



# **2012 Income Tax Returns**

INNER CITY SCHOLARSHIP FUND INC

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2012****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 2012 calendar year, or tax year beginning** 09/01, 2012, and ending

08/31, 2013

**B** Check if applicable:

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

**C** Name of organization

INNER CITY SCHOLARSHIP FUND INC

Doing Business As

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

1011 FIRST AVE.

Room/suite

1400

City, town or post office, state, and ZIP code

NEW YORK, NY 10022

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

1011 FIRST AVE. NEW YORK, NY 10022

**D** Employer identification number

51-0453629

**E** Telephone number

(212) 753-8583

**G** Gross receipts \$ 14,832,504.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

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

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities:

TO PROVIDE FUNDING FOR THE BENEFIT OF STUDENTS IN ATTENDANCE  
 AT CATHOLIC SCHOOLS SERVING CERTAIN LOW-INCOME AREAS WITHIN  
 THE ARCHDIOCESE OF NEW YORK.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 37.**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 36.**5** Total number of individuals employed in calendar year 2012 (Part V, line 2a) **5** 65.**6** Total number of volunteers (estimate if necessary) **6** 110.**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0

Revenue

**8** Contributions and grants (Part VIII, line 1h) **8** 14,718,131. **Current Year** 13,708,270.**9** Program service revenue (Part VIII, line 2g) **9** 0 0**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **10** 678,629. **Current Year** 635,048.**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **11** 97,298. **Current Year** -108,002.**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **12** 15,494,058. **Current Year** 14,235,316.

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **13** 11,493,651. **Current Year** 11,952,740.**14** Benefits paid to or for members (Part IX, column (A), line 4) **14** 0 0**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **15** 834,329. **Current Year** 851,717.**16a** Professional fundraising fees (Part IX, column (A), line 11e) **16a** 347,132. **Current Year** 391,790.**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,490,107.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **17** 1,540,188. **Current Year** 1,535,788.**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **18** 14,215,300. **Current Year** 14,732,035.**19** Revenue less expenses. Subtract line 18 from line 12. **19** 1,278,758. **Current Year** -496,719.

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) **20** 18,627,931. **Beginning of Current Year** 17,327,320.**21** Total liabilities (Part X, line 26) **21** 847,862. **End of Year** 519,450.**22** Net assets or fund balances. Subtract line 21 from line 20. **22** 17,780,069. **Current Year** 16,807,870.**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

Type or print name and title

**Paid****Preparer****Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P01205643

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102

Phone no. 703-286-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2012)

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

SEE SCHEDULE O.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 604,246. including grants of \$ 604,246.) (Revenue \$ )

FINANCIAL AID GRANTS - GRANT 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 \$ 5,107,111. including grants of \$ 4,715,551.) (Revenue \$ )

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

**4c** (Code: ) (Expenses \$ 6,497,943. including grants of \$ 6,497,943.) (Revenue \$ )

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

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 1  
(Expenses \$ 302,591. including grants of \$ 135,000.) (Revenue \$ )**4e** Total program service expenses ► 12,511,891.

Form 990 (2012)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	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, 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," complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	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? If "Yes," complete Schedule G, Part III . . . . .	19	X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	

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

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

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

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

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 37		
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.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1b</b> 36		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> 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. . . . . <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		X
<b>b</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? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . . <b>12a</b>	X	
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>		X
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</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? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ☒ NY, \_\_\_\_\_

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ☒ MONSIGNOR GREGORY MUSTACIUOLO 1011 FIRST AVENUE NEW YORK, NY 10022 (212) 753-8583

JSA

Form 990 (2012)

