



2009 Income Tax Returns

INNER CITY SCHOLARSHIP FUND INC

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning**

09/01, 2009, and ending

08/31, 2010

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

Doing Business As

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

Room/suite

1011 FIRST AVE.

1400

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

NEW YORK, NY 10022

F Name and address of principal officer: **SUSAN GEORGE**

1011 FIRST AVE. NEW YORK, NY 10022

D Employer identification number

51-0453629

E Telephone number

(212) 753-8583

G Gross receipts \$ 15,646,893.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶ 0928**I** Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ HTTP://WWW.ICSF-NYC.ORG/HOME**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1971 **M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE FUNDING FOR THE BENEFIT OF STUDENTS IN ATTENDANCE AT CATHOLIC SCHOOLS SERVING CERTAIN LOW-INCOME AREAS WITHIN THE ARCHDIOCESE OF NEW YORK				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	39		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38		
	5	Total number of employees (Part V, line 2a)	5	14		
	6	Total number of volunteers (estimate if necessary)	6	180		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	13,902,297.	Current Year	14,945,937.
	9	Program service revenue (Part VIII, line 2g)		0.		0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198,188.	232,422.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,100,485.	15,178,359.		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,988,628.	11,867,841.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	786,940.	808,067.		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	253,766.	249,250.		
	b	Total fundraising expenses, Part IX, column (D), line 25 ▶ 1,196,648.				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,145,255.	1,264,669.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,174,589.	14,189,827.		
	19	Revenue less expenses. Subtract line 18 from line 12	-1,074,104.	988,532.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	12,598,636.	End of Year	13,531,517.
	21	Total liabilities (Part X, line 26)	619,238.	297,227.		
	22	Net assets or fund balances. Subtract line 21 from line 20	11,979,398.	13,234,290.		

Part II Signature Block

Sign Here	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.			
	Signature of officer		Date	
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00916443
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		13-5565207
	KPMG LLP 345 PARK AVENUE NEW YORK, NY 10154-0102	Phone no.		212-758-9700

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

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

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 2

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,052,796. including grants of \$ 1,052,796.) (Revenue \$ 1,052,796.)

FINANCIAL AID GRANTS

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.

4b (Code:) (Expenses \$ 4,233,894. including grants of \$ 4,233,894.) (Revenue \$ 3,905,073.)

BE A STUDENT 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 \$ 6,767,938. including grants of \$ 6,767,938.) (Revenue \$ 6,767,938.)

CARDINAL'S SCHOLARSHIP PROGRAM

THIS INITIATIVE RUNS IN COLLABORATION WITH THE ENDOWMENT FOR INNER-CITY EDUCATION, THE PATRONS PROGRAM AND THE CHILDREN'S SCHOLARSHIP FUND. IT PROVIDES FINANCIAL ASSISTANCE TO PUBLIC SCHOOL STUDENTS INTERESTED IN ENROLLING AT AN INNER-CITY ELEMENTARY SCHOOL, BUT WHO ARE UNABLE TO DO SO BECAUSE OF THE EXPENSE. DEPENDING UPON THE FINANCIAL NEED OF THE FAMILY, THESE SCHOLARSHIPS COVER UP TO 75% OF THE SUBSIDIZED TUITION.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 3
(Expenses \$ 242,924. including grants of \$ 242,924.) (Revenue \$ 242,924.)**4e** Total program service expenses ► 12,297,552.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<input checked="" type="checkbox"/>	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part II.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 28		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966? 9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		

Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 39	
b Enter the number of voting members that are independent	1b 38	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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
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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ARCHBISHOP TIMOTHY M DOLAN CHAIRMAN	1.00	X						0.	0.	0.
PETER T GRAUER TRUSTEE/PRESIDENT	1.00	X		X				0.	0.	0.
ROBERT M AMEN TRUSTEE	1.00	X						0.	0.	0.
LAWRENCE B BENENSON TRUSTEE	1.00	X						0.	0.	0.
RONALD E BLAYLOCK TRUSTEE	1.00	X						0.	0.	0.
JOHN M CALLAGY ESQ TRUSTEE	1.00	X						0.	0.	0.
JUDITH M CARSON TRUSTEE/ VICE PRESIDENT	1.00	X		X				0.	0.	0.
ANTHONY J DE NICOLA TRUSTEE	1.00	X						0.	0.	0.
SAMUEL A DI PIAZZA JR TRUSTEE	1.00	X						0.	0.	0.
FLORENCE B D URSO TRUSTEE	1.00	X						0.	0.	0.
JOHN J FARRELL TRUSTEE	1.00	X						0.	0.	0.
WILLIAM F HARRINGTON ESQ TRUSTEE THROUGH 01/23/2010	1.00	X						0.	0.	0.
EDWARD D HERLIHY TRUSTEE	1.00	X						0.	0.	0.
THOMAS S JOHNSON TRUSTEE	1.00	X						0.	0.	0.
JAMES B LEE JR TRUSTEE	1.00	X						0.	0.	0.
ARTHUR J MAHON TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM A MALLOY TRUSTEE	1.00	X						0.	0.	0.
THOMAS S MURPHY SR TRUSTEE	1.00	X						0.	0.	0.
THOMAS S MURPHY JR TRUSTEE/ VICE PRESIDENT	1.00	X		X				0.	0.	0.
PONCHITTA PIERCE TRUSTEE	1.00	X						0.	0.	0.
THOMAS C QUICK TRUSTEE	1.00	X						0.	0.	0.
MO ROCCA TRUSTEE	1.00	X						0.	0.	0.
MAURO C ROMITA TRUSTEE	1.00	X						0.	0.	0.
STEPHEN G ROONEY ESQ TRUSTEE	1.00	X						0.	0.	0.
MARK S ROSSI TRUSTEE	1.00	X						0.	0.	0.
HOWARD J RUBENSTEIN TRUSTEE	1.00	X						0.	0.	0.
FREDERIC V SALERNO TRUSTEE	1.00	X						0.	0.	0.
PETER K SCATURRO TRUSTEE	1.00	X						0.	0.	0.
JOSEPH R SCHMUCKLER TRUSTEE	1.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								182,051.	0.	13,784.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

