Form	9	9	0
Departm	nent of	the -	Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

Infe - - - -- 1- dita instruction / .

2 3 M **Open to Public**

OMB No. 1545-0047

		enue Servie		Information	about Form 990 and its instruction	s is at <i>www.irs</i>	s.gov/form990.		Inspection
A F	or th	ne 2013	calen	dar year, or tax year beg	inning 09/01, 201	3, and endin	g	08	/31, 20 14
			C Name	of organization			D Employer i	dentific	ation number
B c	heck if a	pplicable:	INN	ER CITY SCHOLARSH	IP FUND, INC.				
	Addre			Business As	·		51-045	3629)
	-	e change	•	per and street (or P.O. box if mail	is not delivered to street address)	Room/suite	E Telephone		
	+	l return	101	1 FIRST AVENUE		1400	(212) 7	53-8	583
	+	inated		r town, state or province, country	and ZIP or foreign postal code			000	<u> </u>
	Amer	nded	-	YORK, NY 10022			G Gross rece	nts \$	29,264,681.
-		cation		and address of principal officer:	SUSAN GEORGE		H(a) Is this a gr		
	_ pend	ing		1 FIRST AVENUE NE			subordinate H(b) Are all subo		
	Tax-ov	empt sta		X 501(c)(3) 501(c) () or 52			. (see instructions)
		•		$\frac{ SOI(c)(3) }{ CSF-NYC.ORG }$) (insert no.) 4947(a)(1) 01 52	· · · · ·		,
				X Corporation Trust	Association Other	L Voor of	H(c) Group exe formation: 1971	-	
	art I		mary		Association			Slale	
					TO DI			ית כד ק	NEETT OF
	1				or most significant activities: TO PF				
nce					CATHOLIC SCHOOLS SERVI	NG CERTA	IN LOW-INCOM	Ľ 	
Governance				THIN THE ARCHDIOCH					
ove	2				discontinued its operations or dispos			1 1	2.4
	3	Numbe	er of vo	ing members of the governir	ig body (Part VI, line 1a)			3	34.
Activities &	4				f the governing body (Part VI, line 1b)			4	33.
ìti	5				alendar year 2013 (Part V, line 2a)			5	61.
cti	6	Total n	umber	of volunteers (estimate if nece	essary)			6	115.
∢					VIII, column (C), line 12			7a	C
	b	Net un	related	business taxable income from	n Form 990-T, line 34			7b	C
							Prior Year		Current Year
Ð	8	Contrib	outions	and grants (Part VIII, line 1h)		PY FOR	13,708,2	70.	16,003,066.
Revenue	9	Progra	m servi	ce revenue (Part VIII, line 2g)	CO PUBLIC			0	C
Sev	10	Investr	nent in	come (Part VIII, column (A), li	nes 3, 4, and 7d)	INSPECTION	635,0		714,237.
	11	Other I	revenue	e (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		-108,0	02.	-146,141.
	12	Total r	evenue	- add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		14,235,3	16.	16,571,162.
	13	Grants	and si	milar amounts paid (Part IX, co	olumn (A), lines 1-3)		11,952,7	40.	12,688,755.
	14	Benefit	ts paid	to or for members (Part IX, co	lumn (A), line 4)			0	C
ŝ	15	Salarie	s, othe	r compensation, employee be	nefits (Part IX, column (A), lines 5-10)		851,7		1,045,243.
Expenses	16a	Profes	sional f	undraising fees (Part IX, colun	nn (A), line 11e)		391,7	90.	302,875.
ďx	b	Total for	undrais	ing expenses (Part IX, column	(D), line 25) ▶1,588,96	5			
ш	17	Other e	expense	es (Part IX, column (A), lines ?	11a-11d, 11f-24e)		1,535,7	88.	1,584,794.
	18				al Part IX, column (A), line 25)		14,732,0	35.	15,621,667.
	19	Reven	ue less	expenses. Subtract line 18 fro	om line 12		-496,7	19.	949,495.
s or							Beginning of Current	Year	End of Year
Net Assets or Fund Balances	20	Total a	ssets (F	Part X, line 16)			17,327,3	20.	19,132,145.
As	21	Total li	abilities	s (Part X, line 26)			519,4	50.	889,413.
Luet	22				21 from line 20		16,807,8	70.	18,242,732.
Ра	rt II	Sig	nature	Block					
Un	der pe	nalties of	perjury,	I declare that I have examined	this return, including accompanying sche	dules and staten	nents, and to the best	of my k	nowledge and belief, it is
true	e, corre	ect, and c	complete	. Declaration of preparer (other th	an officer) is based on all information of wh	nich preparer ha	s any knowledge.		
Sig		🕨 ŝ	Signatur	e of officer			Date		
He	re								
		🕨 i	ype or p	print name and title					
		_		parer's name	Preparer's signature	Date	Check	if F	PTIN
Paic	ł	Dav	mone	4 1 17		7-13-1			P01205643
	parer	Eirmia		► KPMG LLP	1	1/-13-1	Firm's EIN ►		5565207
Use	Only				NAL DRIVE MCLEAN, VA 2	2102	Phone no.		-286-8000
			4441655				FIIULIE IIU.	, 55	

May the IRS discuss this return with the preparer shown above? (see instructions	;)	X Yes	No
For Paperwork Reduction Act Notice, see the separate instructions.		Form 99	0 (2013)

INNER CITY	SCHOLARSHIP	FUND,	INC.	
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	Check if Schedule O contains a response or note to any line in this Part III	[
	Briefly describe the organization's mission:	
	SEE SCHEDULE O.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and alloca the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$, including grants of \$, (Revenue \$) (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.	
h	(Code:) (Expenses \$ = a contract including grants of \$ = a contract) (Revenue \$)
	(Code:) (Expenses \$ _{5,805,270} including grants of \$ _{5,494,902}) (Revenue \$ BE A STUDENT'S FRIEND - THIS PROGRAM MATCHES A SPONSOR WITH AN)
)
	BE A STUDENT'S FRIEND - THIS PROGRAM MATCHES A SPONSOR WITH AN)
	BE A STUDENT'S FRIEND - THIS PROGRAM MATCHES A SPONSOR WITH AN INDIVIDUAL STUDENT WHO IS CURRENTLY ATTENDING AN ICSF SCHOOL AND)
	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)
	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)
	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)
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-	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.)
C	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. (Code:)(Expenses\$)
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INNER CITY SCHOLARSHIP FUND, INC.