**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 ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARDINAL TIMOTHY M. DOLAN CHAIRMAN - TRUSTEE	1.00	X		X				0	0	0
(2) ARTHUR J MAHON TRUSTEE	1.00	X						0	0	0
(3) BISHOP DENNIS SULLIVAN TRUSTEE UNTIL 1/1/2013	1.00	X						0	0	0
(4) CATHERINE M. KEATING TRUSTEE	1.00	X						0	0	0
(5) CHRISTINE H. SCHWARZMAN TRUSTEE	1.00	X						0	0	0
(6) EDWARD D HERLIHY TRUSTEE	1.00	X						0	0	0
(7) FREDERIC V. SALERNO TRUSTEE	1.00	X						0	0	0
(8) GEORGE B. IRISH TRUSTEE	1.00	X						0	0	0
(9) HELEN T. LOWE TRUSTEE	1.00	X						0	0	0
(10) HOWARD J. RUBENSTEIN TRUSTEE	1.00	X						0	0	0
(11) JOHN J. FARRELL TRUSTEE	1.00	X						0	0	0
(12) JOHN M. CALLAGY ESQ. TRUSTEE	1.00	X						0	0	0
(13) JOHN Q. DOYLE TRUSTEE	1.00	X						0	0	0
(14) LAWRENCE B BENENSON TRUSTEE	1.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MARTIN J. SULLIVAN TRUSTEE	1.00	X						0	0	0
( 16) MARY ANN TIGHE TRUSTEE/VICE PRESIDENT	1.00	X		X				0	0	0
( 17) MAURO C. ROMITA TRUSTEE	1.00	X						0	0	0
( 18) MICHAEL J. MILLETTE TRUSTEE	1.00	X						0	0	0
( 19) MO ROCCA TRUSTEE	1.00	X						0	0	0
( 20) MONSIGNOR GREGORY MUSTACIUOLO TRUSTEE/TREASURER	1.00	X		X				0	0	0
( 21) PATRICIA A. QUICK TRUSTEE	1.00	X						0	0	0
( 22) PAUL P. WOOLARD TRUSTEE/VP UNTIL 1/10/2013	1.00	X		X				0	0	0
( 23) PETER K. SCATURRO TRUSTEE	1.00	X						0	0	0
( 24) PETER T GRAUER TRUSTEE/PRESIDENT	1.00	X		X				0	0	0
( 25) PONCHITTA PIERCE TRUSTEE	1.00	X						0	0	0
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								349,154.	0	44,544.
<b>d Total (add lines 1b and 1c)</b>								349,154.	0	44,544.

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

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

	Yes	No
3		X
4	X	
5		X

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax 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**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) ROBERT M AMEN TRUSTEE UNTIL 6/1/2013	1.00	X						0	0	0
( 27 ) RONALD E BLAYLOCK TRUSTEE	1.00	X						0	0	0
( 28 ) SUSAN GEORGE EXECUTIVE DIRECTOR	35.00	X		X				235,332.	0	19,026.
( 29 ) THOMAS C. QUICK TRUSTEE	1.00	X						0	0	0
( 30 ) THOMAS S. JOHNSON TRUSTEE	1.00	X						0	0	0
( 31 ) TIMOTHY C. MUCCIA TRUSTEE	1.00	X						0	0	0
( 32 ) TIMOTHY MCNIFF TRUSTEE/SECRETARY	1.00	X		X				0	0	0
( 33 ) ANTHONY J. DE NICOLA TRUSTEE/VP FROM 2/2013	1.00	X		X				0	0	0
( 34 ) JAMES B LEE TRUSTEE UNTIL 6/1/2013	1.00	X						0	0	0
( 35 ) STEPHEN G ROONEY, ESQ TRUSTEE	1.00	X						0	0	0
( 36 ) SAMUEL A DI PIAZZA JR TRUSTEE	1.00	X						0	0	0

**1b Sub-total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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

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

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

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) 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

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

[illegible]

**1b Sub-total**

c Total from continuation sheets to Part VII, Section A

**d Total (add lines 1b and 1c)** . . . . .

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

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

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

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

	Yes	No
3		X
4	X	
5		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) 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 ►

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	2,428,733.			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	11,279,537.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total. Add lines 1a-1f . . . . .</b>		13,708,270.			
<b>Program Service Revenue</b>	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total. Add lines 2a-2f . . . . .</b>		0			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		635,048.			635,048.
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
		(i) Real	(ii) Personal				
	6a	Gross rents . . . . .					
	b	Less: rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		0			
	7a	Gross amount from sales of assets other than inventory . . . . .					
	b	Less: cost or other basis and sales expenses . . . . .					
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . .		0			
	8a	Gross income from fundraising events (not including \$ 2,428,733. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	489,186.			
	b	Less: direct expenses . . . . .	b	597,188.			
	c	Net income or (loss) from fundraising events . . . . .		-108,002.			-108,002.
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
	b	Less: direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . . . .		0			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a				
	b	Less: cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total. Add lines 11a-11d . . . . .</b>		0				
12	<b>Total revenue. See instructions . . . . .</b>		14,235,316.			527,046.	