	Yes	No
3		X
4	X	
5		X

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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 VIII Statement of Revenue

51-0453629

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,487,753.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	12,458,184.			
	g	Noncash contributions included in lines 1a-1f: \$		0.			
	h	Total. Add lines 1a-1f		14,945,937.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		232,422.			232,422.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents.					
	b	Less: rental expenses . . .					
	c	Rental income or (loss) . .					
	d	Net rental income or (loss)		0.			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0.			
	8a	Gross income from fundraising events (not including \$ 2,487,753. of contributions reported on line 1c). See Part IV, line 18		468,534.			
	b	Less: direct expenses		468,534.			
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total Revenue. See instructions		15,178,359.			0.	232,422.

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	11,867,841.	11,867,841.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	182,051.		45,513.	136,538.
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	497,609.		159,756.	337,853.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	19,159.		5,748.	13,411.
9 Other employee benefits	68,314.		19,123.	49,191.
10 Payroll taxes	40,934.		12,280.	28,654.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	31,900.		31,900.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	249,250.			249,250.
f Investment management fees	0.			
g Other	106,341.		106,341.	
12 Advertising and promotion	288,591.			288,591.
13 Office expenses	43,935.		43,935.	
14 Information technology	54,658.		54,658.	
15 Royalties	0.			
16 Occupancy	65,880.		65,880.	
17 Travel	14,905.			14,905.
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 . . .	0.			
23 Insurance	4,723.		4,723.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>EVENTS ALLOCATION</u>	37,281.		37,281.	
b <u>FOOD/GRATUITIES/EVENTS</u>	32,680.		9,300.	23,380.
c <u>BE A STUDENT'S FRIEND PROG.</u>	328,821.	328,821.		
d <u>ENRICHMENT PROGRAM</u>	100,890.	100,890.		
e <u>ANNUAL REPORT</u>	48,545.		48,545.	
f All other expenses	105,519.		50,644.	54,875.
25 Total functional expenses. Add lines 1 through 24f	14,189,827.	12,297,552.	695,627.	1,196,648.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,340,959.	2	1,616,349.
	3 Pledges and grants receivable, net	5,133,879.	3	3,782,498.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,855,838.	7	2,248,698.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,110.	9	93,790.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
	11 Investments - publicly traded securities	1,071,613.	11	5,620,558.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	169,237.	15	169,624.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,598,636.	16	13,531,517.	
Liabilities	17 Accounts payable and accrued expenses	176,562.	17	131,634.
	18 Grants payable	173,104.	18	59,532.
	19 Deferred revenue	34,700.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	234,872.	25	106,061.
	26 Total liabilities. Add lines 17 through 25	619,238.	26	297,227.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,346,959.	27	2,466,928.
	28 Temporarily restricted net assets	3,050,439.	28	4,935,362.
	29 Permanently restricted net assets	5,582,000.	29	5,832,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,979,398.	33	13,234,290.
	34 Total liabilities and net assets/fund balances	12,598,636.	34	13,531,517.

Form **990** (2009)

Part XI Financial Statements and Reporting

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

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

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? _____

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,061,383.	14,444,853.	19,674,807.	13,902,297.	14,945,937.	71,029,277.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,061,383.	14,444,853.	19,674,807.	13,902,297.	14,945,937.	71,029,277.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						19,393,761.
6 Public support. Subtract line 5 from line 4.						51,635,516.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,061,383.	14,444,853.	19,674,807.	13,902,297.	14,945,937.	71,029,277.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	254,886.	268,130.	232,655.	198,188.	232,422.	1,186,281.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						72,215,558.
12 Gross receipts from related activities, etc. (see instructions)					12	2,464,598.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	71.50 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	78.96 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

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, aggregate 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 aggregate 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 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILSON, ROBERT 520 83RD ST., SUITE 1R BROOKLYN, NY 11209	\$ 4,704,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NAUGHTON, LAURA P.O. BOX 400 CARROLLTON, GA 30117	\$ 560,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE ENDOWMENT FOR INNER CITY EDUCATION 1011 FIRST AVENUE NEW YORK, NY 10022	\$ 1,565,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STEPHEN A SCHWARZMAN 740 PARK AVENUE NEW YORK, NY 10021	\$ 854,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ESTATE OF LINDA SALVATI 140 WEST STREET NEW YORK, NY 10007-2109	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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.