	990 (2013)		F	Page 3
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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
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		Х
с	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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
	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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Form 99	0 (2013)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV.	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		
31	Part I.	31		х
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
32	complete Schedule N, Part II	32		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		22		х
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	~	37	
	or IV, and Part V, line 1	34	Х	37
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

INNER CITY SCHOLARSHIP FUND, INC.

Check if Schedule O contains a response or note to any line in his Part V Version 1 Version 1 Version 1 1 1 Version 1 1 1 1 2 Colspan="2">Colspan="2">1 2 2 Colspan="2">1 2 <th col<="" th=""><th>Par</th><th>t V Statements Regarding Other IRS Filings and Tax Compliance</th><th></th><th></th><th>uge e</th></th>	<th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance</th> <th></th> <th></th> <th>uge e</th>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			uge e
1 = Ensist the number of Forms W-22 includes in the 1s. Ensist - 0 if not applicable		Check if Schedule O contains a response or note to any line in this Part V			•	
b Enter the number of Parms W-20 included in line 1s. Enter -0: if not applicable, 10 0 c Did the organization comply with backing withholding the syntems to vendors and the partial (gambing) winnings to prize winners?, 10 10 10 2 2 Enter the number of emplyces reported on Form W-3, Transmittal of Wage and Tax 10 2 <td< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>				Yes	No	
b Definition of the form of the solution of the operated by payments to vendors and reportable gaming (gambing) winnings to prize winners?. 1c X 2 Errier the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return tax returns? 61 b ft at least on is reported on line 2a, differed the organization have uneraled business gross income of 31.000 or mere devial might year of the calendar year, diff the organization have uneraled business gross income of 31.000 or mere devial might year or other authority over, a financial account in a foreign country to line 3b, provide an explanation in Schedule 0 3a X 4 At any time during the calendar year, diff the organization have an interest in row as singtance or other authority over, a financial Accounts. 3a X 5a Was the organization have uniquirements for from TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization have annual gross receipts that are north subtied tax shelter transaction? 5a X 6a x 5b X 6a x 5b X 6b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0<						
repertable gaming (gambling) winnings to prize winners? 10 X 28 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. 12 1 30 Dift the calendar year ending with or within the year covered by this return. 20 X 31 Dift the calendar year ending with or within the year covered by this return. 20 X 32 Dift the calendar year, did the organization file all required feed-all employment tax returns? 30 X 34 Dift the calendar year, did the organization have an interest in, or a signature or other stationtry over, a financial account is country to be a bark account; securities account, or other financial accounts. 5a X 54 Dift any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 54 Did any taxable party notify the organization that it was or is a party to a prohibited contributions or gifts were not tax deductible acchartable contributions or gifts were not tax deductible acchartable contributions or gifts were not tax deductible acchartable ac						
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	b		14b			

Form 9	90 (2013) INNER CITY SCHOLARSHIP FUND, INC. 51-04	53629		Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>••••</u>	• • •	Х
Sect	ion A. Governing Body and Management		1	
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	34		
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		v	
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		x
6 70	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir one or more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members			
U	stockholders, or persons other than the governing body?	, 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
5	the year by the following:	,		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	t		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	le Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes		37	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval b			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			х
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	150		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
10a	with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
Ň	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization 6104 requir			s only)
-	available for public inspection. Indicate how you made these available. Check all that apply.	(, (- , -	.,,
	X Own website Another's website X Upon request 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	y, 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	f the		
	organization: ► MONSIGNOR GREGORY MUSTACIUOLO 1011 FIRST AVENUE NEW YORK, NY 10022 212-753-8583			
JSA		Form	n 990	(2013)

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Section A.	· · · ·
	Check if Schedule O contains a response or note to any line in this Part VII
	Independent Contractors
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

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.

		(C)								
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			•		or/trust		from	related	other
	hours for	or	Ins	Off	Key	Hic	Fo	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	Individual trustee or director	Institutional trustee	Officer	em	ploy	Former	(W-2/1099-MISC)	(₩-2/1099-10130)	organization
	below dotted	tor tru	onal		employee	e com				and related organizations
	line)	Jstee	trust		e	Ipena				0
			ee			Highest compensated employee				
						<u> </u>				
(1)CARDINAL TIMOTHY DOLAN	1.00									
CHAIRMAN	0	X		Х				0	0	0
(2)ARTHUR J. MAHON	1.00	-								
TRUSTEE	0	X						0	0	0
_(3)CATHERINE M. KEATING	1.00									0
TRUSTEE	0	X						0	0	0
_(4)CHRISTINE H. SCHWARZMAN TRUSTEE	0	x						0	0	0
(5)EDWARD D. HERLIHY	1.00							0	0	0
TRUSTEE	0	x						0	0	0
(6)FREDERIC V. SALERNO	1.00									
TRUSTEE	0	X						0	0	0
(7)GEORGE B. IRISH	1.00	-								
TRUSTEE	0	Х						0	0	0
_(8)HELEN T. LOWE	1.00									0
TRUSTEE	0	X						0	0	0
(9)HOWARD J. RUBENSTEIN TRUSTEE	0	x						0	0	0
(10)JOHN J. FARRELL	1.00	- 21						0	0	0
TRUSTEE	0	x						0	0	0
(11)JOHN M. CALLAGY ESQ.	1.00									
TRUSTEE	0	X						0	0	0
(12)JOHN Q. DOYLE	1.00	-								
TRUSTEE	0	X						0	0	0
(13)LAWRENCE B. BENENSON	1.00									2
TRUSTEE	0	Х						0	0	0
(14)MARTIN J. SULLIVAN TRUSTEE	1.00	x						0	0	0
	0	Λ						0	0	0000