**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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	11,952,740.	11,952,740.		
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 . . . . .	221,400.		55,576.	165,824.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	489,653.		170,307.	319,346.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	49,341.		14,904.	34,437.
9 Other employee benefits . . . . .	2,007.		671.	1,336.
10 Payroll taxes . . . . .	89,316.		24,983.	64,333.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	39,000.		39,000.	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	391,790.			391,790.
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	52,327.			52,327.
12 Advertising and promotion . . . . .	299,410.			299,410.
13 Office expenses . . . . .	17,663.		16,396.	1,267.
14 Information technology . . . . .	68,346.		68,346.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	89,676.		89,676.	
17 Travel . . . . .	20,010.		2,017.	17,993.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	24,077.		24,077.	
23 Insurance . . . . .	5,204.		5,204.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EVENTS ALLOCATION</u> . . . . .	44,444.			44,444.
b <u>FOOD/GRATUITIES/EVENTS</u> . . . . .	24,728.		3,412.	21,316.
c <u>BE A STUDENT'S FRIEND PROG.</u> . . . . .	391,560.	391,560.		
d <u>ENRICHMENT PROGRAM</u> . . . . .	167,591.	167,591.		
e All other expenses . . . . .	291,752.		215,468.	76,284.
25 <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	14,732,035.	12,511,891.	730,037.	1,490,107.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	2,147,008.	2	1,766,828.
	3 Pledges and grants receivable, net	3,295,098.	3	2,039,155.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,376,340.	7	805,660.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 246,328.		
	b Less: accumulated depreciation	10b 65,753.		
		236,168.	10c	180,575.
	11 Investments - publicly traded securities	10,367,338.	11	12,317,218.
	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	205,979.	15	217,884.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,627,931.	16	17,327,320.	
Liabilities	17 Accounts payable and accrued expenses	231,185.	17	273,471.
	18 Grants payable	88,100.	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key 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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	528,577.	25	245,979.
	26 Total liabilities. Add lines 17 through 25	847,862.	26	519,450.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		4,596,227.	27	3,738,165.
28 Temporarily restricted net assets		7,336,510.	28	7,222,373.
29 Permanently restricted net assets		5,847,332.	29	5,847,332.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		17,780,069.	33	16,807,870.
34 Total liabilities and net assets/fund balances		18,627,931.	34	17,327,320.

Form 990 (2012)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,235,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,732,035.
3	Revenue less expenses. Subtract line 2 from line 1	3	-496,719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,780,069.
5	Net unrealized gains (losses) on investments	5	-475,480.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,807,870.

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

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

Form **990** (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

INNER CITY SCHOLARSHIP FUND INC

51-0453629

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	13,902,297.	14,945,937.	17,222,012.	12,865,949.	13,600,268.	72,536,463.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3. . . . .	13,902,297.	14,945,937.	17,222,012.	12,865,949.	13,600,268.	72,536,463.
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). . . . .						18,292,083.
6 <b>Public support.</b> Subtract line 5 from line 4.						54,244,380.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	13,902,297.	14,945,937.	17,222,012.	12,865,949.	13,600,268.	72,536,463.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	198,188.	232,422.	514,629.	678,629.	635,048.	2,258,916.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
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 <b>Total support.</b> Add lines 7 through 10 . . . . .						77,320,818.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	19,754,725.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	70.15 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	65.81 %
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	18	%

- 19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization **INNER CITY SCHOLARSHIP FUND INC**Employer identification number  
51-0453629**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT WILSON 520 83RD STREET, SUITE 1R BROOKLYN, NY 11209	\$ 3,318,050.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE PARTNERSHIP FOR INNER CITY EDUCATION 1011 FIRST AVENUE NEW YORK, NY 10022	\$ 1,062,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LAURA NAUGHTON P.O. BOX 400 CARROLLTON, GA 30112	\$ 1,580,400.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PETER FLANIGAN 229 PARK AVENUE, 40TH FLOOR NEW YORK, NY 10171	\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THOMAS MURPHY 220 ANDERSON HILL ROAD PURCHASE, NY 10577	\$ 353,700.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
---	----- ----- -----	\$ -----	-----
(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 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

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

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Employer identification number

INNER CITY SCHOLARSHIP FUND INC

51-0453629

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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



Schedule D (Form 990) 2012

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐ Yes ☐ No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	11,944,982.	6,960,172.	5,874,745.	4,438,783.	3,627,084.
b Contributions . . . . .	34,460.	4,413,413.	863,882.	1,108,531.	834,491.
c Net investment earnings, gains, and losses . . . . .	127,012.	843,315.	421,260.	414,929.	-22,792.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,139,659.	271,918.	199,715.	87,498.	
f Administrative expenses . . . . .					
g End of year balance . . . . .	10,966,795.	11,944,982.	6,960,172.	5,874,745.	4,438,783.

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

- a Board designated or quasi-endowment ▶ 34.0000 %  
 b Permanent endowment ▶ 53.0000 %  
 c Temporarily restricted endowment ▶ 13.0000 %  
 The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		246,328.	65,753.	180,575.
d Equipment . . . . .				
e Other . . . . .				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				180,575.

Schedule D (Form 990) 2012

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO ARCHDIOCESE OF NEW YORK	245,979.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

245,979.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII. . . . . ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	13,759,836.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-475,480.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-475,480.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	14,235,316.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	14,235,316.

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	14,732,035.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	14,732,035.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	14,732,035.

**Part XIII Supplemental Information**

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

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

FORM 990, SCHEDULE D, PART X

TAX STATUS

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

FORM 990, SCH D, PART V

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

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

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

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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

INNER CITY SCHOLARSHIP FUND INC

51-0453629

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 FAIRCOM	DIRECT MAIL		X	491,961.	391,790.	100,172.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				491,961.	391,790.	100,172.

