

2011 Income Tax Returns

INNER CITY SCHOLARSHIP FUND INC ŞÛÑQØOÁØSUŞÓOÚØŠSÁOŠŞWÁ

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

ОМВ	No.	1545-1878

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury ▶ See instructions on back. Internal Revenue Service Employer Identification number INNER CITY SCHOLARSHIP FUND INC 51-0453629 Name and title of officer MONSIGNOR GREGORY MUSTACIUOLO, TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b _____154.94058. _b Total revenue, if any (Form 990-EZ, line 9) _______2b ___ 2a Form 990-EZ check here ▶ b Total tax (Form 1120-POL, line 22) Form 1120-POL check here ▶ Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Form 8868 check here **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

DITICE I'S PIN: Check one box only	
X lauthorize KPMG LLP	to enter my PIN
ERO firm name	Enter five numbers, but do not enter all zeros
	rn. If I have indicated within this return that a copy of the return is part of the IRS Fed/State program, I also authorize the aforementioned een.
As an officer of the organization, I will enter my PIN as my If I have indicated within this return that a copy of the retur the IRS Fed/State program, I will enter my PIN on the return.	signature on the organization's tax year 2011 electronically filed return is being filed with a state agency(ies) regulating charities as part of rn's disclosure consent screen.
Officer's signature > Gregy had alt	Date ▶ 5/28/13
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	5 4 0 2 8 0 1 1 6 4 6 do not enter all zeros
certify that the above numeric entry is my PIN, which is my signal ndicated above. I confirm that I am submitting this return in accordance for Authorized IRS e-file Providers for Business Returns	ture on the 2011 electronically filed return for the organization dance with the requirements of Pub. 4163 , Modernized e-File (MeF)

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2011)

ERO's signature

5-22-13

Date

2011 990 Returns Found in Account 2502

Total Record Count: 1 Report Date: 5/30/2013

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

Form **991**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. A For the 2011 calendar year, or tax year beginning 09/01, 2011, and ending 08/31, 20 12 D Employer identification number C Name of organization B Check if applicable: INNER CITY SCHOLARSHIP FUND INC Doing Business As NON-PROFIT 51-0453629 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 1400 1011 FIRST AVE. (212) 753-8583 Initial return City or town, state or country, and ZIP + 4 Amended NEW YORK, NY 10022 G Gross receipts \$ 16,059,968. return Application pending F Name and address of principal officer: SUSAN GEORGE H(a) Is this a group return for Yes Nο X 1011 FIRST AVE. NEW YORK, NY 10022 H(b) Are all affiliates included? Yes No X | 501(c)(3) If "No," attach a list. (see instructions) 501(c) (4947(a)(1) or Website: ▶ WWW.ICSF-NYC.ORG H(c) Group exemption number Form of organization: X | Corporation Other > L Year of formation: 1971 M State of legal domicile: Summary Part I 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. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 39 38. Number of independent voting members of the governing body (Part VI, line 1b) 15. Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) 185. 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0 0 **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 17,222,012. 14,718,131. Program service revenue (Part VIII, line 2g)

PUBLIC INSPECTION **COPY FOR** 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 514,629 678,629. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -259,366.97,298. 15,494,058. 17,477,275. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,970,824. 11,493,651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 884,810. 834,329. 16a Professional fundraising fees (Part IX, column (A), line 11e) 395,363 347,132 **b** Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright _ _ _ _ 1,423,369. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,192,403. 1,540,188. 14,443,400. 14,215,300. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 3,033,875. 1,278,758. o s **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 16,588,014. 18,627,931. Total liabilities (Part X, line 26) 21 286,529 847,862. 22 16,301,485 17,780,069. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Check if PTIN Paid 5-22-13 Raymond Ly employed P01205643 Preparer FIN 13-5565207 KPMG LLP Firm's name Use Only 703-286-8000 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102 Firm's address

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Department of the Treasury

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

OMB No. 1545-1709

File a separate application for each return. Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print INNER-CITY SCHOLARSHIP FUND, INC 51-0453629 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 1011 FIRST AVENUE, SUITE. 1400 filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10022 **Application Application** Return Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 Form 990-EZ 01 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 \bullet The books are in the care of \blacktriangleright Monsignor William Belford Telephone No. ► 212-753-8583 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box

If it is for part of the group, check this box

and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 4/15 , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or ► X tax year beginning 09/01 , 20 11 , and ending 08/31, 20 12 . If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

(Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

3b|\$

Form 8868 (Re	v. 1-2013)				Page 2
	filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part I	and check this box	▶ X
	complete Part II if you have already been gra				
	filing for an Automatic 3-Month Extension,				
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the orig	inal (no copies needed).	
			E	nter filer's identifying number, see	
	Name of exempt organization or other filer, see in	nstructions.		Employer identification number (E	IN) or
Type or					
print	INNER-CITY SCHOLARSHIP FUND,	INC		51-0453629	
-	Number, street, and room or suite no. If a P.O. bo		ctions.	Social security number (SSN)	
File by the due date for	1011 FIRST AVENUE, SUITE. 140	00			
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
instructions.	NEW YORK, NY 10022				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for ea	ach return)	. 0 1
Application		Return	Application		Return
ls For		Code	Is For		. Code
Form 990 or	Form 990-EZ	01			
Form 990-BL		02	Form 1041-A		08
Form 4720 (03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
STOP! Do no	ot complete Part II if you were not already	granted an	automatic 3-month exten	sion on a previously filed Form	n 8868.
	s are in the care of ► MONSIGNOR WILLI				
	No. ▶ 212-753-8583		AX No. ▶		
	inization does not have an office or place of I	business in	the United States, check th	nis box	▶ 🛄
	r a Group Return, enter the organization's for				s is
for the whole	group, check this box	f it is for pa	rt of the group, check this b	oox ▶ and atta	ach a
	ames and EINs of all members the extension				
4 reques	st an additional 3-month extension of time ur	ntil <u>07/15</u>		, 20 <u>13</u> .	
5 For cale	endar year , or other tax year beginni	ng <u>09/01</u>	, 20 <u>11</u> , and	d endi <u>ng 08/31</u> , 2	20 <u>12</u> .
6 If the ta	x year entered in line 5 is for less than 12 m	onths, chec	k reason: Initial ret	turn Final return	
CI	hange in accounting period				
7 State in	detail why you need the extension INFORM	ATION N	ECESSARY TO PREPAI	RE A COMPLETE AND	
ACCUI	RATE RETURN IS NOT YET AVAILAB	3LE			
	application is for Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the tenta		
	ndable credits. See instructions.			8a \$	
	application is for Form 990-PF, 990-T,				
estimate	ed tax payments made. Include any prid	or year o	verpayment allowed as a	a credit and any	
	paid previously with Form 8868.			8b \$	
	Due. Subtract line 8b from line 8a. Include		ent with this form, if require		
(Electro	nic Federal Tax Payment System). See instruc			8c \$	
	Signature and Verifica				
	of perjury, I declare that I have examined this form, is and complete, and that I am authorized to prepare this for		ompanying schedules and stateme	ents, and to the best of my knowledg	e and belief,
Signature >	Puermed Es		Title ▶ CPA Agen	t Date ▶ 4 – 11	-13

Form 8868 (Rev. 1-2013)

Page 2 Form 990 (2011)

1	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O.	
	SEE SCREDULE U.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes	X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	services? Yes If "Yes," describe these changes on Schedule O.	A NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	-
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ _{547,768.} including grants of \$ _{547,768.}) (Revenue \$	_)
	FINANCIAL AID GRANTS - GRANTING PROGRAM PROVIDES UNRESTRICTED	
	FUNDS TO INNER CITY SCHOOLS TO USE WHERE THE STUDENTS AND/OR THE	
	SCHOOL NEED IT MOST. THIS COULD BE FOR STUDENT SCHOLARSHIPS,	
	ENRICHMENT OPPORTUNITIES, CAPITAL REPAIRS OR GENERAL OPERATIONS.	
4b	(Code:) (Expenses \$ 4,679,448. including grants of \$ 4,249,222.) (Revenue \$)
	BE A STUDENT'S FRIEND - THIS PROGRAM MATCHES A SPONSOR WITH AN	- 1
	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.	
_	(Cada) \(\(\sum_{\text{constant}} \) \(\sum_{\text{constant}} \) \(\sum_{\text{constant}} \) \(\sum_{\text{constant}} \)	`
4 C	(Code:) (Expenses \$6,507,989. including grants of \$6,507,989.) (Revenue \$ CARDINAL SCHOLARSHIP PROGRAM - THIS INITIATIVE PROVIDES FINANCIAL	_)
	ASSISTANCE TO THOSE IN PUBLIC SCHOOL LOOKING TO ENROLL AT AN	
	INNER-CITY SCHOOL. DEPENDING ON FINANCIAL NEED OF THE FAMILY,	
	THESE SCHOLARSHIPS COVER UP TO 75% OF THE SUBSIDIZED TUITION.	
	THESE SCHOLLARSHIPS COVER OF TO 75% OF THE SUBSTIDIZED TOTTION.	
_		
4d	Other program services (Describe in Schedule O.) ATTACHMENT 1	
	(Expenses \$ 283,713. including grants of \$ 188,672.) (Revenue \$)	
4 e	Total program service expenses ▶ 12,018,918.	