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Name and title Average hours are hours for hours tor hours tor hour tor hours tor hour tor hours tor hour tor hours tor hour tor hours tor hour tor hours tor hour tor hours tor hou	(A)	(B)			(0	2)			(D)	ed Employees (co (E)	(F)
15) MARY ANN TIGHE 1.00 X X 0 0 TRUSTEE/VICE PRESIDENT 0 X X 0 0 16) MAURO C. ROMITA 1.00 X X 0 0 TRUSTEE 0 X X 0 0 17) MICHAEL J. MILLETTE 1.00 X 0 0 TRUSTEE 0 X 0 0 18) MO ROCCA 1.00 X 0 0 TRUSTEE 0 X 0 0 19) MSGR. GREGORY MUSTACIUOLO 1.00 X 0 0 TRUSTEE 0 X 0 0 0 20) PATRICIA A. QUICK 1.00 X 0 0 0 TRUSTEE 0 X 0 0 0 0 21) PETER K. SCATURRO 1.00 X 0 0 0 0 0 31) PONCHITA PIERCE 1.00 X X 0 0 0 0 0 0 0 0 0 0 0		Average hours per week (list any hours for related organizations below dotted	box,	unles er and	Posi heck ss pe d a d	ition more rson irect	is both or/trust	an tee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
16) MAURO C. ROMITA 1.00 0 0 0 TRUSTEE 0 X 0 0 0 17) MICHAEL J. MILLETTE 1.00 0 0 0 TRUSTEE 0 X 0 0 0 18) MO ROCCA 1.00 0 0 0 TRUSTEE 0 X 0 0 0 19) MSGR. GREGORY MUSTACIUOLO 1.00 0 0 0 TRUSTEE 0 X 0 0 0 0 20) PATRICIA A. QUICK 1.00 0 0 0 0 TRUSTEE 0 X 0	15) MARY ANN TIGHE	+	x		v				0	0	
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22) PETER T. GRAUER 1.00 x x 0 0 23) PONCHITTA PIERCE 1.00 x x 0 0 23) PONCHITA PIERCE 1.00 x 0 0 0 24) RONALD E. BLAYLOCK 1.00 x 0 0 0 25) SUSAN GEORGE 35.00 x 0 0 0 25) SUSAN GEORGE 35.00 x 233,593. 0 12,3 1b Sub-total • 0 0 0 0 0 c Total from continuation sheets to Part VII, Section A • 349,192. 0 35,0	21) PETER K. SCATURRO	1.00									
TRUSTEE/PRESIDENT 0 X X 0 0 23) PONCHITTA PIERCE 1.00 1.00 0 0 0 TRUSTEE 0 X 0 0 0 24) RONALD E. BLAYLOCK 1.00 0 0 0 TRUSTEE UNTIL 12/6/2013 0 X 0 0 25) SUSAN GEORGE 35.00 0 233,593. 0 12,3 EXECUTIVE DIRECTOR 0 X X 233,593. 0 12,3 1b Sub-total 0 0 0 0 0 0 0 c Total from continuation sheets to Part VII, Section A 349,192. 0 35,0 0 35,0		0	Х						0	0	
23) PONCHITTA PIERCE 1.00 0 0 0 0 TRUSTEE 0 x 0 0 0 0 24) RONALD E. BLAYLOCK 1.00 x 0 0 0 TRUSTEE UNTIL 12/6/2013 0 X 0 0 0 25) SUSAN GEORGE 35.00 x 233,593. 0 12,3 EXECUTIVE DIRECTOR 0 X X 233,593. 0 12,3 1b Sub-total • 0 0 0 0 0 c Total from continuation sheets to Part VII, Section A • 349,192. 0 35,0	22) PETER T. GRAUER	1.00									
TRUSTEE 0 x 0 0 24) RONALD E. BLAYLOCK 1.00 x 0 0 TRUSTEE UNTIL 12/6/2013 0 x 0 0 25) SUSAN GEORGE 35.00 x 233,593. 0 12,3 EXECUTIVE DIRECTOR 0 X X 233,593. 0 12,3 1b Sub-total 0 0 0 0 c Total from continuation sheets to Part VII, Section A 349,192. 0 35,0		-	Х		Х				0	0	
24) RONALD E. BLAYLOCK 1.00 0 0 0 0 TRUSTEE UNTIL 12/6/2013 0 x 0 0 0 25) SUSAN GEORGE 35.00 x 233,593. 0 12,3 EXECUTIVE DIRECTOR 0 x x 233,593. 0 12,3 1b Sub-total 0 0 0 0 0 c Total from continuation sheets to Part VII, Section A 349,192. 0 35,0	23) PONCHITTA PIERCE	1.00									
TRUSTEE UNTIL 12/6/2013 0 x 0 0 25) SUSAN GEORGE 35.00 35.00 233,593. 0 12,33 EXECUTIVE DIRECTOR 0 X X 233,593. 0 12,33 1b Sub-total 0 0 0 0 0 c Total from continuation sheets to Part VII, Section A 349,192. 0 35,00			Х						0	0	
25) SUSAN GEORGE 35.00 x x 233,593. 0 12,3 EXECUTIVE DIRECTOR 0 x x 233,593. 0 12,3 1b Sub-total ▶ 0 0 0 0 0 c Total from continuation sheets to Part VII, Section A ▶ 349,192. 0 35,00		1.00									
EXECUTIVE DIRECTOR 0 X X 233,593. 0 12,33 1b Sub-total • • • • 0 0 0 c Total from continuation sheets to Part VII, Section A • • 349,192. 0 35,00			Х						0	0	
1b Sub-total 0 0 c Total from continuation sheets to Part VII, Section A 349,192. 0 35,0		+									
c Total from continuation sheets to Part VII, Section A 349,192. 0 35,0		0	Х		Х					-	12,39
c Total from continuation sheets to Part VII, Section A										-	
d Total (add lines 1b and 1c)	c Total from continuation sheets to Part VII, S	ection A						►		-	35,03
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of										5	35,03

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
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
5	<i>individual</i>
5	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
A	ITACHMENT 2		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 2		

3

4

5

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Х

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	(A)	(B)			(C)			(D)	(E)	(F)
	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more rson	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26) THOMAS C. QUICK	1.00		ee			ated				
	TRUSTEE	0	x						0	0	
27) THOMAS S. JOHNSON TRUSTEE	1.00 0	X						0	0	
28	3) TIMOTHY C. MUCCIA TRUSTEE	1.00	х						0	0	
29)) TIMOTHY MCNIFF TRUSTEE/SECRETARY	1.00	x		x				0	0	
30) ANTHONY J. DE NICOLA TRUSTEE/VICE PRESIDENT	1.00	x		x				0	0	
31) STEPHEN G. ROONEY, ESQ. TRUSTEE	1.00	x						0	0	
32	2) SAMUEL A. DI PIAZZA JR. TRUSTEE	1.00	x						0	0	
33) ROBERT GITTINGS TRUSTEE	1.00	x						0	0	
34	THOMAS S. MURPHY JR. TRUSTEE/VICE PRESIDENT	1.00	x		x				0	0	
35	j) WALTER S. TOMENSON JR. TRUSTEE/VICE PRESIDENT	1.00	X		x				0	0	
36	() HON MILTON L. WILLIAMS SR. TRUSTEE	1.00	X		21				0		
	b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A			•••	 	· · ·				
2	Total number of individuals (including but not reportable compensation from the organization		hose 2	liste 2	d al	bove	e) who	o re	ceived more than	\$100,000 of	Yes N
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3 2
4	For any individual listed on line 1a, is the solution and related organizations ground individual.	eater than	\$15	50,0	00?	If	"Yes	s,"	complete Schedu	le J for such	4 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 more than \$100,000 in compensation from the organization ►	e listed above) who received	