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

NY,

Schedule G (Form 990 or 990-EZ) 2012

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AWARD DINNER (event type)	SPRING GALA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	1,204,975.	1,013,451.	699,493.	2,917,919.
	2 Less: Contributions . . . . .	1,147,935.	732,861.	547,937.	2,428,733.
	3 Gross income (line 1 minus line 2). . . . .	57,040.	280,590.	151,556.	489,186.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .	111,569.	154,178.	139,193.	404,940.
	8 Entertainment . . . . .		5,995.		5,995.
	9 Other direct expenses . . . . .	40,620.	50,676.	94,957.	186,253.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 597,188.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				-108,002.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

## 17 Mandatory distributions:

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

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

## FUNDRAISING EXPENSES

DIRECT MAIL CAMPAIGN EXPENSES IN THE AMOUNT OF \$391,790 REPORTED ON THE  
AUDITED FINANCIAL STATEMENTS AND REPORTED ON PART IX, LINE 11E, DIRECT  
MAIL FUNDRAISING EXPENSE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

51-0453629

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. JOSEPH - YORKVILLE 420 EAST 87TH STREET NEW YORK, NY 10128	13-2691296	501(C)(3)	6,000.				FINANCIAL AID GRANTS
(2)	ANNUNCIATION 461 WEST 131ST ST NEW YORK, NY 10027	13-2686484	501(C)(3)	22,000.				FINANCIAL AID GRANTS
(3)	ASCENSION 220 WEST 108TH ST. NEW YORK, NY 10025	13-2695240	501(C)(3)	35,770.				FINANCIAL AID GRANTS
(4)	BLESSED SACRAMENT 147 WEST 70TH ST NEW YORK, NY 10023	13-2693402	501(C)(3)	12,000.				FINANCIAL AID GRANTS
(5)	CORPUS CHRISTI 535 WEST 121ST ST NEW YORK, NY 10027	13-2698639	501(C)(3)	25,000.				FINANCIAL AID GRANTS
(6)	GOOD SHEPARD 620 ISHAM ST NEW YORK, NY 10034	13-1623946	501(C)(3)	12,000.				FINANCIAL AID GRANTS
(7)	GUARDIAN ANGEL 193 10TH ST NEW YORK, NY 10011	13-2693053	501(C)(3)	28,000.				FINANCIAL AID GRANTS
(8)	HOLY CROSS 332 WEST 43RD ST NEW YORK, NY 10036	13-2687238	501(C)(3)	14,000.				FINANCIAL AID GRANTS
(9)	HOLY NAME OF JESUS 202 WEST 97TH ST NEW YORK, NY 10025	13-2693399	501(C)(3)	26,000.				FINANCIAL AID GRANTS
(10)	MT. CARMEL/HOLY ROSARY 371 PLEASANT AVE NEW YORK, NY 10035	13-2831737	501(C)(3)	44,000.				FINANCIAL AID GRANTS
(11)	IMMACULATE CONCEPTION 419 EAST 13TH ST. NEW YORK, NY 10009	13-2703315	501(C)(3)	24,000.				FINANCIAL AID GRANTS
(12)	INCARNATION 570 WEST 175TH ST NEW YORK, NY 10033	13-2688407	501(C)(3)	47,000.				FINANCIAL AID GRANTS

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

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

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

Schedule I (Form 990) (2012)

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**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OUR LADY OF LOURDES 468 WEST 143RD ST NEW YORK, NY 10031	13-1663210	501(C)(3)	160,279.					FINANCIAL AID GRANTS
(2) OUR LADY OF POMPEII 240 BLESSECK ST NEW YORK, NY 10014	13-3755325	501(C)(3)	13,000.					FINANCIAL AID GRANTS
(3) SACRED HEART 95 WEST 168TH ST. BRONX, NY 10452	13-2691174	501 (C) (3)	56,422.					FINANCIAL AID GRANTS
(4) OUR LADY QUEEN OF ANGELS 229 EAST 112TH ST NEW YORK, NY 10029	13-2687297	501(C)(3)	27,000.					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)	16,000.					FINANCIAL AID GRANTS
(7) ST. ANN 314 EAST 110TH ST NEW YORK, NY 10029	13-2688387	501(C)(3)	56,000.					FINANCIAL AID GRANTS
(8) ST. BRIGID 185 EAST 7TH ST NEW YORK, NY 10009	13-2693076	501(C)(3)	23,000.					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)	29,000.					FINANCIAL AID GRANTS
(11) ST. GREGORY THE GREAT 138 WEST 90TH ST NEW YORK, NY 10024	13-2688401	501(C)(3)	12,000.					FINANCIAL AID GRANTS
(12) ST. JAMES AND JOSEPH 1 MONROE ST NEW YORK, NY 10002	13-5642887	501(C)(3)	16,000.					FINANCIAL AID GRANTS