Form **990** (2011)

JSA 1E1020 1.000 56709G 2502 V 11-6.5 [ICSF] PAGE 3 Form 990 (2011)
Page 3

Part	Checklist of Required Schedules		V	N1 -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		37
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
4.0	complete Schedule D, Part IV	9		X
10		4.0	x	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а		11a	x	
h	Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	IIa	21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	115		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
<u> </u>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes."			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			7.5
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u> </u>		

[ICSF]

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.		25	- 21	
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? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			21
28				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.7
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
0.7	IV, and V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	334		
D		2 E h		v
0.0	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,			
	Part VI	37		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	38	X	

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Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V................ 39 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 Χ **b** If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 Χ 7a and services provided to the payor? Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Χ 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Х organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? X Χ **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI............................. Χ Section A. Governing Body and Management Nο 39 1a 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 38 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with

Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body?............... Χ 8b 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

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

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?			Х
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?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed \triangleright _ $\stackrel{NY}{-}$ _ $\stackrel{\cdot}{-}$ _ 17

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

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

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶ MONSIGNOR GREGORY MUSTACIUOLO 1011 FIRST AVENUE NEW YORK, NY 10022

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Yes No

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) ARCHBISHOP TIMOTHY M. DOLAN	1.00	Х		Х				C	0	0
(2) ARTHUR J MAHON TRUSTEE	1.00	х						C	0	0
(3) BISHOP DENNIS SULLIVAN TRUSTEE	1.00	Х						0		0
(4) CATHERINE M. KEATING TRUSTEE	1.00	Х						0	0	0
(5) CHRISTINE H. SCHWARZMAN TRUSTEE LEFT 05/31/12	1.00	Х						0	0	0
(6) EDWARD D HERLIHY TRUSTEE	1.00	Х						C	0	0
(7) FLORENCE B. D'URSO TRUSTEE DECEASED 04/25/12	1.00	Х						C	0	0
(8)_FREDERIC_V. SALERNO TRUSTEE	1.00	Х						C	0	0
(9) GEORGE B. IRISH TRUSTEE	1.00	Х						О	0	0
_(10) HELEN T. LOWE TRUSTEE/MEMBER	1.00	Х						О	0	0
_(11) HON. MILTON L. WILLIAMS, SR. TRUSTEE/VICE PRESIDENT	1.00	X						C	0	0
(12) HOWARD J. RUBENSTEIN TRUSTEE	1.00	Х						0	0	0
(13) JOHN J. FARRELL TRUSTEE	1.00	Х						0	0	0
(14) JOHN M. CALLAGY ESQ. TRUSTEE	1.00	Х						O	0	0

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Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (describe	box,	unles er and	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an com	(F) stimated nount of other pensation		
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	anization	ł	
15) JOHN Q. DOYLE TRUSTEE	1.00	Х						0	0			0	
16) JOSEPH R. SCHMUCKLER TRUSTEE JOINED 05/31/2012	1.00	Х						0	0			0	
17) LAWRENCE B BENENSON TRUSTEE	1.00	Х						0	0			0	
18) MARTIN J. SULLIVAN TRUSTEE	1.00	Х						0	0			0	
19) MARY ANN TIGHE TRUSTEE/VICE PRESIDENT	1.00	Х		Х				0	0			0	
20) MAURO C. ROMITA TRUSTEE	1.00	Х						0	0			0	
21) MICHAEL J. MILLETTE TRUSTEE	1.00	Х						0	0			0	
22) MO ROCCA TRUSTEE	1.00	Х						0	0			0	
23) MONSIGNOR GREGORY MUSTACIUOLO TRUSTEE/TREASURER	1.00	Х		Х				0	0			0	
24) PATRICIA A. QUICK TRUSTEE	1.00	Х						0	0			0	
25) PAUL P. WOOLARD TRUSTEE/VICE PRESIDENT	1.00	Х		Х				0	0			0	
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						>	313,931.	0		29,5	86.	
d Total (add lines 1b and 1c)							► o re	313,931.	0 \$100,000 of		29,5	86.	
reportable compensation from the organization	n ▶	4	2								Yes	No	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the sche										3		Х	
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	. It	"Yes	5, "	complete Schedu	le J for such	4	X		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5		Х	
Section B. Independent Contractors			1			4		de at manage of the					
 Complete this table for your five highest com compensation from the organization. Report of 													

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	ed)	
(A) Name and title	(B) Average hours per week (describe	box,	unle:	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar com	(F) stimated nount of other apensation	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anization d related anization	t
26) PETER K. SCATURRO												
TRUSTEE	1.00	Х						0	0			0
27) PETER T GRAUER TRUSTEE/PRESIDENT	1.00	X		Х				0	0			0
28) PONCHITTA PIERCE TRUSTEE	1.00	X						C	0			0
29) ROBERT M AMEN TRUSTEE	1.00	Х						C	0			0
30) RONALD E BLAYLOCK TRUSTEE	1.00	Х						C	0			0
31) SUSAN GEORGE EXECUTIVE DIRECTOR	40.00	Х		Х				203,056.	0		25,6	14.
32) THOMAS C. QUICK TRUSTEE	1.00	Х						C	0			0
33) THOMAS S MURPHY, JR. TRUSTEE	1.00	Х						0	0			0
34) THOMAS S. JOHNSON TRUSTEE	1.00	Х						O	0			0
35) TIMOTHY C. MUCCIA TRUSTEE	1.00	Х						O	0			0
36) TIMOTHY MCNIFF TRUSTEE	1.00	Х						O	0			0
1b Sub-total c Total from continuation sheets to Part VII, S							>		-			
d Total (add lines 1b and 1c)	·=						•					
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose			bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	reater than	\$15	0,0	00?	? It	"Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5		X
Section B. Independent Contractors	,					22.0.7	,					
Complete this table for your five highest concompensation from the organization. Report year.												

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

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

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Part VII Section A. Officers, Directors, Tru		:y ⊏iī	ibio			anu f	ug	1		Contil		
(A) Name and title	Average hours per week (describe	box,	unles er and	s pe	ition more	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensate	of
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the organization and relate organization	on ed
37) ANTHONY J. DE NICOLA TRUSTEE	1.00	Х						0		0		(
38) SAMUEL A PIAZZA ,JR TRUSTEE	1.00	Х						O		0		C
9) JAMES B LEE TRUSTEE	1.00	Х						O		0		C
0) STEPHEN G ROONEY, ESQ TRUSTEE	1.00	Х						O		0		C
1) WALTERS S TOMEN,JR TRUSTEE	1.00	Х						О		0		C
2) GININE MOHAMAD SENIOR DIR OF DEVELOP OF GIFTS	1.00					Х		110,875.		0	3,	972.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >					
Total number of individuals (including but not reportable compensation from the organization			liste	d at	OOV	e) who	o re	eceived more than	\$100,000 of		V	T
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										;	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	5, "	nd other compens complete Schedu	sation from the		4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	ron	n any	un				5	Х
Section B. Independent Contractors Complete this table for your five highest common compensation from the organization. Report of the compensation from the organization.											ax	
year. (A)							Τ	(B)			(C)	

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

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

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Pai	rt VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
ية ق	b	Membership dues 1b				
ts, An	С	Fundraising events 1c 2,094,497.				
ia i	d	Related organizations 1d				
ns, Sim	е	Government grants (contributions) 1e				
er S	f	All other contributions, gifts, grants,				
듗본		and similar amounts not included above . 1f 12,623,634.				
on t	g	Noncash contributions included in lines 1a-1f: \$				
ă Č	h	Total. Add lines 1a-1f	14,718,131.			
ne		Business Code				
ven	2a					
Re	b					
<u>:</u>						
ē	C .					
S	d					
Iai	е					
Program Service Revenue	f	All other program service revenue				
	g	Total. Add lines 2a-2f ▶	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	678,629.			678,629.
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
	'"	assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	0			
Ð	8.2	Gross income from fundraising				
nu	""	events (not including \$2,094,497.				
Š		of contributions reported on line 1c).				
Re		See Part IV, line 18				
e	L	Less: direct expenses b 565,910.				
Other Revenue	b	Net income or (loss) from fundraising events	97,298.			
O			37,230.			
	9а	Gross income from gaming activities. See Part IV, line 19				
	١.					
	b	Less: direct expenses	0			
	C		0			
	10a	Gross sales of inventory, less returns and allowances				
	١.					
	b	Less: cost of goods sold				
		Miscellaneous Revenue Business Code	0			
	11a					
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions	15,494,058.			678,629.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_	Check if Schedule O contains a resp				
	o not include amounts reported on lines 6b, 9, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	ğ	11 400 651	11 100 651		
	organizations in the United States. See Part IV, line 21 .	11,493,651.	11,493,651.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	219,776.		54,944.	164,832
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0		110 00-	
7	Other salaries and wages	460,611.		142,885.	317,726
8	Pension plan accruals and contributions (include section	45 000		·	20 11 -
	401(k) and 403(b) employer contributions)	45,335.		5,924.	39,411
9	Other employee benefits	65,975.		13,349.	52,626
10	Payroll taxes	42,632.		12,647.	29,985
11	Fees for services (non-employees):				
	Management	0			
	Legal	0		41 000	
	Accounting	41,200.		41,200.	
d	Lobbying	0			248 120
	Professional fundraising services. See Part IV, line 17	347,132.			347,132
f	Investment management fees	0			25 021
g	Г	37,931.			37,931
12	Advertising and promotion	310,918.		01 250	310,918
13	Office expenses	21,350.		21,350.	
14	Information technology	62,837.		62,837.	
15	Royalties	0 6 6 4 0		06.640	
16	Occupancy	86,640.		86,640.	16 200
17	Travel	19,537.		3,228.	16,309
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	27,784.		27,784.	
22	Depreciation, depletion, and amortization	3,398.		3,398.	
23	Insurance	3,390.		3,390.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	EVENTS ALLOCATION	38,337.		38,337.	
	FOOD/GRATUITIES/EVENTS	29,973.		5,163.	24,810
	BE A STUDENT'S FRIEND PROG.	430,226.	430,226.	3,103.	21,010
	ENRICHMENT PROGRAM	95,041.	95,041.		
		335,016.	73,041.	253,327.	81,689
	All other expenses Total functional expenses. Add lines 1 through 24e	14,215,300.	12,018,918.	773,013.	1,423,369
	Joint costs. Complete this line only if the	11,213,300.	12,010,010.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,123,307
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)	0			

JSA 1E1052 1.000

Form **990** (2011)

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Form 990 (2011) Page **11**

Pa	rt X	Balance Sheet			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	2,115,971.	2	2,147,008.
	3	Pledges and grants receivable, net	3,402,012.	3	3,295,098.
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0		0
ets	7	Notes and loans receivable, net	2,348,698.	7	2,376,340.
Assets	8	Inventories for sale or use	0	8	0
⋖	9	Prepaid expenses and deferred charges	25,324.	9	30,450.
	_	Land, buildings, and equipment: cost or	·		•
		other basis. Complete Part VI of Schedule D 10a 277,845.			
	b	Less: accumulated depreciation 10b 41,677.	54,150.	10c	236,168.
	11	Investments - publicly traded securities	8,472,134.	11	10,367,338.
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	169,725.	15	175,529.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,588,014.	16	18,627,931.
	17	Accounts payable and accrued expenses	64,272.	17	231,185.
	18	Grants payable	104,413.	18	88,100.
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities		20	0
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Ĕ	22	Payables to current and former officers, directors, trustees, key			
-ja		employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23 24	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0	24	0
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	117,844.	25	528,577.
	26	Total liabilities. Add lines 17 through 25	286,529.	26	847,862.
es		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			,
anc	27	Unrestricted net assets	3,791,643.	27	4,596,227.
Fund Balances	28	Temporarily restricted net assets	6,677,842.	28	7,336,510.
둳	29	Permanently restricted net assets	5,832,000.	29	5,847,332.
or Fui		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	16,301,485.	33	17,780,069.
	34	Total liabilities and net assets/fund balances	16,588,014.	34	18,627,931.