Image: Section B. Independent Contractors Image: Schedule J for such person Yes Section B. Independent Contractors Image: Schedule J for such person Yes Image: Section B. Independent Contractors Image: Schedule J for such person Yes Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Section B. Independent Contractors Image: Schedule J for such person Image: Schedule J for such person Image: Schedule J for such person	Pa	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	bye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	ontinue	ed)	
Instruction 0 <td< th=""><th></th><th></th><th>Average hours per week (list any</th><th>box,</th><th>unles</th><th>Pos heck ss pe d a c</th><th>sition more erson</th><th>is both tor/trust</th><th>an tee)</th><th>Reportable compensation from</th><th>Reporta compensati relate</th><th>on from ed</th><th>am</th><th>stimated nount of other</th><th></th></td<>			Average hours per week (list any	box,	unles	Pos heck ss pe d a c	sition more erson	is both tor/trust	an tee)	Reportable compensation from	Reporta compensati relate	on from ed	am	stimated nount of other	
37) THOMAS H. GOLDEN 1.00 x 0 0 38) GINING CLENTI MORAMAD 35.00 x 115,599 0 22, SENIOR DIRECTOR, MAJOR GIFTS 0 x 115,599 0 22, SENIOR DIRECTOR, MAJOR GIFTS 0 x 115,599 0 22, SENIOR DIRECTOR, MAJOR GIFTS 0 x 115,599 0 22, Senior Director, MAJOR GIFTS 0 x 115,599 0 22, Senior Director, MAJOR GIFTS 0 x 115,599 0 22, Senior Director, MAJOR GIFTS 0 x 115,599 0 22, Senior Director, MAJOR GIFTS 0 x 0 0 22, Senior Director, MAJOR GIFTS 0 1 0 0 12, Senior Director Director, MAJOR GIFTS 0 1 0 0 22, Senior Director,			organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensatec employee	Former				orga and	anizatio d relateo	ł
38) GININE CLENT MORAND 35.00 x 115,599 0 22, SENICE DIRECTOR, MAJOR GIPTS 0 x 115,599 0 22, SENICE DIRECTOR, MAJOR GIPTS 0 x 115,599 0 22, SENICE DIRECTOR, MAJOR GIPTS 0 x 115,599 0 22, Senice Directory 0 0 x 115,599 0 22, Senice Directory 0 0 0 0 0 0 0 22, Senice Directory 0 0 0 0 0 0 0 22, Senice Directory 0 <td>37</td> <td></td> <td>1.00</td> <td></td>	37		1.00												
SENIOR DIRECTOR, MAJOR GIFTS 0 x 115,599. 0 22,			-	Х						0)	0			
c Total from continuation sheets to Part VII, Section A Image: Section B	<u>38</u>		+	-				x		115,599.		0		22,6	41
c Total from continuation sheets to Part VII, Section A				-											
c Total from continuation sheets to Part VII, Section A Image: Section B. Independent Contractors 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 5 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.				-											
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 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 5 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.				-											
c Total from continuation sheets to Part VII, Section A Image: Section B. Independent Contractors 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 5 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.				-											
c Total from continuation sheets to Part VII, Section A Image: Section B. Independent Contractors 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 5 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.				-											
c Total from continuation sheets to Part VII, Section A Image: Section B. Independent Contractors 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 5 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.				-											
c Total from continuation sheets to Part VII, Section A				-											
c Total from continuation sheets to Part VII, Section A Image: Section B				_											
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 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 5 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.				-											
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	0	Total from continuation sheets to Part VII, S	ection A												
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		Total number of individuals (including but not	limited to t	hose	liste				o re	eceived more than	\$100,000	of			
employee on line 1a? If "Yes," complete Schedule J for such individual						unto		kov		lovoo or highoo	t compone	otod		Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3												3		Х
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 5 Section B. Independent Contractors 1 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) (B) (C)	4	organization and related organizations group	eater than	\$15	50,0	00?	P If	"Yes	s,"	complete Schedu	sation from <i>Ile J for</i>	the such		37	
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) (B) (C)	5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organizati				~	X
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) (B) (C)	Se		,						1					II	
		Complete this table for your five highest com compensation from the organization. Report of													
Name and business address Description of services Compensation		(A) Name and business add	dress							(B) Description of se	ervices	с		sation	

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

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Form	990	(201	S

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	Ш <u></u>		<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns					
Gra	b	Membership dues					
fts,	с	Fundraising events 1c	2,988,670.				
nilaı	d	Related organizations 1d					
Sin	е	Government grants (contributions) 1e					
her	f	All other contributions, gifts, grants,					
đ		and similar amounts not included above . 1f	13,014,396.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					_
	h	Total. Add lines 1a-1f	Business Code	16,003,066.			
Program Service Revenue			Business Code				
Rev	2a						
ice	b						
serv.	c d						
Ē	u e						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, inter					
		other similar amounts)	•	468,595.			468,595.
	4	Income from investment of tax-exempt bond		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)	(ii) Other	0			
	7a	Gross amount from sales of					
	h	assets other than inventory 12,491,977.					
	b	Less: cost or other basis and sales expenses <u>12,246,335.</u>					
	c	Gain or (loss) 245,642.					
		Net gain or (loss)		245,642.			245,642.
e		Gross income from fundraising					
nu		events (not including \$2,988,670.					
eve		of contributions reported on line 1c).					
Ř		See Part IV, line 18 a	301,043.				
Other Revenue	b	Less: direct expenses b	447,184.				
đ	c	Net income or (loss) from fundraising events	· · · · · · · · •	-146,141.			-146,141
	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					
	h	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					
	е	Total. Add lines 11a-11d	▶	0			
	12	Total revenue. See instructions		16 571 162			568 096