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

INNER CITY SCHOLARSHIP FUND INC

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number  
51-0453629

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

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. RAYMOND ELEM. 2380 EAST TREMONT AVE. BRONX, NY 10462	13-3615147	501(C)(3)	54,000.				FINANCIAL AID GRANTS
(2)	ST. JUDE 433 WEST 204TH ST NEW YORK, NY 10034	13-2687292	501(C)(3)	14,000.				FINANCIAL AID GRANTS
(3)	ST. MARK THE EVANGELIST 55 WEST 138TH ST NEW YORK, NY 10037	13-2686814	501(C)(3)	32,000.				FINANCIAL AID GRANTS
(4)	ST. PAUL 114 EAST 118TH ST NEW YORK, NY 10035	13-2687825	501(C)(3)	70,588.				FINANCIAL AID GRANTS
(5)	ST. ROSE OF LIMA 517 WEST 164TH ST NEW YORK, NY 10032	13-2690364	501(C)(3)	25,000.				FINANCIAL AID GRANTS
(6)	ST. STEPHEN OF HUNGARY 408 EAST 82ND ST NEW YORK, NY 10028	13-2695173	501(C)(3)	19,000.				FINANCIAL AID GRANTS
(7)	TRANSFIGURATION 29 MOTT ST NEW YORK, NY 10013	13-5562331	501(C)(3)	36,670.				FINANCIAL AID GRANTS
(8)	BLESSED SACRAMENT 1160 BEACH AVE BRONX, NY 10472	13-1740140	501(C)(3)	12,000.				FINANCIAL AID GRANTS
(9)	CHRIST THE KING 1345 GRAND CONCOURSE BRONX, NY 10452	13-2687820	501(C)(3)	46,000.				FINANCIAL AID GRANTS
(10)	HOLY CROSS 1846 RANDALL AVE BRONX, NY 10473	13-2693387	501(C)(3)	32,000.				FINANCIAL AID GRANTS
(11)	HOLY FAMILY 2169 BLACKROCK AVE BRONX, NY 10472	13-2686489	501(C)(3)	14,000.				FINANCIAL AID GRANTS
(12)	HOLY ROSARY 1500 ARROW 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 . . . . . ▶

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HOLY SPIRIT 1960 UNIVERSITY AVE BRONX, NY 10453	13-2696726	501(C)(3)	24,000.				FINANCIAL AID GRANTS
(2)	IMMACULATE CONCEPTION 378 EAST 151ST ST BRONX, NY 10455	13-2686496	501(C)(3)	87,780.				FINANCIAL AID GRANTS
(3)	IMMACULATE CONCEPTION 760 EAST GUN HILL BRONX, NY 10467	13-2693005	501(C)(3)	37,000.				FINANCIAL AID GRANTS
(4)	NATIVITY OF OUR BLESSED LADY 3893 DYRE AVE BRONX, NY 10466	13-1743244	501(C)(3)	16,000.				FINANCIAL AID GRANTS
(5)	OUR LADY OF ANGELS 2865 CLAPLIN AVE BRONX, NY 10468	13-2688399	501(C)(3)	16,000.				FINANCIAL AID GRANTS
(6)	OUR LADY OF GRACE 3981 BRONXWOOD AVE BRONX, NY 10466	13-2693393	501(C)(3)	28,000.				FINANCIAL AID GRANTS
(7)	OUR LADY OF MERCY 2512 MARION AVE BRONX, NY 10458	13-2687824	501(C)(3)	21,000.				FINANCIAL AID GRANTS
(8)	DEPARTMENT OF EDUCATION 1011 FIRST AVE., 18TH FLOOR	13-2669134	501(C)(3)	30,000.				FINANCIAL AID GRANT
(9)	SACRED HEART OF JESUS 456 WEST 52ND STREET NEW YORK, NY 10019	13-5562980	501(C)(3)	26,000.				FINANCIAL AID GRANTS
(10)	ST. ANGELA MERICI 266 EAST 163RD ST BRONX, NY 10451	13-2690368	501(C)(3)	61,000.				FINANCIAL AID GRANTS
(11)	ST. ANN 3511 BAINBRIDGE AVE BRONX, NY 10467	13-2687245	501(C)(3)	14,000.				FINANCIAL AID GRANTS
(12)	ST. ANSELM 685 TINTON AVE BRONX, NY 10455	13-2693054	501(C)(3)	46,000.				FINANCIAL AID GRANTS

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

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

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

Schedule I (Form 990) (2012)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public  
Inspection