Form **990** (2011)

Form 990 (2011) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI............ 15,494,058. 1 1 14,215,300. 2 2 1,278,758. 3 3 16,301,485. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 199,826. 5 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 17,780,069. Part XII **Financial Statements and Reporting** No X Accrual Accounting method used to prepare the Form 990: Cash 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? 2a Χ **b** Were the organization's financial statements audited by an independent accountant? 2b Х 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Both consolidated and separate basis X | Separate basis Consolidated 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?

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** (2011)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

		he organization							Emplo	•	tification number
_		CITY SCHOLARSE									-0453629
Pa	rt I	Reason for Publ	lic Charity Statu	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions	•
The	orga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)		
2		A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)						
3	Ш	A hospital or a coo	perative hospital s	ervice organization descr	ibed in	sectio	n 170(b)(1)(A)	(iii).		
4		A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b)(1)(A)(iii). Enter the
		hospital's name, cit									
5		An organization op section 170(b)(1)(A		nefit of a college or univ Part II.)	ersity	owned	or ope	erated b	oy a go	vernme	ntal unit described in
6				or governmental unit des	cribed	in sect	tion 170	(b)(1)(A)(v).		
7	Х		•	es a substantial part of it						it or fro	om the general public
		described in sectio	=	·	1 1		- 3				3 - 1 - 1
8				on 170(b)(1)(A)(vi). (Com	plete F	Part II.)					
9	П	-		es: (1) more than 331/3%	•			contrib	utions.	membe	ership fees, and gross
		-	-	exempt functions - sub							
		•		ome and unrelated busi			-				
				ne 30, 1975. See section				-			,
10				ted exclusively to test for	-		-			.).	
11	П			rated exclusively for the							or to carry out the
		_	-	ipported organizations de			-				
				es the type of supporting							
		a Type I	b Type	II c Type	III - Fu	unction	ally inte	grated		d 🗌	Type III - Other
е		By checking this I	box, I certify that	the organization is not	contr	olled	directly	or ind	irectly	by one	or more disqualified
		persons other than	foundation mana	gers and other than one	or mo	re pub	olicly su	pported	d organ	izations	described in section
		509(a)(1) or section	n 509(a)(2).								
f		If the organization	received a writte	n determination from th	e IRS	that it	is a Ty	уре I, Т	ype II,	or Type	e III supporting
		organization, check	this box								
g		Since August 17, 2	006, has the orga	nization accepted any gift	or co	ntribut	ion from	any of	the		
		following persons?									
		(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogeth	er with	person	s desc	ribed in	(ii) Yes No
		and (iii) below,	the governing boo	dy of the supported organ	ization	?					11g(i)
		(ii) A family memb	oer of a person des	scribed in (i) above?							11g(ii)
		(iii) A 35% controll	led entity of a pers	son described in (i) or (ii) a	bove?						11g(iii)
h		Provide the following	ng information abo	ut the supported organiza	ation(s)).					
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization		ls the	, , ,	ou notify		s the	(vii) Amount of
		organization		(described on lines 1-9 above or IRC section		zation in Iisted in	the orga	anization		zation in rganized	support
				(see instructions))		overning ment?	your su			U.S.?	
					Yes	No	Yes	No	Yes	No	
/۸۱											
(A)											
(B)											
(C)											
(D)											
(E)											
\-/											
Tota	al										

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **2**

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,674,807.	13,902,297.	14,945,937.	17,222,012.	12,865,949.	78,611,002.	
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	19,674,807.	13,902,297.	14,945,937.	17,222,012.	12,865,949.	78,611,002.	
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)						23,994,063.	
6	Public support. Subtract line 5 from line 4.						54,616,939.	
	tion B. Total Support	(-) 0007	#-> 0000	(-) 0000	(4) 0040	(-) 0044	(0 T-+-I	
_	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	19,674,807.	13,902,297.	14,945,937.	17,222,012.	12,865,949.	78,611,002.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	232,655.	198,188.	232,422.	514,629.	678,629.	1,856,523.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				10,049.	2,515,390.	2,525,439.	
11	Total support. Add lines 7 through 10						82,992,964.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	19,724,586.	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup	port Percenta	ge			T T		
14	Public support percentage for 2011 (li		•			14	65.81%	
15	Public support percentage from 2010					15	66.96%	
16a	331/3% support test - 2011. If the c							
	this box and stop here. The organizati						▶ <u>X</u>	
b	331/3% support test - 2010. If the c	_						
47-	check this box and stop here. The org	•						
1 <i>1</i> a	10%-facts-and-circumstances test - 2 10% or more, and if the organization							
	Part IV how the organization meets							
	_			=	-		upported	
h	organization 10%-facts-and-circumstances test - 2						and line	
b	15 is 10% or more, and if the organization		•					
	Explain in Part IV how the organization						-	
	supported organization				_	•	► Publicly	
18	Private foundation. If the organization						🚩 🗀	
. 0	instructions							
				· · · · · · · · ·			· · · · · · <u> </u>	

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **3**

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

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

Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9 Amounts from line 6								
1 Gifts, grants, contributions, and membership fees no covered. (Op not include any functual grants). 2 Giness treespit from antissions, membershape sold or services performed, or facilities furnished in any activity that is relieded to the organization's tax-exempt purpose. 3 Giness treespit from activities that are not an unrelead trate or business under section 513. 4 Tax revenues levied of 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. 7 Ta A monutis included on lines 1, 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 1, 2, and 3 received from disqualified persons in the second the greater of 15,000 or 1% of the amount on line 13 for the year c Add lines 7 and 37 to 1. 8 Public support (Subtract line 7 of from line 6.) 9 Annouras from line 6. 10 Special from line 6. 10 Special from line 6. 11 Total Support (Subtract line 7 of from line 6.) 12 Other income. Do not include gain or loss from the saie of capital sesses section 511 taxes) from businesses accurred affect June 30, 1975. 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 50 to organization, check his box and stop here. 5 Public support percensage from 2010 Schedule A, Part III, line 15. 15 Public support percensage from 2010 Schedule A, Part III, line 17. 18 Public support percensage from 2010 Schedule A, Part III, line 17. 19 3 33173% support percensage from 2010 Schedule A, Part III, line 15. 16 Section D. Computation of Public Support Percentage 17 investment income percentage from 2010 Schedule A, Part III, line 15. 18 line 18 is not more than 33173%, check this box and				42000	() 0000	(1) 0040	() 0044	(O.T.)
received. (Const include any vinusual grants.) 2 Cross receipts from admissions, merchandise sold or sentioss performed or facilities furnished in any activity that is relieved to the organization's tearement purpose. 3 Gross receipts from admissions, merchandise sold or sentions performed on facilities furnished in any activity that is relieved to the organization's tearement purpose. 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			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2 Goss receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is reliated to the organization's tax-eventy purpose 3 Goss receipts from activities that are not an unrelead trade or business under section 513. 4 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf to or expended on its organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disputabled persons b Amounts included on lines 2 and 3 received from other than disputabled persons that exceed the greater of \$6,000 co. Add lines 7 and 7 fbr. 1.3 for the year received provides in line 5 to the year of the persons that exceed the greater of \$6,000 co. 8 Public support (Subtract line 7 c from line 6.) 2 Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (e) 2		,						
sold or services performed, or facilities furnished in any activity that is related to the organizations trace-empt purpose. 3. Gines receipts from activities that are not an unrelated trace because the control of the organizations benefit and either paid to or expended on its behalf and either paid to or expended on its behalf until to the organization without charge. 5. The value of services or facilities furnished by a governmental unit to the organization without charge. 6. Total Add lines 1 through 5. 7. A Amounts included on lines 1, 2, and 3. received from disqualified persons		· · · · · · · · · · · · · · · · · · ·						
turnished in any activity that is related to the organization's tax-everyt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 at Tax revenues levide for the organization's benefit and either paid to or expended on its behalf		·						
3 Gress receipts from activities that are not an unrelated throid 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 . 9 Amouns included on lines 2 and 3 received from disqualified persons . 9 Amouns included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Public support (Subtract line 7 or from line 6.) 9 Amounts from line 6. 10a Gress income from inerest, dividends, orens, rens, revalues and the securities loans, rens, results and the securities loans, results and res		sold or services performed, or facilities						
3 Gross receipts from activities that are not an unrelated trade or business under section 613 unrelated trade or expended on its behalf user or expended on its behalf user or expended on its behalf user organization without charge unrelated trade organization without charge unrelated for the organization without charge unrelated unrel								
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 to the organization without charge to the form of the than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on its 13 for the year c Add lines 7 and 70. 8 Public support (Subtract line 7 c from line 6). 9 Amounts from line 6,		organization's tax-exempt purpose						
4 Tax revenues levied for the organizations 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. 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) P 9 Amounts from line 6, 9 Amounts from line 6, 10a Gross income from interest, dividends, penelegation of the service of the service of the service of the sources, repairs, 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. 1 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 1 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 1 Total support. (Add lines 9, 10c, 11, and 12.) 1 Total support. (Add lines 9 or 10bil Support Percentage 1 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 8 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 1 Public support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 1 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 1 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 15 1 Total support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 16 1 Total support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 16 1 Total support	3	Gross receipts from activities that are not an						
organization's benefit and either paid to or expended on its behalf or the variable 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 disputified persons		unrelated trade or business under section 513						
to or expended on its behalf 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	4	Tax revenues levied for the						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5,		organization's benefit and either paid						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5,		to or expended on its behalf						
organization without charge 6 Total Add lines 1 through 5. 7 a 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) 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources, in the first of the organization from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated businesses acquired after June 30, 1975 c Add lines 10a and 10b 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 organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). 15 Public support percentage from 2010 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2010 Schedule A, Part III, line 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 13 31/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3% ine 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ is 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is mor								
organization without charge 6 Total Add lines 1 through 5. 7 a 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) 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources, in the first of the organization from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated businesses acquired after June 30, 1975 c Add lines 10a and 10b 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 organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). 15 Public support percentage from 2010 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2010 Schedule A, Part III, line 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 13 31/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3% ine 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ is 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is mor		furnished by a governmental unit to the						
6 Total. Add lines 1 through 5, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons								
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		' '						
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18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ	17	Investment income percentage for 2011 (lin	ie 10c, column ((f) divided by line 1	3, column (f))		17	%
 19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3% check this box and stop here. The organization qualifies as a publicly supported organ 							18	%
17 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supported organ							re than 331/3%,	and line
b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331, line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		-						. \square
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ					•	•		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see inst		•		•	•			