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 or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and 12,688,755. 12,688,755 organizations in the United States. See Part IV, line 21 . 2 Grants and other assistance to individuals in 0 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 C 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 233,593. 58,398 175,195. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) n 7 Other salaries and wages 640,025. 221,826 418,199. 8 Pension plan accruals and contributions (include section 16,153 54,856 38,703. 401(k) and 403(b) employer contributions) 36,403. 37,230 827 9 Other employee benefits 79,539. 32,388 47,151. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 0 **b** Legal 42,600 42,600. c Accounting 0 d Lobbying 302,875. 302,875. e Professional fundraising services. See Part IV, line 17 4,819 4,819. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 233,303. 70,421 162,882. (A) amount, list line 11g expenses on Schedule O.) 323,976. 12 Advertising and promotion 323,976 18,810. 17,519 1,291. 13 Office expenses 70,385. 70,385 14 Information technology 0 Royalties 15 99,024. 99,024 Occupancy 16 19,505. 19,955. 450 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 24,077. 24,077 22 Depreciation, depletion, and amortization 5,454. 5,454. Insurance 23 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.) aBASF_PROGRAMS_____ 310,368. 310,368 bENRICHMENT_PROGRAM_____ 223,922. 223,922 50,970 cCREDIT_CARD_FEES_____ 50,970 107,561 49,595 57,966. dMISCELLANEOUS 49,570 49,570 e All other expenses _____ 809,657 15,621,667 13,223,045 1,588,965. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720) 0

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Form	990 (2	INNER CITY SCHOLARSHIP FUND, INC.		9T-	0453629 Page 11
Par		Balance Sheet			raye II
		Check if Schedule O contains a response or note to any line in this Pa	nrt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0	1	(
	2	Savings and temporary cash investments	1,766,828.	2	3,287,827.
	3	Pledges and grants receivable, net	2,039,155.	3	1,548,705.
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L 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	0	5	l
s		organizations (see instructions). Complete Part II of Schedule L	0	•	
Assets	7	Notes and loans receivable, net	805,660.	7	2,156,505.
As	8	Inventories for sale or use	0	•	
	9	Prepaid expenses and deferred charges	0	9	
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 246, 328.			
	b	Less: accumulated depreciation	180,575.		156,498.
	11	Investments - publicly traded securities	12,317,218.		11,617,936.
	12	Investments - other securities. See Part IV, line 11	0	•-	(
	13	Investments - program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	17	
	15	Other assets. See Part IV, line 11	217,884.		364,674
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,327,320.	16	19,132,145.
	17	Accounts payable and accrued expenses	273,471.	17	207,028
	18	Grants payable	0		518,679
	19	Deferred revenue	0	10	
	20	Tax-exempt bond liabilities	0		
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
liak		trustees, key employees, highest compensated employees, and	0		
	~~	disqualified persons. Complete Part II of Schedule L	0		
	23	Secured mortgages and notes payable to unrelated third parties	0	23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties	0	24	(
·	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			245,979.	25	163,706.
	26	of Schedule D Total liabilities. Add lines 17 through 25	519,450.	26	889,413.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	31971301	20	0057115
nc	27	Unrestricted net assets	3,738,165.	27	4,990,996.
Sala	28	Temporarily restricted net assets	7,222,373.	28	7,304,404.
E E	29	Permanently restricted net assets	5,847,332.	29	5,947,332.
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
*	33	Total net assets or fund balances	16,807,870.	33	18,242,732.
	34	Total liabilities and net assets/fund balances	17,327,320.	34	19,132,145.
		Total liabilities and net assets/fund balances			

TNINED	OTTV	SCHOLARSHIP		TNO
TIMMER	CIII	SCHOLARSHIP	FUND,	TINC.

Form 99	90 (2013)				Pa	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	,57	71,1	62.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	15			67.	
3	Revenue less expenses. Subtract line 2 from line 1	3		949,495.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	16,807,870.			
5	Net unrealized gains (losses) on investments	5		48	35,3	367.	
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						
	<u>33,</u> column (B))	10	18	, 24	12,7	32.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • . • •	•• –	a		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		•• ⊢	b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	-		c	x		
	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, e	explain	in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth				37	
	the Single Audit Act and OMB Circular A-133?		•• ⊢	a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	0					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3	b			

SCHEDULE A

(Form	990	or	990	-EZ)
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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.