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. ANTHONY 1776 MANSION ST BRONX, NY 10460	13-2686486	501(C)(3)	6,000.				FINANCIAL AID GRANTS
(2)	ST. ATHANASIOS 830 SO. BOULEVARD BRONX, NY 10459	13-2687818	501(C)(3)	40,000.				FINANCIAL AID GRANTS
(3)	ST. THERESA 2872 ST. THERESA AVENUE BRONX, NY 10461	13-2687429	501(C)(3)	11,950.				FINANCIAL AID GRANT
(4)	ST. GREGORY BARBARIGO 29 CINDER ROAD GARNERVILLE, NY 10923	13-2702698	501(C)(3)	30,000.				FINANCIAL AID GRANT
(5)	ST. BRENDAN 268 EAST 207TH ST BRONX, NY 10467	13-2688402	501(C)(3)	10,000.				FINANCIAL AID GRANTS
(6)	ST. PAUL 365 KINGS HIGHWAY VALLEY COTTAGE, NY 10989	13-2686481	501(C)(3)	5,358.				FINANCIAL AID GRANT
(7)	ST. HELENA 2050 BENEDICT AVE BRONX, NY 10462	13-1740343	501(C)(3)	24,000.				FINANCIAL AID GRANTS
(8)	ST. JEROME 222 ALEXANDER AVE BRONX, NY 10454	13-2667168	501(C)(3)	40,000.				FINANCIAL AID GRANTS
(9)	ST. JOHN 3143 KINGSBRIDGE AVE BRONX, NY 10463	13-2686756	501(C)(3)	24,000.				FINANCIAL AID GRANTS
(10)	ST. JOHN CHRYSOSTOM 1144 HOE AVE BRONX, NY 10459	13-2734298	501(C)(3)	46,000.				FINANCIAL AID GRANTS
(11)	OUR LADY OF MOUNT CARMEL 205 MARYANDA AVENUE MIDDLETOWN, NY 10940	14-1366786	501(C)(3)	30,000.				FINANCIAL AID GRANT
(12)	OUR LADY OF VICTORY 38 NORTH FIFTH AVENUE	13-2690307	501(C)(3)	11,978.				FINANCIAL AID GRANT

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Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. LUCY	830 MACE AVE BRONX, NY 10467	13-1740208	501(C)(3)	8,000.				FINANCIAL AID GRANTS
(2) ST. LUKE	608 EAST 139TH ST BRONX, NY 10454	13-2693051	501(C)(3)	42,000.				FINANCIAL AID GRANTS
(3) OUR LADY OF MOUNT CARMEL	59 EAST MAIN STREET ELMFORD, NY 10523	13-2693064	501(C)(3)	15,339.				FINANCIAL AID GRANT
(4) ST. MARGARET MARY	121 EAST 177TH ST BRONX, NY 10453	13-2695172	501(C)(3)	38,000.				FINANCIAL AID GRANTS
(5) CORPUS CHRISTI-HOLY ROSARY	135 SOUTH REGENT STREET	13-2569144	501(C)(3)	8,963.				FINANCIAL AID GRANT
(6) ST. MARY	3956 BRONX, NY 10466	13-1996614	501(C)(3)	16,000.				FINANCIAL AID GRANTS
(7) ST. MARY STAR OF THE SEA	580 MINNIEFORD AVE BRONX, NY 10464	13-2686767	501(C)(3)	13,000.				FINANCIAL AID GRANTS
(8) ST. NICHOLAS OF TOLENTINE	2336 ANDREWS AVE BRONX, NY 10468	13-2690355	501(C)(3)	21,000.				FINANCIAL AID GRANTS
(9) STS. PETER & PAUL	838 BROOK AVE BRONX, NY 10451	13-1740375	501(C)(3)	137,400.				FINANCIAL AID GRANTS
(10) STS. PHILIP & JAMES	1160 EAST 213TH ST BRONX, NY 10469	13-26866485	501(C)(3)	32,000.				FINANCIAL AID GRANTS
(11) ST. PHILIP NERI	3031 GRAN CONCOURSE BRONX, NY 10469	13-2690360	501(C)(3)	22,000.				FINANCIAL AID GRANTS
(12) ST. RAYMOND	2151 ST. RAYMOND AVE BRONX, NY 10462	13-1958475	501(C)(3)	164,550.				FINANCIAL AID GRANTS