JSA 1E1221 1.000 Schedule A (Form 990 or 990-EZ) 2011 Page 4

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

Schedule A (Form 990 or 990-EZ) 2011

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number Name of the organization INNER CITY SCHOLARSHIP FUND INC 51-0453629 Organization type (check one): Filers of: Section: Х 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** | X | For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \blacktriangleright \$_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

JSA 1E1251 1.000

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

Name of organization INNER CITY SCHOLARSHIP FUND INC

Employer identification number
51-0453629

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

a noncash contribution.)

Name of organization INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 _ _ _ \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 _ _ _ \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		_					

Name of organization INNER CITY SCHOLARSHIP FUND INC

Employer identification number

				51-0453629
Part III Exclu	<i>isively</i> religious, charitable, etc., i	ndividual contribut	ions to section 50	01(c)(7), (8), or (10) organizations
	total more than \$1,000 for the yea	•		
conti	organizations completing Part III, en ributions of \$1,000 or less for the y	ter the total of <i>exclu</i> /ear. (Enter this info	rmation once. Se	e instructions.) >\$
	duplicate copies of Part III if addition	•		- ποι ασιοποί.) • ψ
(a) No.	·	•		
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee
-				
-				
(a) No.				
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
-				
		(e) Transfe	r of gift	
	Transferee's name, address, and ZIP + 4 Relation			ship of transferor to transferee
—				
-				
-				
(a) No.				
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Touristance la manue address and	71D . 4	Dalatian	abin of the office of the original and t
	Transferee's name, address, and	ZIP + 4	Kelation	ship of transferor to transferee
-				
-				
-				
(a) No.	#NB 5 55			405
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferral come added	7ID . 4	Balan	ahin of turnsform to town-form
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee
—				
l l				

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nam	e of the organization			Employer identification number
INI	NER CITY SCHOLARSHIP FUND INC			51-0453629
Pa	Organizations Maintaining Donor Advious organization answered "Yes" to Form 9		Similar Funds o	r Accounts. Complete if the
		(a) Donor advi	sed 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 a	advisors in writing tha	the assets held in	n donor advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, ar	e organization's exclusi	ve legal control?	Yes No
•	only for charitable purposes and not for the benefi			
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if	the organization ans	wered "Yes" to F	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the			<u> </u>
	Preservation of land for public use (e.g., recre			of an historically important land area
	Protection of natural habitat	eation of Education)		of a certified historic structure
			— Preservation	or a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eld a qualified conserv	ation contribution i	n the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
	Total average of accounting accounts			
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С.	Number of conservation easements on a certified			2c
d	Number of conservation easements included in (c)	•		
_	historic structure listed in the National Register .			
3	Number of conservation easements modified, tran tax year ▶	sferred, released, exti	nguished, or termir	nated by the organization during the
4	Number of states where property subject to conse	rvation pasament is loc	ated -	
5	Does the organization have a written policy regard			
3	violations, and enforcement of the conservation ea			-
6	Staff and volunteer hours devoted to monitoring, in			
	>			
7	Amount of expenses incurred in monitoring, inspectors \$\	ting, and enforcing co	nservation easeme	ents during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy th	e requirements of s	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports	conservation easemer	nts in its revenue ar	nd expense statement, and
	balance sheet, and include, if applicable, the text of			·
	organization's accounting for conservation easeme	nts.		
Pa	Organizations Maintaining Collections Complete if the organization answered	of Art, Historical Tr "Yes" to Form 990, I	easures, or Other	er Similar Assets.
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), r	ot to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIV, the text of the form	ootnote to its financial	statements that de	scribes these items.
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts relations.	or assets held for pub ng to these items:	olic exhibition, ed	ucation, or research in furtherance of
	(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 a	t, historical treasures	or other similar	assets for financial gain, provide the
	following amounts required to be reported under S			<u> </u>
а	Revenues included in Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **2**

Par	t Ⅲ Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	ssets (c	continue	d)	
3	Using the organization's acquisitio collection items (check all that appl		other recor	ds, check	c any o	of the	follow	ing that a	e a sigr	nificant u	se of	f its
а	Public exhibition		d	Loa	n or ex	chan	ge prog	rams				
b	Scholarly research		е 🗀	Oth	er							
С	Preservation for future ge	nerations	_	_								
4	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	n solicit or receive o	lonations o	f art, histo	orical tr	easu	res, or o	other simila	ır			
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? • • • • • • • • • • • • • • • • • • •											
Par	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.											
	Is the organization an agent, truster included on Form 990, Part X?								_	Yes		No
b	If "Yes," explain the arrangement in	Part XIV and compi	ete the foil	owing tat	oie:			Λ.				
	Description by Landau					_		Ar	nount			
	Beginning balance					1c						
d	Additions during the year					1d						
e	Distributions during the year					1e						
1	Ending balance									V	$\overline{}$	NI -
	Did the organization include an am		art X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in		:t:				00/) D = = (I) /	l: 40			
Par	t V Endowment Funds. Com							(d) Three ye		(a) Faur		
1a	Beginning of year balance	(a) Current year 6,960,172.	(b) Prio	4,745.	(c) Tw		783.		,084.	(e) Four	ears t	Jack
	Contributions	4,413,413.		3,882.			531.		,491.			
	Net investment earnings, gains,	4,413,413.	00	3,002.	⊥,.	100,	JJI.	034	, 491.			
C	and losses	843,315.	42	1,260.		414	929.	_22	792.			
d	Grants or scholarships	043,313.	72.	1,200.		111,	747.		, 102.			
	Other expenditures for facilities											
·	and programs	271,918.	10	9,715.		87	498.					
f	Administrative expenses	271,510.		J, 11J.		07,	100.					
g	End of year balance	11,944,982.	6 96	0,172.	5 5	274	745.	4,438	783			
2	Provide the estimated percentage			-					, , , , , ,			
a	Board designated or quasi-endown			, (iiiic 1g,	COIGITII	ι (α))	iicia as	•				
b	Permanent endowment ► 49.0											
C	Temporarily restricted endowment											
	The percentages in lines 2a, 2b, an		00%									
3a	Are there endowment funds not in	•		tion that	are hel	d and	d admir	istered for	the			
	organization by:									Y	es	No
	(i) unrelated organizations									3a(i)		X
	(ii) related organizations									3a(ii)		X
b	If "Yes" to 3a(ii), are the related org									3b		
4	Describe in Part XIV the intended u		-									
Par	t VI Land, Buildings, and Equ											
	Description of property	(a) Cost or (invest	other basis	(b) Cost o		asis		cumulated eciation	(d	l) Book valu	e	
1a	Land											
b	Buildings											
С	Leasehold improvements			2	277,84	45.		41,677.		23	6,1	68.
d	Equipment											
е	Other											
Tota	I. Add lines 1a through 1e. (Column		n 990, Part	X, columr	n (B), lin	ne 10	(c).)	▶		23	6,1	68.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page 3

Part VII	Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	222 5 12/ 11		
Part VIII	Investments - Program Related. See F			
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(h) must small Familian Cook Bank V and (D) fine 40.)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, li	no 15		
I all IX		Description		(b) Book value
(1)	(ω)	Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	ral income taxes			
(2) PAYA	BLE TO ARCHDIOCESE OF NEW YORK	528,	577.	
(3)				
(4)				
(5)				
_(6)				
_(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 528,5	577.	
2 EINI 40 /	ASC 740) Egotpoto In Bart VIV provide the	tout of the feetnete to	the ergenization's financial statemen	to that raparta the

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

JSA 1E1270 1.000

Page 4 Schedule D (Form 990) 2011

Ochicaa	C D (10111 330) 2011			1 age 4
Part			S	15 404 050
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-	15,494,058.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		14,215,300.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		1,278,758.
4	Net unrealized gains (losses) on investments	4	-	199,826.
5	Donated services and use of facilities	5		
6	Investment expenses	6	-	
7 8	Prior period adjustments Other (Peceribe in Port XIV.)	7	-	
9	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8	8 9		199,826.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		1,478,584.
Part		_		1,470,304.
1	Total revenue, gains, and other support per audited financial statements		1	15,693,884.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· ·	•	13,003,001.
a		26		
b	Net unrealized gains on investments Donated services and use of facilities 2a 199,82 2b			
C	Recoveries of prior year grants 2c	-		
d	Other (Describe in Part XIV.)	-		
e			2e	199,826.
3	Add lines 2a through 2d Subtract line 2e from line 1	· ·	3	15,494,058.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	15,151,050.
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.) 4b	-		
C	Add Bass As and Ab	-	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,494,058.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		_	13,131,030.
1	Total expenses and losses per audited financial statements	Ctui	 1	14,215,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •	•	
a	Denoted convices and use of facilities			
b	Prior year adjustments	\neg		
C	Other losses	\neg		
d	Other (Describe in Part XIV.)	\neg		
e	Add lines 2a through 2d	\neg	2e	
3	Subtract line 2e from line 1	• •	3	14,215,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• •		, , , , , , , , , , , , , , , , , , , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
	Add lines 4a and 4b	-	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	::	5	14,215,300.
	XIV Supplemental Information	• • •		
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complicational information.	art IV, blete	lines	s 1b and 2b; art to provide
SEE	PAGE 5			

Page 5

FORM 990, SCHEDULE D, PART X

TAX STATUS

FINANCIAL ACCOUNTING STANDARD BOARDS (FASB) INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AS INTERPRETATION OF FASB STATEMENT NO. 109, WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. ADOPTION OF FIN 48 HAD NO MATERIAL IMPACT ON THE ICSF FINANCIAL STATEMENTS AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES WAS REFLECTED IN THE AUDITED FINANCIAL STATEMENTS.