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

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,438,783.	3,627,084.			
b Contributions	1,108,531.	834,491.			
c Net investment earnings, gains, and losses	414,929.	-22,792.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	87,498.				
g End of year balance	5,874,745.	4,438,783.			

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

- a Board designated or quasi-endowment ▶ 6.0842 %
b Permanent endowment ▶ 93.9158 %
c Term endowment ▶ %

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

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

[illegible]

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
PAYABLE TO ARCHDIOCESE OF NEW YORK	106,061.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	106,061.

2. FIN 48 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.

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	15,178,359.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,189,827.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	988,532.
4	Net unrealized gains (losses) on investments	4	266,360.
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	266,360.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,254,892.

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	15,444,719.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	266,360.
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	266,360.
3	Subtract line 2e from line 1	3	15,178,359.
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	15,178,359.

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

1	Total expenses and losses per audited financial statements	1	14,189,827.
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	14,189,827.
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	14,189,827.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X

TAX STATUS

IN FY10, INNER-CITY SCHOLARSHIP FUND APPLIED THE GUIDANCE OF THE 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.

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

FORM 990, SCH D, PART V

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

Part XIV Supplemental Information *(continued)*

TO SUPPORT ICSF PROGRAMS. GENERALLY, SPENDING SHOULD NOT EXCEED 5% OF A
FUND'S VALUE AT THE BEGINNING OF THE FISCAL YEAR.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 ANNUAL DINNER (event type)	(b) Event #2 SPRING GALA (event type)	(c) Other Events 3 (total number)	(d) Total events (add col. (a) through col. (c))
	Revenue			
1 Gross receipts	1,552,396.	943,010.	460,881.	2,956,287.
2 Less: Charitable contributions	1,366,422.	793,432.	327,899.	2,487,753.
3 Gross income (line 1 minus line 2)	185,974.	149,578.	132,982.	468,534.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	128,692.	120,201.	72,293.	321,186.
8 Entertainment		5,495.		5,495.
9 Other direct expenses	57,282.	23,882.	60,689.	141,853.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(468,534.)
11 Net income summary. Combine line 3, column (d), and line 10				0.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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				

	Yes	No
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?	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- | | | | Yes | No |
|--|------------|---|-----|----|
| a The organization's facility | 13a | % | | |
| b An outside facility | 13b | % | | |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- 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?
- 17a**

- 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 ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

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

2009

Open to Public
Inspection

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. Use Part IV and Schedule I-1 (Form 990) 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
	ALL SAINTS							
	52 EAST 130TH ST NEW YORK,, NY 10037	13-1624174	501 (C) (3)	36,000.				FINANCIAL AID GRANT
	ANNUNCIATION							
	461 WEST 131ST ST NEW YORK, NY 10027	13-2686484	501 (C) (3)	20,000.				FINANCIAL AID GRANT
	ASCENSION							
	220 WEST 108TH ST. NEW YORK, NY 10025	13-2695240	501 (C) (3)	46,975.				FINANCIAL AID GRANT
	BLESSED SACRAMENT							
	147 WEST 70TH ST NEW YORK, NY 10023	13-2693402	501 (C) (3)	24,000.				FINANCIAL AID GRANT
	CORPUS CHRISTI							
	535 WEST 121ST ST NEW YORK, NY 10027	13-2698639	501 (C) (3)	21,500.				FINANCIAL AID GRANT
	GOOD SHEPARD							
	620 ISHAM ST NEW YORK, NY 10034	13-1623946	501 (C) (3)	15,500.				FINANCIAL AID GRANT
	GUARDIAN ANGEL							
	193 10TH ST NEW YORK, NY 10011	13-2693053	501 (C) (3)	42,000.				FINANCIAL AID GRANT
	HOLY CROSS							
	332 WEST 43RD ST NEW YORK, NY 10036	13-2687238	501 (C) (3)	18,000.				FINANCIAL AID GRANT
	HOLY NAME OF JESUS							
	202 WEST 97TH ST NEW YORK, NY 10025	13-2693399	501 (C) (3)	41,600.				FINANCIAL AID GRANT
	MT. CARMEL/HOLY ROSARY							
	371 PLEASANT AVE NEW YORK, NY 10035	13-2831737	501 (C) (3)	100,500.				FINANCIAL AID GRANT
	IMMACULATE CONCEPTION							
	419 EAST 13TH ST. NEW YORK, NY 10009	13-2703315	501 (C) (3)	33,700.				FINANCIAL AID GRANT
	INCARNATION							
	570 WEST 175TH ST NEW YORK, NY 10033	13-2688407	501 (C) (3)	58,725.				FINANCIAL AID GRANT

2 Enter total number of section 501(c)(3) and government organizations 137

3 Enter total number of other organizations 0

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

Schedule I (Form 990) 2009

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. Use Part IV and Schedule I-1 (Form 990) 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

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

FINANCIAL AID GRANTS

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

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. Use Part IV and Schedule I-1 (Form 990) 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

Part IV

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

NEEDIEST STUDENTS WHO APPLY FOR FINANCIAL AID. ICSF REVIEWS ALL STUDENT

APPLICATIONS AND CONNECTS NEW SPONSORS WITH THE 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

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.
Use Part IV and Schedule I-1 (Form 990) 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

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

INDIVIDUAL STUDENTS. CSP VERIFIES ALL STUDENTS THROUGHOUT THE YEAR AND

SENDS ICSF A COPY.