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

51-0453629

INNER CITY SCHOLARSHIP FUND INC

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. SIMON STOCK 2195 VALENTINE AVE. BRONX, NY 10457	13-2694446	501(C)(3)	25,000.				FINANCIAL AID GRANTS
(2)	ST. THOMAS AQUINAS 1909 DALY AVE BRONX, NY 10460	13-2687828	501(C)(3)	36,000.				FINANCIAL AID GRANTS
(3)	SANTA MARIA 1510 ZEREGA AVE BRONX, NY 10462	13-2692936	501(C)(3)	47,539.				FINANCIAL AID GRANTS
(4)	ST. FRANCIS OF ASSISI 4300 BAYCHESTER AVE BRONX, NY 10466	13-2695244	501(C)(3)	8,000.				FINANCIAL AID GRANTS
(5)	VISITATION 171 WEST 239TH ST BRONX, NY 10463	13-2691193	501(C)(3)	50,000.				FINANCIAL AID GRANTS
(6)	FRESTON 2780 SCHURZ AVENUE BRONX, NY 10465	13-2669135	501(C)(30)	85,205.				FINANCIAL AID GRANT
(7)	IMMACULATE CONCEPTION 104 GORDON ST STATEN ISLAND, NY 10304	13-2687296	501(C)(3)	18,000.				FINANCIAL AID GRANTS
(8)	OUR LADY OF MOUNT CARMEL/ST. BENEDICTA 285 CLOVE RD STATEN ISLAND, NY 10310	13-2688388	501(C)(3)	16,250.				FINANCIAL AID GRANTS
(9)	CATHEDRAL 350 EAST 56TH ST NEW YORK, NY 10022	13-2669135	501(C)(3)	254,160.				FINANCIAL AID GRANTS
(10)	MOTHER CABRINI 701 FORT WASHINGTON AVE MANHATTAN, NY 10040	13-2669135	501(C)(3)	134,250.				FINANCIAL AID GRANTS
(11)	NOTRE DAME 327 WEST 13TH ST MANHATTAN, NY 10014	13-1782481	501(C)(3)	92,165.				FINANCIAL AID GRANTS
(12)	ST. AGNES BOYS 555 WEST END AVE MANHATTAN, NY 10024	13-2669135	501(C)(3)	34,800.				FINANCIAL AID GRANTS

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

51-0453629

INNER CITY SCHOLARSHIP FUND INC

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. JEAN BAPTISTE 173 EAST 75TH ST MANHATTAN, NY 10021	13-2693089	501(C)(3)	183,065.				FINANCIAL AID GRANTS
(2)	LA SALLE 215 EAST 6TH ST MANHATTAN, NY 10003	13-2669135	501(C)(3)	92,750.				FINANCIAL AID GRANTS
(3)	ST. VINCENT FERRER 151 EAST 65TH ST MANHATTAN, NY 10021	13-2698371	501(C)(3)	67,360.				FINANCIAL AID GRANTS
(4)	ST. PETER BOYS 200 CLINTON AVE STATEN ISLAND, NY 10301	13-2688406	501(C)(3)	28,775.				FINANCIAL AID GRANTS
(5)	ACADEMY OF MT. ST. URSULA 300 BEDFORD PK BLVD BRONX, NY 10458	13-1740316	501(C)(3)	150,434.				FINANCIAL AID GRANTS
(6)	ALL HALLOWS 111 EAST 164TH ST BRONX, NY 10452	13-2669135	501(C)(3)	271,140.				FINANCIAL AID GRANTS
(7)	MONSIGNOR SCANLAN 915 HUTCHINSON BRONX, NY 10465	13-2679883	501(C)(3)	107,250.				FINANCIAL AID GRANTS
(8)	MT. ST. MICHAEL 4300 MURDOCK AVE BRONX, NY 10466	13-2690365	501(C)(3)	107,130.				FINANCIAL AID GRANTS
(9)	ST. CATHERINE 2250 WILLIAMSBURGE RD BRONX, NY 10469	13-2687430	501(C)(3)	132,130.				FINANCIAL AID GRANTS
(10)	AQUINAS H.S. 685 EAST 182ND ST. BRONX, NY 10457	13-2728390	501(C)(3)	290,559.				FINANCIAL AID GRANTS
(11)	CARDINAL HAYES 650 GRAND CONCOURSE BRONX, NY 10451	13-2669135	501(C)(3)	274,405.				FINANCIAL AID GRANTS
(12)	CARDINAL SPELLMAN 1 CARDINAL SPELLMAN NEWBURGH, NY 10466	13-2669135	501(C)(3)	288,780.				FINANCIAL AID GRANTS

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. BARNABAS 425 EAST 240TH ST BRONX, NY 10470	13-1942279	501(C)(3)	30,000.				FINANCIAL AID GRANTS
(2)	ST. RAYMOND GIRLS 1725 CASTLE HILL AVE BRONX, NY 10462	13-2688683	501(C)(3)	171,593.				FINANCIAL AID GRANTS
(3)	CARDINAL'S SCHOLARSHIP PROGRAM 1011 FIRST AVE NEW YORK, NY 10022	13-3096713	501(C)(3)	6,497,943.				FINANCIAL AID GRANTS
(4)	ARCHDIOCESE OF NY DRUG ABUSE PREVENTION 2789 SCHURZ AVE. BRONX, NY 10465	13-2765085	501(C)(3)	80,000.				FINANCIAL AID GRANTS
(5)	CATHOLIC ALUMNI PARTNERSHIP 1011 FIRST AVE NEW YORK, NY 10022	26-4243330	501(C)(3)	25,000.				FINANCIAL AID GRANTS
(6)	ST. JOSEPH 1946 BATHGATE AVE. BRONX, NY 10457	13-2690352	501(C)(3)	34,000.				FINANCIAL AID GRANTS
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

102

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

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

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

Schedule I (Form 990) (2012)

JSA

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**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, Part III, column (b), and any other additional information.