FORM 990, SCH D, PART V

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

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

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

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

Schedule D (Form 990) 2011

JSA 1E1226 2.000

56709G 2502 V 11-6.5 [ICSF] PAGE 28

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	n number
INNER CITY SCHOLARSHIP FUND	INC				51-0453629)
Part I Form 990-EZ filers are n				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization				activities. Check a	all that apply.	
a X Mail solicitations	е		_	non-government g	* * *	
b Internet and email solicitation				government grants		
c Phone solicitations	g			ising events	,	
d In-person solicitations	9	Opc	ciai iuiiuia	ising events		
2a Did the organization have a writte or key employees listed in Form 9	990, Part VII) or entity	in connec	ction with p	rofessional fundra	ising services?	X Yes No
b If "Yes," list the ten highest paid compensated at least \$5,000 by t		(Tunuraise	ers) pursua	int to agreements	under which the	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
FAIRCOM 2	DIRECT MAIL		X	176,341.	120,083.	56,258.
TRINITY DIRECT	DIRECT MAIL		X	24,519.	16,697.	7,822.
3	DIRECT PRITE		21	21,317.	10,057.	7,022.
CARE2	DIRECT MAIL		Х	9,178.	6,250.	2,928.
4						
EURO AMERICAN	DIRECT MAIL		X	299,722.	204,102.	95,620.
5						
6						
7						
8						
9						
10						
Tatal				500 760	247 120	160 600
Total 3 List all states in which the organ				509,760.		162,628.
registration or licensing.	ization is registered t	n licerise	u 10 3011011	contributions of	nas been notinea	it is exempt from
NY,						

Page 2 Schedule G (Form 990 or 990-EZ) 2011

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

		gross receipts greater than \$5,0	00.			
			(a) Event #1 ANNUAL DINNER	(b) Event #2 SPRING GALA	(c) Other Events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue		Crass respirts	1 267 605	772 776	716 224	2 757 705
Seve		Gross receipts Less: Charitable	1,267,605.	773,776.	716,324.	2,757,705
Ľ	_	contributions	911,309.	558,167.	625,021.	2,094,497
	3	Gross income (line 1 minus	311/303.	33071071	023 / 021 .	270317137
		line 2)	356,296.	215,609.	91,303.	663,208
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
per						
ñ	7	Food and beverages	148,303.	131,102.	160,833.	440,238
irec	۰	Entertainment		5,495.		5,495
	0	Entertainment		3,493.		3,493
	9	Other direct expenses	38,027.	51,958.	30,192.	120,177
	10	Direct expense summary. Add lines 4	1 through 9 in column (d)		(565,910.)
	11	Net income summary. Combine line 3	3. column (d). and line 1	,		97,298
Pa						rted more
		than \$15,000 on Form 990-E	Z, line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			., ,	bingo/progressive bingo		coi. (a) through coi. (c))
Re	4	Gross revenue				
	•	Gross revenue				
S	2	Cash prizes				
SUS						
xbe	3	Noncash prizes				
Direct Expenses						
)ire	4	Rent/facility costs				
_	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	>	()
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7		
_	_					
9		nter the state(s) in which the organizat				
		the organization licensed to operate of "No," explain:				Yes No
,	, 11					
	-					
10 a	a W	ere any of the organization's gaming l	licenses revoked, suspe	ended or terminated during	ng the tax year?	Yes No
ŀ) If	"Yes," explain:			· · · ·	
	_					

Sched	ule G (Form 990 or 990-EZ) 2011 Page 3
11	Does the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
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?
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 ►
	Name ►
	Address ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	
h	retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations
-	or spent in the organization's own exempt activities during the tax year > \$
Part	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).
FUN	DRAISING EXPENSES
DIR	ECT MAIL CAMPAIGN EXPENSES IN THE AMOUNT OF \$367,082 REPORTED ON THE
AUD:	ITED FINANCIAL STATEMENTS AND REPORTED ON PART IX, LINE 11E, DIRECT
	THE PROPERTY OF THE TANK AND
MAI:	L FUNDRAISING EXPENSE. IN JULY 2012, EURO AMERICAN CHANGED THEIR NAME
πО :	EN TROOM
10 .	FAIRCOM.

Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
INNER CITY SCHOLARSHIP FUND INC						51-0453629)
Part I General Information on Grants a	and Assistance)					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistance	9?					X Yes No
Part II Grants and Other Assistance to to Form 990, Part IV, line 21, fo Part II can be duplicated if addition	r any recipient	that received	ations in the Unit more than \$5,00	00. Check this b	plete if the organiza ox if no one recipier	ation answered "Y nt received more th	es" nan \$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. JOSEPH - YORKVILLE							
420 EAST 87TH STREET NEW YORK, NY 10128	13-2691296	501(C)(3)	8,000.				FINACIAL AID GRANTS
(2) ANNUNCIATION							
461 WEST 131ST ST NEW YORK, NY 10027	13-2686484	501(C)(3)	62,000.				FINANCIAL AID GRANT
(3) ASCENSION							
220 WEST 108TH ST. NEW YORK, NY 10025	13-2695240	501(C)(3)	40,220.				FINANCIAL AID GRANT
(4) blessed sacrament							
147 WEST 70TH ST NEW YORK, NY 10023	13-2693402	501(C)(3)	10,000.				FINANCIAL AID GRANT
(5) CORPUS CHRISTI							
535 WEST 121ST ST NEW YORK, NY 10027	13-2698639	501(C)(3)	28,000.				FINANCIAL AID GRANT
(6) GOOD SHEPARD							
620 ISHAM ST NEW YORK, NY 10034	13-1623946	501(C)(3)	37,000.				FINANCIAL AID GRANT
(7) GUARDIAN ANGEL							
193 10TH ST NEW YORK, NY 10011	13-2693053	501(C)(3)	30,000.				FINANCIAL AID GRANT
(8) HOLY CROSS							
332 WEST 43RD ST NEW YORK, NY 10036	13-2687238	501(C)(3)	17,000.				FINANCIAL AID GRANT
(9) HOLY NAME OF JESUS							
202 WEST 97TH ST NEW YORK, NY 10025	13-2693399	501(C)(3)	32,000.				FINANCIAL AID GRANT
(10) MT. CARMEL/HOLY ROSARY							
371 PLEASANT AVE NEW YORK, NY 10035	13-2831737	501(C)(3)	53,000.				FINANCIAL AID GRANT
(11) IMMACULATE CONCEPTION							
419 EAST 13TH ST. NEW YORK, NY 10009	13-2703315	501(C)(3)	32,000.				FINANCIAL AID GRANT
(12) INCARNATION							
570 WEST 175TH ST NEW YORK, NY 10033	13-2688407	501(C)(3)	84,790.				FINANCIAL AID GRANT
Enter total number of section 501(c)(3) arEnter total number of other organizations	nd government o	rganizations list 1 table	ed in the line 1 tab				
For Paperwork Reduction Act Notice, see the	Instructions fo	r Form 990.					lule I (Form 990) (2011

JSA

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Open to Public Inspection

Name of the organization						Employer identificat	ion number
INNER CITY SCHOLARSHIP FUND INC							9
Part I General Information on Grants and	Assistance	•				•	
1 Does the organization maintain records to su	bstantiate the	amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	or assistance, and	
the selection criteria used to award the grants	or assistance	?					X Yes No
2 Describe in Part IV the organization's proced	ures for moni	toring the use o	f grant funds in the	United States.			
Part II Grants and Other Assistance to G to Form 990, Part IV, line 21, for an Part II can be duplicated if additional	ny recipient	that received	more than \$5,00	00. Check this b		nt received more th	nan \$5,000.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OUR LADY OF LOURDES							
468 WEST 143RD ST NEW YORK, NY 10031	13-1663210	501(C)(3)	66,000.				FINANCIAL AID GRANTS
(2) OUR LADY OF POMPEII							
240 BLEECKER ST NEW YORK, NY 10014	13-3755325	501(C)(3)	12,000.				FINANCIAL AID GRANTS
(3) SACRED HEART							
95 WEST 168TH ST. BRONX, NY 10452	13-2691174	501 (C) (3)	41,000.				FINANCIAL AID GRANTS
(4) OUR LADY QUEEN OF ANGELS							
229 EAST 112TH ST NEW YORK, NY 10029	13-2687297	501(C)(3)	32,000.				FINANCIAL AID GRANTS
(5) OUR LADY QUEEN OF MARTYRS							
71 ARDEN ST NEW YORK, NY 10040	13-2694126	501(C)(3)	22,000.				FINANCIAL AID GRANTS
(6) ST. ALOYSIUS							
223 WEST 132ND ST NEW YORK, NY 10027	13-2687246	501(C)(3)	22,000.				FINANCIAL AID GRANTS
_(7) ST. ANN							
314 EAST 110TH ST NEW YORK, NY 10029	13-2688387	501(C)(3)	49,000.				FINANCIAL AID GRANTS
(8) ST. BRIGID							
185 EAST 7TH ST NEW YORK, NY 10009	13-2693076	501(C)(3)	28,000.				FINANCIAL AID GRANTS
(9) ST. CHARLES BORROMEO							
214 WEST 142ND ST NEW YORK, NY 10030	13-2688384	501(C)(3)	8,000.				FINANCIAL AID GRANTS
(10) ST. ELIZABETH							
612 WEST 187TH ST NEW YORK, NY 10033	13-2692428	501(C)(3)	42,000.				FINANCIAL AID GRANTS
(11) ST. GREGORY THE GREAT							
138 WEST 90TH ST NEW YORK, NY 10024	13-2688401	501(C)(3)	19,000.				FINANCIAL AID GRANTS
(12) ST. JAMES AND JOSEPH							
1 MONROE ST NEW YORK, NY 10002	13-5642887	501(C)(3)	59,474.				FINANCIAL AID GRANTS
2 Enter total number of section 501(c)(3) and g		•					
3 Enter total number of other organizations liste	ed in the line	1 table			<u> </u>	>	