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

51-0453629

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OUR LADY OF LOURDES 468 WEST 143RD ST NEW YORK, NY 10031	13-1663210	501(C)(3)	38,122.				FINANCIAL AID GRANT
OUR LADY OF POMPEII 240 BLEECKER ST NEW YORK, NY 10014	13-3755325	501(C)(3)	6,000.				FINANCIAL AID GRANT
OUR LADY OF SORROW 219 STANTON ST NEW YORK, NY 10002	13-2686763	501(C)(3)	25,960.				FINANCIAL AID GRANT
OUR LADY QUEEN OF ANGELS 229 EAST 112TH ST NEW YORK, NY 10029	13-2687297	501(C)(3)	64,000.				FINANCIAL AID GRANT
OUR LADY QUEEN OF MARTYRS 71 ARDEN ST NEW YORK, NY 10040	13-2694126	501(C)(3)	27,572.				FINANCIAL AID GRANT
SACRED HEART OF JESUS 456 WEST 52ND ST NEW YORK, NY 10019	13-5562980	501(C)(3)	36,115.				FINANCIAL AID GRANT
ST. ALOYSIUS 223 WEST 132ND ST NEW YORK, NY 10027	13-2687246	501(C)(3)	22,000.				FINANCIAL AID GRANT
ST. ANN 314 EAST 110TH ST NEW YORK, NY 10029	13-2688387	501(C)(3)	60,050.				FINANCIAL AID GRANT
ST. BRIGID 185 EAST 7TH ST NEW YORK, NY 10009	13-2693076	501(C)(3)	27,300.				FINANCIAL AID GRANT
ST. CHARLES BORROMEO 214 WEST 142ND ST NEW YORK, NY 10030	13-2688384	501(C)(3)	11,500.				FINANCIAL AID GRANT
ST. ELIZABETH 612 WEST 187TH ST NEW YORK, NY 10033	13-2692428	501(C)(3)	42,000.				FINANCIAL AID GRANT
ST. GREGORY THE GREAT 138 WEST 90TH ST NEW YORK, NY 10024	13-2688401	501(C)(3)	27,300.				FINANCIAL AID GRANT
ST. JAMES 37 ST. JAMES PL NEW YORK, NY 10038	13-4461519	501(C)(3)	89,331.				FINANCIAL AID GRANT
ST JOSEPH 420 EAST 87TH ST NEW YORK, NY 10128	13-2691296	501(C)(3)	8,000.				FINANCIAL AID GRANT
ST. JOSEPH 1 MONROE ST NEW YORK, NY 10002	13-5642887	501(C)(3)	61,351.				FINANCIAL AID GRANT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

51-0453629

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ST. JOSEPH 168 MORNINGSIDE AVE NEW YORK, NY 10027	13-2693082	501(C)(3)	10,000.				FINANCIAL AID GRANT
ST. JUDE 433 WEST 204TH ST NEW YORK, NY 10034	13-2687292	501(C)(3)	37,543.				FINANCIAL AID GRANT
ST. MARK THE EVANGELIST 55 WEST 138TH ST NEW YORK, NY 10037	13-2686814	501(C)(3)	14,000.				FINANCIAL AID GRANT
ST. PATRICK 233 MOTT ST NEW YORK, NY 10012	13-2690358	501(C)(3)	13,500.				FINANCIAL AID GRANT
ST. PAUL 114 EAST 118TH ST NEW YORK, NY 10035	13-2687825	501(C)(3)	34,000.				FINANCIAL AID GRANT
ST. ROSE OF LIMA 517 WEST 164TH ST NEW YORK, NY 10032	13-2690364	501(C)(3)	21,000.				FINANCIAL AID GRANT
ST. STEPHEN OF HUNGARY 408 EAST 82ND ST NEW YORK, NY 10028	13-2695173	501(C)(3)	58,000.				FINANCIAL AID GRANT
TRANSFIGURATION 29 MOTT ST NEW YORK, NY 10013	13-5562331	501(C)(3)	22,000.				FINANCIAL AID GRANT
BLESSED SACRAMENT 1160 BEACH AVE BRONX, NY 10472	13-1740140	501(C)(3)	18,000.				FINANCIAL AID GRANT
CHRIST THE KING 1345 GRAND CONCOURSE BRONX, NY 10452	13-2687820	501(C)(3)	60,000.				FINANCIAL AID GRANT
HOLY CROSS 1846 RANDALL AVE BRONX, NY 10473	13-2693387	501(C)(3)	26,000.				FINANCIAL AID GRANT
HOLY FAMILY 2169 BLACKROCK AVE BRONX, NY 10472	13-2686489	501(C)(3)	16,000.				FINANCIAL AID GRANT
HOLY ROSARY 1500 ARNOW AVE BRONX, NY 10469	13-2693071	501(C)(3)	10,300.				FINANCIAL AID GRANT
HOLY SPIRIT 1960 UNIVERSITY AVE BRONX, NY 10453	13-2696726	501(C)(3)	37,000.				FINANCIAL AID GRANT
IMMACULATE CONCEPTION 378 EAST 151ST ST BRONX, NY 10455	13-2686496	501(C)(3)	70,000.				FINANCIAL AID GRANT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