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'S FRIEND APPLICATIONS ARE GIVEN TO THE PRINCIPALS, WHO HAND

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

REVIEWS ALL STUDENT APPLICATIONS AND CONNECTS NEW SPONSORS WITH THE

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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. CSP VERIFIES ALL STUDENTS

THROUGHOUT THE YEAR AND SENDS ICSF A COPY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

**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

**2012**

**Open to Public  
Inspection**

Employer identification number

51-0453629

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐  
☐  
☐  
☐

First-class or charter travel  
Travel for companions  
Tax indemnification and gross-up payments  
Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use  
Payments for business use of personal residence  
Health or social club dues or initiation fees  
Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐  
☐  
☐

Compensation committee  
Independent compensation consultant  
Form 990 of other organizations

☐  
☐  
☐

Written employment contract  
Compensation survey or study  
Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?  
If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SUSAN GEORGE	226,512.	0	8,820.	0	19,026.	254,358.	0
1 EXECUTIVE DIRECTOR	0	0	0	0	0	0	0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part III** Supplemental Information

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

INNER CITY SCHOLARSHIP FUND INC

51-0453629

FORM 990, PART III

LINE 1, ORGANIZATION'S MISSION:

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

LINE 4D, OTHER PROGRAMS:

ENRICHMENT PROGRAM - THIS PROGRAM GIVES HIGH SCHOOL JUNIORS AN  
OPPORTUNITY TO GAIN EXPERIENCE IN A BUSINESS SETTING THROUGH JOB-RELATED  
WORKSHOPS AND PAID SUMMER INTERNSHIPS AT MANY NEW YORK PRESTIGIOUS  
COMPANIES AND ORGANIZATIONS. JUNIOR COMMITTEE PROVIDES HANDS-ON SUPPORT  
TO STUDENTS IN OUR PARTICIPATING SCHOOLS. THEY WORK AND LIVE THROUGHOUT  
THE TRI-STATE AREA AND THEIR COMMON DESIRE IS TO HELP THE BOYS AND GIRLS  
OF THE INNER-CITY BY PROVIDING THEM WITH ENRICHING EXPERIENCE.

SECTION A, FORM 990, PART VI, LINE 2

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

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

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.

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.

Name of the organization

Employer identification number

INNER CITY SCHOLARSHIP FUND INC

51-0453629

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.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ARCHDIOCESE DRUG ABUSE PREVENTION PROGRAM	80,000.	80,000.	
DEPARTMENT OF EDUCATION	30,000.	30,000.	
CATHOLIC ALUMNI PARTNERSHIP	25,000.	25,000.	
ENRICHMENT PROGRAMS		167,591.	
TOTALS	<u>135,000.</u>	<u>302,591.</u>	

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MANDARIN ORIENTAL 80 COLUMBUS CIRCLE AT 60TH STREET NEW YORK, NY 10023	AWARD DINNER	112,565.
CIPRIANI'S 110 EAST 42ND STREET NEW YORK, NY 10017	LAWYERS LUNCHEON	255,781.
FAIRCOM 522 COOKMAN AVENUE ASBURY PARK, NY 07712	DIRECT MAILING/ADV.	398,609.



**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**2012**Open to Public  
Inspection**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

INNER CITY SCHOLARSHIP FUND INC

Employer identification number

51-0453629

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

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

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

	(a) 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	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ARCHDIOCESE OF NEW YORK 1011 FIRST AVE. NEW YORK, NY 10022 13-3089351	RELIGIOUS	NY	501 (C) (3)	1	N/A		X
(2)	PARISH ASSISTANCE CORPORATION 1011 FIRST AVENUE NEW YORK, NY 10022 26-3265664	PARISH SUPPOR	NY	501 (C) (3)	1	ARCHD. OF NY		X
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2012

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		<b>1a</b> X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		<b>1b</b> X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		<b>1c</b> X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		<b>1d</b> X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<b>1e</b> X
<b>f</b> Dividends from related organization(s) . . . . .		<b>1f</b> X
<b>g</b> Sale of assets to related organization(s) . . . . .		<b>1g</b> X
<b>h</b> Purchase of assets from related organization(s) . . . . .		<b>1h</b> X
<b>i</b> Exchange of assets with related organization(s) . . . . .		<b>1i</b> X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>1j</b> X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>1k</b> X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		<b>1l</b> X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<b>1m</b> X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<b>1n</b> X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		<b>1o</b> X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		<b>1p</b> X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		<b>1q</b> X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		<b>1r</b> X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		<b>1s</b> X

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	PARISH ASSISTANCE CORPORATION	D	805,660.	
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**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 income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

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

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