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

Schedule I (Form 990) (2011)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2011)

Employer identification number Name of the organization INNER CITY SCHOLARSHIP FUND INC 51-0453629 Part 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC section (g) Description of (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, or government if applicable non-cash assistance cash assistance or assistance (1) ST. RAYMOND ELEM. 2380 EAST TREMONT AVE. BRONX, NY 10462 13-3615147 b01(c)(3) 52,000. 433 WEST 204TH ST NEW YORK, NY 10034 13-2687292 501(C)(3) 16,000. FINANCIAL AID GRANTS (3) ST. MARK THE EVANGELIST 55 WEST 138TH ST NEW YORK, NY 10037 13-2686814 b01(C)(3) 14,000. FINANCIAL AID GRANTS 114 EAST 118TH ST NEW YORK, NY 10035 13-2687825 b01(C)(3) 32,000. (5) ST. ROSE OF LIMA 517 WEST 164TH ST NEW YORK, NY 10032 13-2690364 b01(C)(3) FINANCIAL AID GRANTS 25,000. (6) ST. STEPHEN OF HUNGARY 13-2695173 b01(C)(3) 408 EAST 82ND ST NEW YORK, NY 10028 19,000. FINANCIAL AID GRANTS (7) TRANSFIGURATION 29 MOTT ST NEW YORK, NY 10013 13-5562331 b01(C)(3) 17,000 FINANCIAL AID GRANTS (8) BLESSED SACRAMENT 13-1740140 501(C)(3) 1160 BEACH AVE BRONX, NY 10472 16,000 FINANCIAL AID GRANTS (9) CHRIST THE KING 1345 GRAND CONCOURSE BRONX, NY 10452 13-2687820 501(C)(3) 52,000 FINANCIAL AID GRANTS (10) HOLY CROSS 1846 RANDALL AVE BRONX, NY 10473 13-2693387 b01(c)(3) 31,000 FINANCIAL AID GRANTS (11) HOLY FAMILY 2169 BLACKROCK AVE BRONX, NY 10472 13-2686489 b01(C)(3) 12,000. FINANCIAL AID GRANTS (12) HOLY ROSARY ____ 1500 ARNOW AVE BRONX, NY 10469 13-2693071 501(C)(3) 6,000 FINANCIAL AID GRANTS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) (2011)

Employer identification number Name of the organization INNER CITY SCHOLARSHIP FUND INC 51-0453629 Part 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC section (g) Description of (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, or government if applicable non-cash assistance cash assistance or assistance (1) HOLY SPIRIT 1960 UNIVERSITY AVE BRONX, NY 10453 13-2696726 b01(C)(3) 29,000. (2) IMMACULATE CONCEPTION 378 EAST 151ST ST BRONX, NY 10455 13-2686496 b01(C)(3) 71,500. FINANCIAL AID GRANTS (3) IMMACULATE CONCEPTION 760 EAST GUN HILL BRONX, NY 10467 13-2693005 b01(C)(3) 36,000. FINANCIAL AID GRANTS (4) NATIVITY OF OUR BLESSED LADY 3893 DYRE AVE BRONX, NY 10466 13-1743244 b01(c)(3) 12,000. (5) OUR LADY OF ANGELS 2865 CLAFLIN AVE BRONX, NY 10468 13-2688399 b01(C)(3) FINANCIAL AID GRANTS 18,000. (6) OUR LADY OF GRACE 3981 BRONXWOOD AVE BRONX, NY 10466 13-2693393 b01(C)(3) 28,000. FINANCIAL AID GRANTS (7) OUR LADY OF MERCY 2512 MARION AVE BRONX, NY 10458 13-2687824 b01(C)(3) 32,000 FINANCIAL AID GRANTS (8) SACRED HEART OF JESUS 456 WEST 52ND STREET NEW YORK, NY 10019 13-5562980 501(C)(3) 28,000 FINANCIAL AID GRANTS (9) ST. ANGELA MERICI 266 EAST 163RD ST BRONX, NY 10451 13-2690368 501(C)(3) 40,000 FINANCIAL AID GRANTS (10) ST. ANN 3511 BAINBRIDGE AVE BRONX, NY 10467 13-2687245 b01(C)(3) 12,000 FINANCIAL AID GRANTS (11) ST. ANSELM 685 TINTON AVE BRONX, NY 10455 13-2693054 b01(C)(3) 87,000. FINANCIAL AID GRANTS (12) ST. ANTHONY 1776 MANSION ST BRONX, NY 10460 13-2686486 501(C)(3) 7,608 FINANCIAL AID GRANTS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

2011

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization						Employer identificat	tion number	
INNER CITY SCHOLARSHIP FUND INC							51-0453629	
Part I General Information on Grants and	d Assistance)				•		
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistance lures for mon	e? itoring the use o	of grant funds in the	United States.			X Yes No	
Part II Grants and Other Assistance to G to Form 990, Part IV, line 21, for a Part II can be duplicated if additional	ny recipient	that received	ations in the Unit more than \$5,00	00. Check this b	plete if the organiza ox if no one recipier	nt received more t	es" han \$5,000. ▶ □	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) ST. ATHANASIUS								
830 SO. BOULEVARD BRONX, NY 10459	13-2687818	501(C)(3)	52,018.				FINANCIAL AID GRANT	
(2) ST. ANN								
125 CROMWELL AVE. STATEN ISLAND, NY 10304	13-5596881	501(C)(3)	21,500.				FINANCIAL AID GRANT	
(3) ST. BARNABAS								
425 EAST 240TH ST. BRONX, NY 10470	13-1942278	501(C)(3)	29,990.				FINANCIAL AID GRANT	
(4) ST. BRENDAN								
268 EAST 207TH ST BRONX, NY 10467	13-2688402	501(C)(3)	29,500.				FINANCIAL AID GRANT	
(5) ST. HELENA								
2050 BENEDICT AVE BRONX, NY 10462	13-1740343	501(C)(3)	28,000.				FINANCIAL AID GRANT	
(6) ST. JEROME								
222 ALEXANDER AVE BRONX, NY 10454	13-2667168	501(C)(3)	50,000.				FINANCIAL AID GRANT	
3143 KINGSBRIDGE AVE BRONX, NY 10463	13-2686756	501(C)(3)	13,000.				FINANCIAL AID GRANT	
(8) ST. JOHN CHRYSOSTOM								
1144 HOE AVE BRONX, NY 10459	13-2734298	501(C)(3)	54,000.				FINANCIAL AID GRANT	
(9) HOLY NAME OF JESUS			, , , , , , , , , , , , , , , , , , , ,					
70 PETERSVILLE RD. NEW ROCHELLE, NY 10801	13-2693067	501(C)(3)	7,500.				FINANCIAL AID GRANT	
(10) ST. LUCY			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
830 MACE AVE BRONX, NY 10467	13-1740208	501(C)(3)	6,000.				FINANCIAL AID GRANT	
(11) ST. LUKE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
608 EAST 139TH ST BRONX, NY 10454	13-2693051	501(C)(3)	37,000.				FINANCIAL AID GRANT	
(12) ST. MARGARET MARY			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
121 EAST 177TH ST BRONX, NY 10453	13-2695172	501(C)(3)	31,000.				FINANCIAL AID GRANT	
2 Enter total number of section 501(c)(3) and		•	•	le	1	•	P IIIII TIID GIGHTI	
3 Enter total number of other organizations list	-	-						
For Panerwork Reduction Act Notice see the Ir							lule I (Form 990) (2011)	

