.            |
| FAIRCOM<br>522 COOKMAN AVENUE<br>ASBURY PARK, NY 07712                       | EVENT/ADV/DIR MAIL             | 183,336.            |
|  | TOTAL COMPENSATION             | <u>508,606.</u>     |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) ARCHDIOCESE OF NEW YORK<br>1011 FIRST AVE. NEW YORK, NY 10022<br>13-3089351         | RELIGIOUS               | NY   | 501(C)(3)                  | 1   | N/A                              |  | X  |
| (2) PARISH ASSISTANCE CORPORATION<br>1011 FIRST AVENUE NEW YORK, NY 10022<br>26-3265664 | PARISH SUPPOR           | NY   | 501(C)(3)                  | 1   | ARCHD. OF NY                     |  | X  |
| (3) -----   |                         |  |                            |   |                                  |  |    |
| (4) -----   |                         |  |                            |   |                                  |  |    |
| (5) -----   |                         |  |                            |   |                                  |  |    |
| (6) -----   |                         |  |                            |   |                                  |  |    |
| (7) -----   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2011

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN<br>of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|---------------------------------------|---|----|--|---|----|--------------------------------|
|   |                         |  |                                     |   |                                 |                                       | Yes                                     | No |  | Yes                                       | No |                                |
| (1) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (2) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (3) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (4) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (5) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (6) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |
| (7) -----   |                         |  |                                     |   |                                 |                                       |   |    |  |   |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|
| (1) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (2) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (3) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (4) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (5) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (6) -----   |                         |  |                                     |  |                                 |                                       |                                |
| (7) -----   |                         |  |                                     |  |                                 |                                       |                                |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .                  |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>g</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>h</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | X   |    |
| <b>n</b> Sharing of paid employees with related organization(s) . . . . .  |     | X  |
| <b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .  | X   |    |
| <b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>q</b> Other transfer of cash or property to related organization(s) . . . . .   |     | X  |
| <b>r</b> Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of other organization | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) PARISH ASSISTANCE CORPORATION | D                             | 2,376,340.             |  |
| (2)                               |                               |                        |  |
| (3)                               |                               |                        |  |
| (4)                               |                               |                        |  |
| (5)                               |                               |                        |  |
| (6)                               |                               |                        |  |



**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>section 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|---|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |   | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (2) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (3) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (4) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (5) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (6) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (7) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (8) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (9) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (10) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (11) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (12) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (13) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (14) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (15) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (16) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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