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IMMACULATE CONCEPTION 760 EAST GUN HILL BRONX, NY 10467	13-2693005	501(C)(3)	24,000.				FINANCIAL AID GRANT
NATIVITY OF OUR BLESSED LADY 3893 DYRE AVE BRONX, NY 10466	13-1743244	501(C)(3)	12,350.				FINANCIAL AID GRANT
OUR LADY OF ANGELS 2865 CLALIN AVE BRONX, NY 10468	13-2688399	501(C)(3)	36,205.				FINANCIAL AID GRANT
OUR LADY OF GRACE 3981 BRONXWOOD AVE BRONX, NY 10466	13-2693393	501(C)(3)	18,000.				FINANCIAL AID GRANT
OUR LADY OF MERCY 2512 MARION AVE BRONX, NY 10458	13-2687824	501(C)(3)	38,000.				FINANCIAL AID GRANT
OUR LADY OF MT. CARMEL 2465 BATHGATE AVE BRONX, NY 10458	13-1740174	501(C)(3)	10,000.				FINANCIAL AID GRANT
OUR LADY OF REFUGE 2708 BRIGGS AVE BRONX, NY 10458	13-2695247	501(C)(3)	10,700.				FINANCIAL AID GRANT
SACRED HEART OF JESUS 95 WEST 168TH ST BRONX, NY 10452	13-2691174	501(C)(3)	63,626.				FINANCIAL AID GRANT
ST. ANGELA MERICI 266 EAST 163RD ST BRONX, NY 10451	13-2690368	501(C)(3)	44,450.				FINANCIAL AID GRANT
ST. ANN 3511 BAINBRIDGE AVE BRONX, NY 10467	13-2687245	501(C)(3)	14,000.				FINANCIAL AID GRANT
ST. ANSELM 685 TINTON AVE BRONX, NY 10455	13-2693054	501(C)(3)	78,000.				FINANCIAL AID GRANT
ST. ATHANASIUS 830 SO. BOULEVARD BRONX, NY 10459	13-2687818	501(C)(3)	65,500.				FINANCIAL AID GRANT
ST. AUGUSTINE 1176 FRANKLIN AVE BRONX, NY 10456	13-1740193	501(C)(3)	23,265.				FINANCIAL AID GRANT
ST. BRENDAN 268 EAST 207TH ST BRONX, NY 10467	13-2688402	501(C)(3)	23,000.				FINANCIAL AID GRANT
ST. DOMINIC 1684 WHITE PLAINS RD BRONX, NY 10462	13-2687242	501(C)(3)	6,000.				FINANCIAL AID GRANT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

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OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

51-0453629

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ST FRANCIS XAVIER 1711 HAIGHT AVE BRONX, NY 10461	13-2695171	501(C)(3)	12,950.				FINANCIAL AID GRANT
ST. HELENA 2050 BENEDICT AVE BRONX, NY 10462	13-1740343	501(C)(3)	51,570.				FINANCIAL AID GRANT
ST. JEROME 222 ALEXANDER AVE BRONX, NY 10454	13-2667168	501(C)(3)	58,000.				FINANCIAL AID GRANT
ST. JOHN 3143 KINGSBRIDGE AVE BRONX, NY 10463	13-2686756	501(C)(3)	8,000.				FINANCIAL AID GRANT
ST. JOHN CHRYSOSTOM 1144 HOE AVE BRONX, NY 10459	13-2734298	501(C)(3)	63,000.				FINANCIAL AID GRANT
ST. JOHN VIANNEY 2141 SEWARD AVE BRONX, NY 10473	13-2688385	501(C)(3)	21,500.				FINANCIAL AID GRANT
ST. LUCY 830 MACE AVE BRONX, NY 10467	13-1740208	501(C)(3)	10,000.				FINANCIAL AID GRANT
ST. LUKE 608 EAST 139TH ST BRONX, NY 10454	13-2693051	501(C)(3)	48,000.				FINANCIAL AID GRANT
ST. MARGARET MARY 121 EAST 177TH ST BRONX, NY 10453	13-2695172	501(C)(3)	24,000.				FINANCIAL AID GRANT
ST. MARTIN OF TOURS 695 EAST 182ND ST BRONX, NY 10457	13-2686760	501(C)(3)	12,000.				FINANCIAL AID GRANT
ST. MARY 3956 CARPENTER AVE BRONX, NY 10466	13-1996614	501(C)(3)	12,000.				FINANCIAL AID GRANT
ST. MARY STAR OF THE SEA 580 MINNIEFORD AVE BRONX, NY 10464	13-2686767	501(C)(3)	18,775.				FINANCIAL AID GRANT
ST. NICHOLAS OF TOLENTINE 2336 ANDREWS AVE BRONX, NY 10468	13-2690355	501(C)(3)	26,000.				FINANCIAL AID GRANT
STS. PETER & PAUL 838 BROOK AVE BRONX, NY 10451	13-1740375	501(C)(3)	139,730.				FINANCIAL AID GRANT
STS. PHILIP & JAMES 1160 EAST 213TH ST BRONX, NY 10469	13-2686485	501(C)(3)	14,000.				FINANCIAL AID GRANT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