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name	of the organization						Employer identificat	ion number		
INN	INNER CITY SCHOLARSHIP FUND INC							51-0453629		
Part	General Information on Grants and	Assistance	:				'			
t	Does the organization maintain records to sul he selection criteria used to award the grants Describe in Part IV the organization's procedu	or assistance	9?					X Yes No		
Part	Grants and Other Assistance to G to Form 990, Part IV, line 21, for ar Part II can be duplicated if additional	ny recipient	that received		00. Check this b					
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
_(1) 2	ADAPP									
	2789 SCHURZ AVENUE BRONX, NY 10465	13-2933816	501(C)(3)	80,000.				FINANCIAL AID GRANT		
(2)	ST. MARY									
3	3956 CARPENTER AVE BRONX, NY 10466	13-1996614	501(C)(3)	42,700.				FINANCIAL AID GRANT		
(3)	ST. MARY STAR OF THE SEA									
	580 MINNIEFORD AVE BRONX, NY 10464	13-2686767	501(C)(3)	14,000.				FINANCIAL AID GRANT		
_(4) s	ST. NICHOLAS OF TOLENTINE									
	2336 ANDREWS AVE BRONX, NY 10468	13-2690355	501(C)(3)	24,000.				FINANCIAL AID GRANT		
_(5) s	STS. PETER & PAUL									
8	338 BROOK AVE BRONX, NY 10451	13-1740375	501(C)(3)	62,000.				FINANCIAL AID GRANT		
_(6) s	STS. PHILIP & JAMES									
1	1160 EAST 213TH ST BRONX, NY 10469	13-2686485	501(C)(3)	10,000.				FINANCIAL AID GRANT		
_(7) ≤	ST. PHILIP NERI									
3	3031 GRAN CONCOURSE BRONX, NY 10469	13-2690360	501(C)(3)	22,000.				FINANCIAL AID GRANT		
_(8) ≤	ST. RAYMOND									
	2151 ST. RAYMOND AVE BRONX, NY 10462	13-1958475	501(C)(3)	114,350.				FINANCIAL AID GRANT		
_(9) s	ST. SIMON STOCK									
	2195 VALENTINE AVE. BRONX, NY 10457	13-2694446	501(C)(3)	26,000.				FINANCIAL AID GRANT		
(10) 5	ST. THOMAS AQUINAS									
	1909 DALY AVE BRONX, NY 10460	13-2687828	501(C)(3)	31,000.				FINANCIAL AID GRANT		
(11) s	SANTA MARIA									
	1510 ZEREGA AVE BRONX, NY 10462	13-2692936	501(C)(3)	14,000.				FINANCIAL AID GRANT		
(12) s	ST. FRANCIS OF ASSISI									
4	4300 BAYCHESTER AVE BRONX, NY 10466	13-2695244	501(C)(3)	26,500.				FINANCIAL AID GRANT		
	Enter total number of section 501(c)(3) and g		· ·							
	Enter total number of other organizations liste					<u> </u>				
For E	Panerwork Reduction Act Notice see the In-	structions fo	r Form 990				School	lule I (Form 990) (2011		

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

2011

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

vame	or the organization						Employer identificat	ion number		
INNER CITY SCHOLARSHIP FUND INC							51-0453629	51-0453629		
Part	General Information on Grants and	Assistance	!							
1 [Does the organization maintain records to sul he selection criteria used to award the grants Describe in Part IV the organization's procedu	ostantiate the	e amount of the			eligibility for the grants		X Yes No		
Par	Grants and Other Assistance to G to Form 990, Part IV, line 21, for ar Part II can be duplicated if additional	y recipient	that received	more than \$5,00	00. Check this bo	plete if the organiza ox if no one recipie	nt received more th	es" nan \$5,000. ▶ □		
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1)	/ISITATION									
		13-2691193	501(C)(3)	30,000.				FINANCIAL AID GRANT		
(2)	IMMACULATE CONCEPTION									
	104 GORDON ST STATEN ISLAND, NY 10304	13-2687296	501(C)(3)	22,000.				FINANCIAL AID GRANT		
	OUR LADY OF MOUNT CARMEL/ST. BENEDICTA			,						
	285 CLOVE RD STATEN ISLAND, NY 10310	13-2688388	501(C)(3)	26,823.				FINANCIAL AID GRANT		
	NEW YORK CATHOLIC FOUNDATION			, , , , , , , , , , , , , , , , , , , ,						
	L011 FIRST AVWNUE NEW YORK, NY 10022	13-2688405	501 (C)(3)	11,922.				FINANCIAL AID GRANT		
	OUR LADY OF THE ASSUMPTION			,						
	920 FIRST AVE PEEKSKILL, NY 10566	13-2685995	501(C)(3)	20,000.				FINANCIAL AID GRANT		
	CATHEDRAL			,						
	350 EAST 56TH ST NEW YORK, NY 10022	13-2669135	501(C)(3)	209,618.				FINANCIAL AID GRANT		
(7) I	MOTHER CABRINI									
	701 FORT WASHINGTON AVE MANHATTAN, NY 10040	13-2669135	501(C)(3)	105,750.				FINANCIAL AID GRANT		
(8)	NOTRE DAME									
	327 WEST 13TH ST MANHATTAN, NY 10014	13-1782481	501(C)(3)	102,915.				FINANCIAL AID GRANT		
(9)	ST. AGNES BOYS									
	555 WEST END AVE MANHATTAN, NY 10024	13-2669135	501(C)(3)	50,800.				FINANCIAL AID GRANT		
	ST. JEAN BAPTISTE									
		13-2693089	501(C)(3)	154,566.				FINANCIAL AID GRANT		
	LA SALLE			, , , , , , , , , , , , , , , , , , , ,						
	215 EAST 6TH ST MANHATTAN, NY 10003	13-2669135	501(C)(3)	69,350.				FINANCIAL AID GRANT		
	ST. VINCENT FERRER									
	L51 EAST 65TH ST MANHATTAN, NY 10021	13-2698371	501(C)(3)	59,060.				FINANCIAL AID GRANT		
	Enter total number of section 501(c)(3) and g				e					
	Enter total number of other organizations liste									
	Name and Bartagland And Naglan and disclar		- F							

 $\label{eq:continuous} \textbf{For Paperwork Reduction Act Notice}, \, \textbf{see the Instructions for Form 990}.$

Schedule I (Form 990) (2011)

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

2011

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization						Employer identificat	ion number		
INNER CITY SCHOLARSHIP FUND INC							51-0453629		
Part I General Information on Grants and	d Assistance	:				-			
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistanc	e?					X Yes No		
Part II Grants and Other Assistance to G to Form 990, Part IV, line 21, for a Part II can be duplicated if additiona	ny recipient	that received	ations in the Unit more than \$5,00	00. Check this b	plete if the organiza ox if no one recipier	nt received more t	es" nan \$5,000. ▶ □		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) ST. PETER BOYS									
200 CLINTON AVE STATEN ISLAND, NY 10301	13-2688406	501(C)(3)	25,515.				FINANCIAL AID GRANT		
(2) ACADEMY OF MT. ST URSULA									
300 BEDFORD PK BLVD BRONX, NY 10458	13-1740316	501(C)(3)	103,461.				FINANCIAL AID GRANT		
(3) ALL HALLOWS									
111 EAST 164TH ST BRONX, NY 10452	13-2669135	501(C)(3)	218,326.				FINANCIAL AID GRANT		
(4) AQUINAS H.S.									
685 EAST 182ND ST. BRONX, NY 10457	13-2728390	501(C)(3)	317,054.				FINANCIAL AID GRANT		
(5) CARDINAL HAYES									
650 GRAND CONCOURSE BRONX, NY 10451	13-2669135	501(C)(3)	249,006.				FINANCIAL AID GRANT		
(6) CARDINAL SPELLMAN			,						
1 CARDINAL SPELLMAN NEWBURGH, NY 10466	13-2669135	501(C)(3)	216,880.				FINANCIAL AID GRANT		
(7) MONSIGNOR SCANLAN			,						
915 HUTCHINSON BRONX, NY 10465	13-2679883	501(C)(3)	81,800.				FINANCIAL AID GRANT		
(8) MT. ST MICHAEL									
4300 MURDOCK AVE BRONX, NY 10466	13-2690365	501(C)(3)	78,420.				FINANCIAL AID GRANT		
(9) PRESTON			,						
2780 SCHURZ AVE BRONX, NY 10465	13-2669135	501 (C) (3)	50,006.				FINANCIAL AID GRANT		
(10) ST. CATHERINE	13 2003133	501(0)(3)	30,000.				TIME OF THE OF T		
2250 WILLIAMSBRIDGE RD BRONX, NY 10469	13-2687430	501 (C) (3)	98,500.				FINANCIAL AID GRANT		
(11) St. RAYMOND GIRLS	13 2007130	501(0)(3)	30,300.				TIME OF THE OF T		
1725 CASTLE HILL AVE BRONX, NY 10462	13-2688683	501(C)(3)	144,413.				FINANCIAL AID GRANT		
(12) CARDINAL'S SCHOLARSHIP PROGRAM		501(0)(3)	111,113.				I INTENCINE TIED GIGINI		
8 WEST 38TH STREET, 9TH FL.	13-3096713	501(C)(3)	6,507,989.				FINANCIAL AID GRANT		
2 Enter total number of section 501(c)(3) and g		•		 e	1	.	F INVINCIALI AID GRANT		
3 Enter total number of other organizations list	-	-							
For Panerwork Reduction Act Notice see the In							ule I (Form 990) (2011		

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

vame or	the organization						Employer identifica	ion number
INNER CITY SCHOLARSHIP FUND INC								9
Part I	General Information on Grants and	Assistance	;				'	
the	es the organization maintain records to sul selection criteria used to award the grants scribe in Part IV the organization's procedu	or assistance	e?					X Yes No
Part II	Grants and Other Assistance to G to Form 990, Part IV, line 21, for an Part II can be duplicated if additional	ny recipient	that received	I more than \$5,00	00. Check this b		nt received more t	han \$5,000.
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
	JDENT SPONSOR PARTNERSHIP	12 2200065	501 (6) (2)	01 750				
	5 MADISON AVE 1601 NEW YORK, NY 10017	13-3392965	501(C)(3)	91,750.				FINANCIAL AID GRANT
	JOSEPH BATHGATE AVE. BRONX, NY 10457	13-2690352	501(C)(3)	39,000.				FINANCIAL AID GRANT
_(3)		l .						
_(4)								
_(5)								
_(6)								
_(7)								
_(8)								
<u>(9)</u>								
(10)								
(11)								
<u> 12)</u>								
	ter total number of section 501(c)(3) and g ter total number of other organizations liste							117.
	perwork Reduction Act Notice, see the In							lule I (Form 990) (2011)

51-0453629

INNER CITY SCHOLARSHIP FUND INC Schedule I (Form 990) (2011) Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
.					
4					
i					
3					
,					

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

FORM 990, PART I, LINE 2

MONITORING THE USE OF GRANT FUNDS

OUR "PARTNERSHIP FOR STRONG SCHOOLS" GRANTING PROGRAM PROVIDES

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

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

ENRICHMENT OPPORTUNITIES, CAPITAL REPAIRS OR GENERAL OPERATIONS. THE

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

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

V 11-6.5

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

REVIEWS ALL STUDENT APPLICATIONS AND CONNECTS NEW SPONSORS WITH THE

Schedule I (Form 990) (2011)