The organization is not a private foundation because it is: {for lines 1 through 11, check only one box, 1 A school described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(iii). A modular tesearch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). C modular tesearch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A modular tesearch organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives (1) more than 33:r3% of its support from contributions, membership fees, and gross receipts from activities related to its section 509(a)(2). A norganization organization and runne and unrelated business taxable income (ess section 509(a)(4). A norganization organization and parated exclusively to test for public safety. See section 509(a)(4). A norganization organization and under dexclusively to test for public safety. See section 509(a)(2). A norganization organization and operated exclusively to test for public safety. See section 509(a)(2). A norganization organization organization in sort outrolled directly or indirectly by one or more disqualified persons other than Grow of supporting organization and complete lines 11 through 11h. A norganization organization and compared exclusively to test for public safety. See section 509(a)(2). A norganization organization and complete elimetry of supporting organization and complete lines 11 through 11h. C norganization organization and complete elimetry of persons describ		ent of the Treasury levenue Service	► Information about Scl	► Attach to Form 990 hedule A (Form 990 or 990-I	or For EZ) and	m 990-l its inst	EZ. tructions is	at www	.irs.go	ov/form9	90.	Open to Inspe		C
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 Inters 1 through 11, heck only one box) 1 A school described in section 170(b)(1)(A)(II). 2 A school described in section 170(b)(1)(A)(II). 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). 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)(V). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 An organization that normally receives: (1) more than 33 u3 % of its support from contributions, membership fees, and gross receipts from activities related to its swampt functions - subleship isota certain exceptions, and (2) no more than 33 u3 % of its support from granization after Jue 30. 1975. See section 509(a)(2). (Complete Part II). 9 An organization organization and protected exclusively to test for public astel income (ess section 50)(a)(1) or section 50)(a)(2). See section 509(a)(2). 10 An organization organizati and operated exclusively to rest for public astel income (ess section 50)(a)(2). See section 509(a)(2). 11 An organization organization add operated exclusively for the sect	Name of	f the organization						E	mplo	yer iden	tificat	ion num	ber	
The organization is not a private foundation because it is: {for lines 1 through 11, check only one box, 1 A school described in section 170(b)(1)(A)(ii), A school described in section 170(b)(1)(A)(iii), A school described in section 170(b)(1)(A)(iii), A school described in section 170(b)(1)(A)(iii), A modular tesearch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state:	INNER	CITY SCHOL	ARSHIP FUND, INC	2.						51-	-045	3629		
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A modula research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital same, 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)(v). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X norganization 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)(v). (Complete Part II.) 8 A community trust described to its exempt functions - subject to certain exceptions, and (2) no more than 33/1/3 % of its support from goss investment income and unrelated business taxable income (less section 509(a)(2). Complete Part III.) 10 An organization that comparization adcorpate exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization adcorpate in section 509(a)(2). See section 509(a)(2). Check the bot that described in section 509(a)(2). Check the bot that described in socion form the line of aparization adcorpate in the organization adcorpate exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization adcorplete inesocion 509(a)(2). See section 509(a)(2). Check the box	Part I	Reason for	Public Charity Statu	is (All organizations mu	ust con	nplete	this part	.) See	instr	uctions				
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). Enter the hospital searce organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital searce 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.) 16 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). 7 X 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(iv). 8 A community trust describe of in section 170(b)(1)(A)(iv). Complete Part II.) 9 An organization that normally receives: (1) more than 33:13% 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 33:13% of its support from organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 11 An organization organized and operated exclusively to the benefit of, to perform the funcotions 0) integrated en othere thy properat organizat	The org	anization is not	a private foundation be	cause it is: (For lines 1 th	rough	11, che	eck only or	ne box.)						
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospitals 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 X 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)(v). (Complete Part II). 8 A community trust described in section 170(b)(1)(A)(v). 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 509(a)(4). 10 An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organization after June 30, 1975. See section 509(a)(2). (Complete Ins 11e Ihronchantolis of carry out the purposes of one or more publicly supported organization adcomplete acklusively to test for publics starbs. 10 An organization describes the type of supporting organization adcomplete ins 511e through 11h. a Type II C 11 An organization adcomplete adcomplete adco	1	A church, cor	vention of churches, or	association of churches	describ	ed in s	section 17	0(b)(1)	(A)(i)					
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)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization organization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicy supported organization and complete lines 11 through 11h. 10 An organization organized and operated exclusively for the benefit of indirectly or ondirectly by one or more disclusively 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 publicy supported organization section 509(a)(2). 10 A nereson who directly or indirectly controls, either alo	2	A school dese	cribed in section 170(b)	in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
S 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)(v). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 7 X An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33:r3% 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:r3% of its support from gonization start funce and unperated exclusively to test for public safety. See section 509(a)(2). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 11 An organization and complete bies try or supporting organization and complete lines 11 through 11h. 10 An organization and complete bies try or supporting organization and complete lines 11 through 11h. 10 An organization and complete bies try or supporting organization and complete lines 11 through 11h. 11 An organization and complete bies try or organization and complete lines 11 through 11h. 10 An organization the box that describes thry try or supporting organization and complete	3	A hospital or	vital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
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section 170(b)(1)(A)(iv). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A n 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)(v). B Acomunity trust described in section 509(a)(2). Comparization organized and operated exclusively to test for publics safety. See section 509(a)(2). An organization organized and operated exclusively to test for publics safety. See section 509(a)(2). B Complete Part III.) A Type II b Type I b Type III. B Complete Part III.) Acompleta Part III.) An organization and completa Part III.) An organization and completa Part III.) An organization and part the bound table. Completa Part III.) An organization andifter Davis	5		· · · · · · · · · · · · · · · · · · ·	enefit of a college or univ	versity	owned	l or opera	ted by	a qo	vernme	ntal	unit de	scribe	ed in
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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 33/3 % 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 33/3 % 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). 10 An organization organized and operated exclusively to tst for public safety. See section 509(a)(2). 11 An organization organized and operated exclusively to tst for gonganization and complete lines 11 e through 11h. a Type I b Type II c Type III.Functionally integrated d Type III. a Type I b Type III. c Type III.Functionally integrated d Type III. Type III. an organization check this box. c By checking this box, I certify that the organization accepted any gift or contribution from any of the following persons? fi the organization check this box. certify that the organization accepted any gift or contribution from any of the following persons? fif the organization check this box.	6	-			cribed	in sect	tion 170(b)(1)(A)	(v).					
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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support form gross investment income and unrelated business taxable income (less section 501(a)). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 organization and complete lines 11 through 11h. a Type I b Type II c Type III-Functionally integrated d Type III-Pon-functionally integrated en By checking this box. I certify that the organization is not controlled directly or indirectly or in		-	-				0					0	•	
9 An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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 to test for public safety. See 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 II b Type II Poentionally integrated d Type II-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)(2). f If the organization received a written determination from the IRS that it is a Type I. Type II. Junction from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and the following persons? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iv) Amount of monetary of the supported organization (c), organization in code, organization orecei	8				nplete F	Part II.)								
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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 after June 30, 1975. See section 509(a)(2). Complete Part III.) 10 An organization after June 30, 1975. See section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11 e through 11h. a Type II b Type III- 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 or ondirectly or ondine din () or () above?	9	-			-			ontribut	tions,	membe	ershi	o fees,	and g	ross
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 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)(2). 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)(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, and 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 ting in the direct organization? Image: Ima		-	-								-		-	
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). In 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)(2). Type II c _ Type III - Functionally integrated d _ Type II b _ Type II c _ 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)(2). If the organization received a written determination from the IRS that it is a Type I, Type III supporting organization, check this box _ Generalization 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? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iv) Name of supported organization in col, (i) organization in col, (i) organization in col, (i) organization in col, (i) organization in col, (ii) person in col, (iii) support corganization in col, (ii) organization in col, (iii) support corganization in col, (iii) support corganization in col, (ii) organization in col, (iii) support corganization in col, (ii) organization in col, (iii) support corganization in col, (ii) organization in col, (ii) organization in col, (ii) organization in col, (ii) organization in col, (ii)					•		•		• • •					
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively to test for public safety. See 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 III. C Type III. Fourtionally integrated By checking this box. I certify that the organization is not controlled directly or indicetly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I. Type III. 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? 11g(0) (ii) A family member of a person described in (i) or (i) above? 11g(0) 11g(0) iii) A 35% controlled entity of a person described organization is no (0) organization in (0) organization? <tr< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>,</td><td></td><td></td><td></td></tr<>			-					-			,			
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 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)(2). f If the organization received a written determination from the IRS that it is a 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? (ii) A family member of a person described in (i) above? iii) below, the governing body of the supported organization(s). f) Name of supported forganization about the supported organization(s). (iii) Di organization about the supported organization organization in the support organization is apported organization in the organization	10		-		-		-	-).				
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a Type I b Type III c Type III-runctionally integrated b 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? 11900 		purposes of a	one or more publicly s	upported organizations de	escribe	d in s	ection 509	9(a)(1)	or se	ection 5	09(a)(2). Se	e sec	tion
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? 119(0) (ii) A family member of a person described in (i) above? 119(0) (iii) A 35% controlled entity of a person described organization (described organization (described organization is or (d) lited or (d) above? (v) bit we organization or (d) of you notify we organization in organization in organization (described on lines 1-9 above or RCS section) (v) Di you notify we organization in the U.S.? (k) Name of supported (iii) EIN (iii) EIN (iii) EN (iiii) EN (iiii) EN (iii) EN (iii) EN (iii) EN (iii) EN		509(a)(3). Ch	eck the box that descril	bes the type of supporting	organ	ization	and comp	olete lir	nes 11	le throu	ugh 1	1h.		
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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		other than fo	undation managers and	other than one or more	public	y supp	orted orga	anizatio	ons d	escribe	d in s	section	509(a	a)(1)
organization, check this box.		or section 509	9(a)(2).											
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2013