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OMB No. 1545-0047

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Inspection****Employer identification number**

51-0453629

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ST. PHILIP NERI 3031 GRAN CONCOURSE BRONX, NY 10469	13-2690360	501(C)(3)	19,000.				FINANCIAL AID GRANT
AQUINAS H.S. 685 EAST 182ND ST. BRONX, NY 10457	13-2728390	501(C)(3)	200,541.				FINANCIAL AID GRANT
ST. RAYMOND 2151 ST. RAYMOND AVE BRONX, NY 10462	13-1958475	501(C)(3)	37,000.				FINANCIAL AID GRANT
ST. SIMON STOCK 2195 VALENTINE AVE BRONX, NY 10457	13-2694446	501(C)(3)	40,000.				FINANCIAL AID GRANT
ST. THOMAS AQUINAS 1909 DALY AVE BRONX, NY 10460	13-2687828	501(C)(3)	18,000.				FINANCIAL AID GRANT
SANTA MARIA 1510 ZEREGA AVE BRONX, NY 10462	13-2692936	501(C)(3)	18,500.				FINANCIAL AID GRANT
ST. FRANCIS OF ASSISI 4300 BATCHESTER AVE BRONX, NY 10466	13-2695244	501(C)(3)	18,000.				FINANCIAL AID GRANT
VISITATION 171 WEST 239TH ST BRONX, NY 10463	13-2691193	501(C)(3)	50,000.				FINANCIAL AID GRANT
IMMACULATE CONCEPTION 104 GORDON ST STATEN ISLAND, NY 10304	13-2687296	501(C)(3)	24,690.				FINANCIAL AID GRANT
OUR LADY OF GOOD COUNSEL 42 AUSTIN PL STATEN ISLAND, NY 10304	13-5608403	501(C)(3)	14,000.				FINANCIAL AID GRANT
OUR LADY OF MOUNT CARMEL/ST. BENEDICTA 285 CLOVE RD STATEN ISLAND, NY 10310	13-2688388	501(C)(3)	14,160.				FINANCIAL AID GRANT
ST. PETER 300 RICHMOND TERR STATEN ISLAND, NY 10301	13-2688406	501(C)(3)	15,600.				FINANCIAL AID GRANT
ST. SYLVESTER 884 TARGEE ST STATEN ISLAND, NY 10304	13-2687247	501(C)(3)	14,323.				FINANCIAL AID GRANT
ST. JOACHIM & ANN 218-219 105TH AVE. QUEENS VILLAGE, NY 11429	14-1540695	501(C)(3)	27,000.				FINANCIAL AID GRANT
CORPUS CHRISTI/HOLY ROSARY 135 SO. REGENT ST PORT CHESTER, NY 10573	13-2569144	501(C)(3)	53,500.				FINANCIAL AID GRANT

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Schedule I-1 (Form 990) 2009

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OUR LADY OF THE ASSUMPTION 920 FIRST AVE PEEKSKILL, NY 10566	13-2685995	501(C)(3)	26,749.				FINANCIAL AID GRANT
OUR LADY OF VICTORY 38 NO. FIFTH AVE MOUNT VERNON, NY 10550	13-2690307	501(C)(3)	16,500.				FINANCIAL AID GRANT
SACRED HEART SCHOOL OF ART 71 SHARPE BLVD MOUNT VERNON, NY 10550	13-2691173	501(C)(3)	20,975.				FINANCIAL AID GRANT
ST. ANN 16 ELIZABETH ST OSSINING, NY 10562	13-2691190	501(C)(3)	16,500.				FINANCIAL AID GRANT
ST. CASIMIR 259 NEPPERHAN AVE YONKERS, NY 10701	13-2693400	501(C)(3)	19,500.				FINANCIAL AID GRANT
ST. PETER 204 HAWTHORNE AVE YONKERS, NY 10705	13-2699291	501(C)(3)	22,500.				FINANCIAL AID GRANT
ST. MARY'S 15 ST. MARY'S ST. YONKERS, NY 10701	13-2691188	501(C)(3)	17,500.				FINANCIAL AID GRANT
CATHEDRAL 350 EAST 56TH ST MANHATTAN, NY 10022	13-2669135	501(C)(3)	165,000.				FINANCIAL AID GRANT
MOTHER CABRINI 701 FORT WASHINGTON AVE MANHATTAN, NY 10040	13-2669135	501(C)(3)	61,250.				FINANCIAL AID GRANT
NOTRE DAME 327 WEST 13TH ST MANHATTAN, NY 10014	13-1782481	501(C)(3)	137,500.				FINANCIAL AID GRANT
RICE H.S. 74 WEST 124TH ST MANHATTAN, NY 10027	13-2669135	501(C)(3)	40,168.				FINANCIAL AID GRANT
ST. AGNES BOYS 555 WEST END AVE MANHATTAN, NY 10024	13-2669135	501(C)(3)	75,250.				FINANCIAL AID GRANT
ST. JEAN BAPTISTE 173 EAST 75TH ST MANHATTAN, NY 10021	13-2693089	501(C)(3)	94,950.				FINANCIAL AID GRANT
LA SALLE 44 EAST 2ND ST MANHATTAN, NY 10003	13-2669135	501(C)(3)	45,000.				FINANCIAL AID GRANT
ST. MICHAEL'S ACADEMY 425 WEST 33RD ST MANHATTAN, NY 10001	13-2690365	501(C)(3)	47,250.				FINANCIAL AID GRANT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Name of the organization