INNER CITY SCHOLARSHIP FUND INC 51-0453629

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_2					
3					
4					
5					
6					
7					

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

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

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

51-0453629

Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Department of the Treasury

Employer identification number

Part I **Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? Χ 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Χ 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. 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? Χ 5a **b** Any related organization? Χ If "Yes" to line 5a or 5b, describe in Part III. 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? Χ Any related organization? Х 6b If "Yes" to line 6a or 6b, describe in Part III. 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 7 Χ Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Χ If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2011

INNER CITY SCHOLARSHIP FUND INC 51-0453629

Schedule J (Form 990) 2011

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	190,257.	(12,799.	11,400.	14,214.	228,670.	0
1 SUSAN GEORGE	(ii)	0	(0	Q	0	(0
	(i)							
_2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
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13	(ii)							
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14	(ii)							
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	(i)		ļ	ļ				<u></u>
16	(ii)							1 1 1/5 200) 2014

Schedule J (Form 990) 2011

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INNER CITY SCHOLARSHIP FUND INC 51-0453629

Schedule J (Form 990) 2011

Part | Supplemental Information

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

Schedule J (Form 990) 2011

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number 51-0453629

FORM 990, PART III

LINE 1, ORGANIZATION'S MISSION:

INNER CITY SCHOLARSHIP FUND INC

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

LINE 4D, OTHER PROGRAMS:

ENRICHMENT PROGRAM - THIS PROGRAM GIVES HIGH SCHOOL JUNIORS AN

OPPORTUNITY TO GAIN EXPERIENCE IN A BUSINESS SETTING THROUGH JOB-RELATED

WORKSHOPS AND PAID SUMMER INTERNSHIPS AT MANY NEW YORK PRESTIGIOUS

COMPANIES AND ORGANIZATIONS.

JUNIOR COMMITTEE PROVIDES HANDS-ON SUPPORT TO STUDENTS IN OUR

PARTICIPATING SCHOOLS. THEY WORK AND LIVE THROUGHOUT THE TRI-STATE AREA

AND THEIR COMMON DESIRE IS TO HELP THE BOYS AND GIRLS OF THE INNER-CITY

BY PROVIDING THEM WITH ENRICHING EXPERIENCE.

SECTION A, FORM 990, PART VI, LINE 2

FAMILY RELATIONSHIP: THOMAS S. MURPHY SR., AND THOMAS S. MURPHY JR.,

TRUSTEE AND VICE PRESIDENT, HAVE A FAMILY RELATIONSHIP, FATHER AND SON.

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

SECTION B, FORM 990, PART VI, LINE 11

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

SECTION B, FORM 990, PART VI, LINE 12

CONFLICT OF INTEREST

A MEMBER OF THE BOARD OF TRUSTEES RECEIVES A COPY OF THE CONFLICT OF

INTEREST QUESTIONNAIRE WITH OTHER MATERIALS TO SIGN. THE BOARD REVIEWS

QUESTIONNAIRES COMPLETED BY EACH BOARD MEMBER ANNUALLY. THE POLICY

PROVIDES THE FOLLOWING:

- A. MEMBERS OF THE BOARD SHALL NOT PERSONALLY BENEFIT AS A RESULT OF THEIR BOARD INVOLVEMENT EXCEPT FOR REASONABLE COMPENSATION OF SERVICES RENDERED. THE PURPOSE OF THIS PROVISION IS TO PREVENT BOARD MEMBERS FROM ACTING PRIMARILY ON THE BASIS OF FINANCIAL SELF-INTEREST AND TO PREVENT INNER-CITY SCHOLARSHIP FUND FROM OPERATING IN A MANNER THAT FAVORS BOARD MEMBERS TO THE DETRIMENT OF OTHERS.
- B. IN THE EVENT THAT THE BOARD CONSIDERS AN ISSUE THAT INVOLVES THE FINANCIAL RELATIONSHIP BETWEEN THE ORGANIZATION AND A MEMBER OF THE BOARD, THE BOARD MEMBER WILL DISCLOSE TO THE BOARD THE FINANCIAL RELATIONSHIP THAT THE PARTICULAR BOARD MEMBER HAS WITH RESPECT TO THE ISSUE. THE BOARD MEMBER SHALL REFRAIN FROM VOTING ON THE MATTER.

Schedule O (Form 990 or 990-EZ) 2011 Page 2

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

51-0453629

- C. BOARD MEMBERS WHO SERVE AS AN EMPLOYEE OR VOLUNTEER IN A DECISION MAKING CAPACITY ON BEHALF OF ANOTHER ORGANIZATION WHICH INNER-CITY SCHOLARSHIP FUND IS WORKING WITH OR TRANSACTING BUSINESS WITH, SHALL INFORM THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR AS TO THEIR INVOLVEMENT IN THE SAID ORGANIZATION.
- D. THE CONFLICT OF INTEREST POLICY APPLIES TO A BOARD MEMBER'S IMMEDIATE FAMILY AS WELL AS TO INDIVIDUAL BOARD MEMBERS.

FORM 990, PART VI, SECTION C QUESTION 19

ALL FINANCIAL STATEMENTS AND SIGNED CONFLICT OF INTEREST FORMS ARE

AVAILABLE ON THE ICSF WEB SITE, WWW.ICSF-NYC.ORG. GOVERNING DOCUMENTS ARE

AVAILABLE UPON REQUEST.

FORM 900, PART, XI LINE 5

OTHER CHANGES IN NET ASSETS

UNREALIZED GAIN ON INVESTMENTS: 199,826

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

ATTACHMENT	<u> </u>

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

Name of the organization	Employer identification number
INNER CITY SCHOLARSHIP FUND INC	51-0453629
	ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MANDARIN ORIENTAL 80 COLUMBUS CIRCLE AT 60TH STRRET NEW YORK, NY 10023	AWARD DINNER	148,303.
CIPRIANI'S 110 EAST 42ND STREET NEW YORK, NY 10017	LAWYERS LUNCHEON AND	176,967.
FAIRCOM 522 COOKMAN AVENUE ASBURY PARK, NY 07712	EVENT/ADV/DIR MAIL	183,336.
TOTAL COMPENSATION	1	508,606.

(a)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

➤ See separate instructions.

Open to Public Inspection

(f)

Name of the organization	Employer identification number					
INNER CITY SCHOLARSHIP FUND INC	51-0453629					
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)						

	Name, addres	s, and EIN of disregarded entity	F		egal domicile (state or foreign country)	Total income	End-of-year assets	Direct co ent	
_(1)									
_(2)									
(3)									
<u>(4)</u>									
<u>(5)</u>									
<u>(6)</u>									
Part II 0	dentification of Relation or more related ta	ed Tax-Exempt Organizations ex-exempt organizations during t	(Complete if the o	rganization ansv	vered "Yes" to F	orm 990, Part IV	/, line 34 because	it had	
	(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	Section 5	(g) 512(b)(13) crolled tity?
								Yes	No
_(1) ARCHDIOCE	SE OF NEW YORK	13-3089351							
1011 FIRS	T AVE.	NEW YORK, NY 10022	RELIGIOUS	NY	501(C)(3)	1	N/A		X
_(2) PARISH AS 1011 FIRS	SISTANCE CORPORATION	26-3265664 NEW YORK, NY 10022	DADIGII GUDDOD	DT37	E01/G)/3)	1	ADGUD OF MY		37
		· · · · · · · · · · · · · · · · · · ·	PARISH SUPPOR	NY	501(C)(3)	1	ARCHD. OF NY		X
_(2/									
_(4)									
<u>(5)</u>									
(6)					1				

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

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 Page 2

Part III	Identification of Relate because it had one or r	ed Organizations nore related orga	Taxable anizations	as a Partnersh treated as a pa	ip (Complete if t	he organization the tax year.)	answered "Yes"	to F	orm	990, Part IV,	line :	34	
	(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	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar	eral or naging tner?	(k) Percentage ownership
			country)					Yes	No	(1 01111 1003)	Yes	No	
_(1)													
(2)													
<u>(3)</u>													
<u>(4)</u>													
<u>(5)</u>													
<u>(6)</u>													
<u>(7)</u>													
Part IV	Identification of Relation 34 because it had	ed Organizations one or more rela	Taxable ted orga	as a Corporati	on or Trust (Con	nplete if the orga	nization answer he tax year.)	ed "`	Yes"	to Form 990	, Par	t IV,	I
	(a) Name, address, and EIN of		<u> </u>	(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) are of to ncome	otal Sh	(g) nare of year as	sets	(h) Percentage ownership
<u>(1)</u>													
(2)													
(3)													
<u>(4)</u>													
<u>(5)</u>													
(6)													
				+									

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Pa	Transactions With Related Organizations (Complete if the organization answered	"Yes" to Form 990, Pa	art IV, line 34, 35, 35a, or	36.)			
Not	te. 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 mor	e related organizations lis	sted in Parts II–IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1 c		Х
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1 e		Х
f	(//////////////////////////////////////				1f		Х
g	Purchase of assets from related organization(s)				1g		X
h	Exchange of assets with related organization(s)				1h		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)				1k		X
I	Performance of services or membership or fundraising solicitations by related organization(s)				11		X
m					1 m	Х	
n	Sharing of paid employees with related organization(s)				1n		X
0	Reimbursement paid to related organization(s) for expenses				10	X	
р	Reimbursement paid by related organization(s) for expenses				1p		X
q	Other transfer of cash or property to related organization(s)				1q		X
<u>r</u>	Other transfer of cash or property from related organization(s).				1r		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet		· · · · · · · · · · · · · · · · · · ·	action thres			
	(a) Name of other organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminin	g
		type (a-r)		amou	unt invo	lved	
(1)	PARISH ASSISTANCE CORPORATION	D	2,376,340.				
(1)			2/3/0/310.				_
(2)							
(3)							
(4)							
<u>(5)</u>							
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Are income (related, unrelated, excluded		partners tion c)(3) cations?	(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?		(k) Percentage ownership
			from tax under section 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
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Supplemental Information Part VII

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

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