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,945,937.	17,222,012.	12,865,949.	13,600,268.	15,856,925.	74,491,091.
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	Total. Add lines 1 through 3	14,945,937.	17,222,012.	12,865,949.	13,600,268.	15,856,925.	74,491,091.
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).						21,213,162.
6	Public support. Subtract line 5 from line 4.						53,277,929.
	tion B. Total Support	l					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	14,945,937.	17,222,012.	12,865,949.	13,600,268.	15,856,925.	74,491,091.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	232,422.	514,629.	678,629.	635,048.	468,595.	2,529,323.
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	Total support. Add lines 7 through 10						79,545,853.
12	Gross receipts from related activities, etc. (see instructions) .				12	19,299,721.
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2013 (li	ne 6, column (f) divided by line	11, column (f))		14	66.98%
15	Public support percentage from 2012					15	70.15%
16a	331/3% support test - 2013. If the c	organization did	not check the	box on line 13,	and line 14 is	331/3 % or mor	e, check
	this box and stop here. The organizati			-			
b	331/3% support test - 2012. If the o	organization did	not check a bo	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2	2013. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ine 14 is
	10% or more, and if the organization					-	
	Part IV how the organization meets	the "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						▶□
b	10%-facts-and-circumstances test - 2	2012. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organized						
	Explain in Part IV how the organizati						
18	supported organization Private foundation. If the organization						
	instructions	<u></u> .	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u> ▶∟
						abadula A (Form 0	00 at 000 EZ) 0012

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Part IIISupport 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disgualified 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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)	<u> </u>					
	tion B. Total Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2010	(0) 2011	(0) 2012	(e) 2013	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties and income from similar						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L					
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	r fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here						· · · · ►
Sec	tion C. Computation of Public Sup					1 1	
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2012 Sche	edule A, Part III, lir	ne 15	<u></u>		16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2013 (li					17	%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2013. If the or					e than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and sto	p here. The org	anization qualifie	es as a publicly	supported organ	ization 🕨 📃
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualif	ies as a publicly	supported organ	ization 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19I	b, check this be	ox and see instr	ructions 🕨
JSA 3E122	1 1.000					Schedule A (Form 9	990 or 990-EZ) 2013

Page 4

Schedule A (Form 990 or 990-EZ) 2013

Part IV Supplemental Information. 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).

JSA		
3E1251	1.000	
	56709G	2502

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See

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

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

General Rule

instructions.

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

Special Rules

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

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

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

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 its Form 990-PF, Part I, line 2, 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) (2013)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

) (enter number) organization

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Schedule B

Filers of:

Form 990-PF

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

Name of the organization	
--------------------------	--

Organization type (check one):

INNER CITY SCHOLARSHIP FUND, INC.

Section:

X 501(c)(3

527 political organization

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

Employer identification number

1545-0047

51-0453629

OMB No

Name of organization INNER CITY SCHOLARSHIP FUND, INC.

51-0453629

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$2,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$638,296.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$395,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

1695314

Name of organization INNER CITY SCHOLARSHIP FUND, INC.

Page 3

51-0453629

(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
		\$	

	(Form 990, 990-EZ, or 990-PF) (2013)			Page				
Name of o	rganization INNER CITY SCHOLARSHIE	P FUND, INC.		Employer identification number				
Part III	<i>Exclusively</i> religious, charitable, etc that total more than \$1,000 for the For organizations completing Part III,	year. Complete colu	ımns (a) through	(e) and the following line entry.				
	contributions of \$1,000 or less for th	e year. (Enter this in	formation once.	See instructions.) \triangleright \$				
(-) N-	Use duplicate copies of Part III if addit	tional space is neede	ed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
				·				
		(e) Transf	er of gift					
	Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
<u> </u>								
				·				
	(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, a	nd ZIP + 4	Relat	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, a	nd ZIP + 4	Relat	ionship of transferor to transferee				
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2013				

SCHEE	DULE	D
(Form	990)	

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.