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ST. VINCENT FERRER 151 EAST 65TH ST MANHATTAN, NY 10021	13-2698371	501(C)(3)	6,000.				FINANCIAL AID GRANT
ST. PETER BOYS 200 CLINTON AVE STATEN ISLAND, NY 10301	13-2688406	501(C)(3)	18,900.				FINANCIAL AID GRANT
ST. PETER GIRLS 300 RICHMOND TERR STATEN ISLAND, NY 10301	13-2688406	501(C)(3)	17,798.				FINANCIAL AID GRANT
ACADEMY OF MT. ST URSULA 300 BEDFORD PK BLVD BRONX, NY 10458	13-1740316	501(C)(3)	106,097.				FINANCIAL AID GRANT
ALL HALLOWS 111 EAST 164TH ST BRONX, NY 10452	13-2669135	501(C)(3)	133,121.				FINANCIAL AID GRANT
CARDINAL HAYES 650 GRAND CONCOURSE BRONX, NY 10451	13-2669135	501(C)(3)	165,900.				FINANCIAL AID GRANT
CARDINAL SPELLMAN 1 CARDINAL SPELLMAN BRONX, NY 10466	13-2669135	501(C)(3)	157,500.				FINANCIAL AID GRANT
MONSIGNOR SCANLAN 915 HUTCHINSON BRONX, NY 10465	13-2679883	501(C)(3)	93,500.				FINANCIAL AID GRANT
MT. ST MICHAEL 4300 MURDOCK AVE BRONX, NY 10466	13-2690365	501(C)(3)	67,500.				FINANCIAL AID GRANT
PRESTON 2780 SCHURZ AVE BRONX, NY 10465	13-2669135	501(C)(3)	30,268.				FINANCIAL AID GRANT
ST. CATHERINE 2250 WILLIAMSBRIDGE RD BRONX, NY 10469	13-2687430	501(C)(3)	90,000.				FINANCIAL AID GRANT
ST. BARNABAS 425 EAST 240TH ST BRONX, NY 10470	13-1942279	501(C)(3)	27,000.				FINANCIAL AID GRANT
ST. RAYMOND GIRLS 1725 CASTLE HILL AVE BRONX, NY 10462	13-2688683	501(C)(3)	60,675.				FINANCIAL AID GRANT
ST. RAYMOND 2151 ST RAYMOND AVE BRONX, NY 10462	13-1958475	501(C)(3)	87,500.				FINANCIAL AID GRANT
ST. PIUS V H.S. 500 COURTLAND AVE BRONX, NY 10451	13-2669135	501(C)(3)	25,000.				FINANCIAL AID GRANT

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Continuation Sheet for Schedule I (Form 990)

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(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
BLESSED SACRAMENT/ST GABRIEL 24 SHEA PL NEW ROCHELLE, NY 10801	13-1740342	501(C)(3)	15,033.				FINANCIAL AID GRANT
SACRED HEART 34 CONVENT AVE YONKERS, NY 10703	13-1820177	501(C)(3)	9,000.				FINANCIAL AID GRANT
CARDINAL'S SCHOLARSHIP PROGRAM 1011 FIRST AVE NEW YORK, NY 10022	13-3096713	501(C)(3)	6,767,938.				FINANCIAL AID GRANT
DEPT OF EDUCATION 1011 FIRST AVE 18TH FL NEW YORK, NY 10022	13-2669134	501(C)(3)	92,034.				FINANCIAL AID
REGINA COELI 4337 ALBANY POST RD. HYDE PARK, NY 12538	14-1538959	501(C)(3)	13,526.				FINANCIAL AID GRANT
ST. JOSEPH BY SEA 139 ST. MARY AVE. STATEN ISLAND, NY 10305	13-2687819	501(C)(3)	6,000.				FINANCIAL AID GRANT
HOLY ROSARY 100 JEROME AVE. STATEN ISLAND, NY 10305	13-2694112	501(C)(3)	7,200.				FINANCIAL AID GRANT
ST. JOSEPH 1946 BATHGATE AVE. BRONX, NY 10457	13-2690352	501(C)(3)	30,000.				FINANCIAL AID GRANT

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

2009

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 is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input 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 checked="" 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SUSAN GEORGE	(i)	173,505.	0.	8,546.	0.	15,890.	197,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2009

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

This image shows a blank sheet of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

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

Schedule J-2 (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

ATTACHMENT 1

FORM 990, PART III, QUESTION 4D

OTHER PROGRAM SERVICES

THE PRINCIPAL'S ACADEMY

COMMITTED TO DEVELOPING HIGHLY TRAINED PRINCIPALS TO SERVE K-12 GRADE

CATHOLIC SCHOOLS IN THE ARCHDIOCESE OF NEW YORK.

PATHWAYS TO EXCELLENCE STRATEGIC PLAN

SCHOOL WIDE FACILITIES ASSESSMENT. CAPITAL IMPROVEMENTS.

ENRICHMENT PROGRAM

THIS PROGRAM GIVES OVER 100 HIGH SCHOOL JUNIORS AN OPPORTUNITY TO GAIN

EXPERIENCE IN A BUSINESS SETTING THROUGH JOB-RELATED WORKSHOPS & PAID

SUMMER INTERNSHIPS AT MANY NEW YORK PRESTIGIOUS COMPANIES &

ORGANIZATIONS.

FORM 990, PART VI, SECTION A, QUESTION 2

FAMILY RELATIONSHIP

THOMAS S. MURPHY SR., TRUSTEE, AND THOMAS S. MURPHY JR., TRUSTEE AND VICE

PRESIDENT, HAVE A FAMILY RELATIONSHIP (FATHER & SON).

FORM 990, PART VI, SECTION B, QUESTION 11

THE DRAFT TAX RETURN PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IS

REVIEWED BY THE PRINCIPAL OFFICER. IN ADDITION, THE AUDIT COMMITTEE

Name of the organization	Employer identification number
INNER CITY SCHOLARSHIP FUND INC	51-0453629

ATTACHMENT 1 (CONT'D)

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.

FORM 990, PART VI, SECTION B, QUESTION 12

CONFLICT OF INTEREST POLICY

A NEW 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 AS FOLLOWS:

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.

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

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

ATTACHMENT 1 (CONT'D)

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/HOME. GOVERNING
DOCUMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE INNER-CITY SCHOLARSHIP FUND, INC. (ICSF) IS A NOT-FOR-PROFIT
ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF
SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. ICSF'S OBJECTIVE IS
TO OBTAIN FUNDS FOR THE BENEFIT OF STUDENTS IN ATTENDANCE AT CATHOLIC
SCHOOLS SERVING CERTAIN LOW-INCOME AREAS WITHIN THE ARCHDIOCESE OF
NEW YORK. FINANCIAL AID GRANTS TO SCHOOLS ARE MADE BASED ON
ENROLLMENT AND DONOR DESIGNATIONS. IN ADDITION, SCHOOLS RECEIVE
SCHOLARSHIP FUNDS THROUGH ICSF'S "BE A STUDENT'S FRIEND SPONSORSHIP".
ICSF ALSO PROVIDES SUPPORT FOR LIBRARY CONNECTIONS, PATRONS PROGRAMS,
EARLY CHILDHOOD LITERACY, AND OTHER ENRICHMENT PROGRAMS.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICESDESCRIPTIONGRANTSEXPENSESREVENUE

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

ATTACHMENT 3 (CONT'D)FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
THE PRINCIPAL'S ACADEMY	50,000.	50,000.	50,000.
DEPT. OF EDUC. OF THE ARCHDIOCESE OF NY	92,034.	92,034.	92,034.
ENRICHMENT PROGRAM	100,890.	100,890.	100,890.
TOTALS	<u>242,924.</u>	<u>242,924.</u>	<u>242,924.</u>

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
KNOCKOUT 607 LAKE AVE. ASBURY PARK, NJ 21146	DESIGN/DIRECT MAIL	128,052.
MANDARIN ORIENTAL 80 COLUMBUS CIRCLE AT 60TH ST. NEW YORK, NY 10023	EVENTS	133,692.
CIPRIANI 110 EAST 42ND ST NEW YORK, NY 10017	EVENTS	209,600.
TOTAL COMPENSATION		<u>471,344.</u>

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" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ARCHDIOCESE OF NEW YORK 13-3089351 1011 FIRST AVE. NEW YORK, NY 10022	RELIGIOUS	NY	501 (C) (3)	1	N/A
PARISH ASSISTANCE CORPORATION 26-3265664 1011 FIRST AVENUE NEW YORK, NY 10022	PARISH SUPPOR	NY	501 (C) (3)	1	N/A

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	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) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1) PARISH ASSISTANCE CORPORATION	1D	2,248,698.
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Schedule R (Form 990) 2009