20 13 Open to Public

OMB No. 1545-0047

	al Revenue Service	Information about Schedule	e D (Form 990) and its instruct	ions is at www.irs	.gov/form990.	Inspection
Name	of the organization				Employer identific	ation number
		LARSHIP FUND, INC.			51-04536	529
Par		ons Maintaining Donor Advis			ccounts.	
	Complete i	if the organization answered "				
			(a) Donor advised fu	unds	(b) Funds an	d other accounts
1		end of year				
2		outions to (during year)				
3		from (during year)				
4		at end of year				
5	•	ion inform all donors and donor	•			
	-	anization's property, subject to the	-	-		Yes No
6	-	on inform all grantees, donors, ar	-	-		
		e purposes and not for the benefi				
B	conferring imperm	nissible private benefit?	<u> </u>		- 000 Devt IV/	
		ion Easements. Complete if the			n 990, Part IV,	line 7.
1		nservation easements held by the			en bisteriaelle i	
		n of land for public use (e.g., recru		Preservation of Preservation of	•	nportant land area
		f natural habitat		Fieservation of	a certined histo	ne structure
~		n of open space	ald a gualified concernation	aantrikutian in (the form of a co	nonnation
2		a through 2d if the organization he last day of the tax year.	eid a quaimed conservation	contribution in i	ine form of a co	nservation
	easement on the	last day of the tax year.		Γ	Held at the	e End of the Tax Year
•	Total number of a	conservation easements			2a	
a h		stricted by conservation easements			2b	
b C	-	rvation easements on a certified			2c	
-		rvation easements included in (c)			20	
d		listed in the National Register			2d	
3		rvation easements modified, tran				zation during the
5			Sterred, released, extinguic		ted by the organ	
4		where property subject to conse	rvation easement is located	Þ		
5		ation have a written policy regard				
•	-	forcement of the conservation ea			-	Yes No
6		er hours devoted to monitoring, ir				
-	▶					j = =::
7		ses incurred in monitoring, inspec	ting, and enforcing conserv	vation easement	ts during the vea	r
	▶\$		3,		5 ,	
8	Does each conser	rvation easement reported on lin	e 2(d) above satisfy the red	uirements of sec	tion 170(h)(4)(B)	
		0(h)(4)(B)(ii)?				Yes No
9	In Part XIII, descri	ibe how the organization reports	conservation easements in	its revenue and	expense stateme	ent, and
		nd include, if applicable, the text of		ization's financia	I statements that	t describes the
		counting for conservation easeme				
Par		tions Maintaining Collections	of Art, Historical Treas	ures, or Other	Similar Assets	6.
	Complete	e if the organization answered	"Yes" to Form 990, Part	IV, line 8.		
1a	If the organization	n elected, as permitted under SI torical treasures, or other simila	FAS 116 (ASC 958), not to	p report in its re	evenue stateme	nt and balance sheet
	public service. pro	bvide, in Part XIII, the text of the fo	otnote to its financial state	ments that desc	ation, or reseal	s.
b		on elected, as permitted under				
		torical treasures, or other simila				
	public service, pro	ovide the following amounts relation	ng to these items:	·		
		luded in Form 990, Part VIII, line 1				
	(ii) Assets include	ed in Form 990, Part X			▶	\$
2	If the organizatio	on received or held works of a	rt, historical treasures, or	other similar a	ssets for financ	ial gain, provide the
	following amounts	s required to be reported under S	FAS 116 (ASC 958) relating	g to these items:	:	
а	Revenues include	ed in Form 990, Part VIII, line 1			· · · · · ► 9	\$
b	Assets included in	n Form 990, Part X			<u></u> ▶9	

Schedule D (Form 990) 2013

INNER CITY SCHOLARSHIP FUND, INC.

-	dule D (Form 990) 2013					0	ge 2
Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, o	or Other Simila	ar Assets (continued	1)
3	Using the organization's acquisition collection items (check all that app		other records, chec	k any of the	following that a	re a significant use of	its
_		iy).					
a h	Public exhibition			or exchange p	-		
b	Scholarly research Preservation for future gene	rationa	e Other				· _
C A	Provide a description of the orga		and avalain how	boy further t	ha arganization's	e avampt purpaga in P	ort
4	XIII.				the organizations		an
5	During the year, did the organization	on solicit or receive c	Innations of art hist	orical treasure	es or other simils	ar	
3	assets to be sold to raise funds rat						No
Par	t IV Escrow and Custodial An or reported an amount o	rangements. Com	plete if the organ				
1a	Is the organization an agent, truste						
-	included on Form 990, Part X?						No
b	If "Yes," explain the arrangement in	h Part XIII and compl	ete the following tab				
_					Ar	mount	
	Beginning balance						
a	Distributions during the year						
e f	Ending balance						
2a	Did the organization include an am					Yes	No
	If "Yes," explain the arrangement in						NO
Par							—
T ai		(a) Current year	(b) Prior year	(c) Two years	i		
1a	Beginning of year balance	10,966,795.	11,944,982.	6,960,		4,745. 4,438,7	
b	Contributions	672,847.	34,460.	4,413,		3,882. 1,108,5	
с	Net investment earnings, gains,						
	and losses	1,168,231.	127,012.	843,	315. 421	1,260. 414,9	29.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	655,734.	1,139,659.	271,	918. 199	9,715. 87,4	98.
f	Administrative expenses						
g	End of year balance	12,152,139.	10,966,795.	11,944,	982. 6,960	0,172. 5,874,7	45.
2	Provide the estimated percentage	of the current year e	nd balance (line 1g,	column (a)) h	eld as:	ł	
а	Board designated or quasi-endowr) %				
	Permanent endowment 48.9		-				
С	Temporarily restricted endowment	,					
	The percentages in lines 2a, 2b, a						
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and	administered for		
	organization by:						No
	(i) unrelated organizations						Х
	(ii) related organizations						X
b	If "Yes" to 3a(ii), are the related org	-	•			3b	
4	Describe in Part XIII the intended u						
Par	t VI Land, Buildings, and Equ Complete if the organiza	ation answered "Ye	s" to Form 990. P	art IV. line 1 [.]	1a. See Form 9	90. Part X. line 10.	
	Description of property	(a) Cost or	other basis (b) Cost of	or other basis ther)	(c) Accumulated depreciation	(d) Book value	
1a	Land						
b	Buildings			46.00-			
-	Leasehold improvements			246,328.	89,830.	156,49	8.
d	Equipment						
e Tete	Other		m 000 Dort V and	(D) line 40(1)		156 40	
iota	I. Add lines 1a through 1e. (Column	i (u) must equal Forn	п ээо, Рап X, сошті	і (<i>в),</i> line 10(0	<i></i>	156,49	
						Schedule D (Form 990) 2	2013

art VII	Investments - Other Securities.			
	Complete if the organization answered (a) Description of security or category	"Yes" to Form 990, (b) Book value	Part IV, line 11b. See Form (c) Method o	
	(including name of security)	(b) BOOK value	Cost or end-of-ye	
	al derivatives			
	held equity interests			
(B)				
C)				
D)				
E)				
(F)				
G) H)				
· /	n (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
<u></u>			Cost or end-of-ye	
) :)				
)				
)				
)				
)				
)				
5)))				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
rt IX	Other Assets.			
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11d. See Form	n 990, Part X, line 15.
<u>, </u>	(a)	Description		(b) Book value
)				
1				
,				
5)				
5) -)				
))))				
3) 4) 5) 5) 7)				
3) 4) 5) 5) 7) 3)				
3) 4) 5) 5) 7) 3) 3) 0)	umn (b) must equal Form 990. Part X. col. (B) li	ine 15.)		
3) 4) 5) 5) 7) 3) 9) al. (Colu	<i>umn (b) must equal Form 990, Part X, col. (B) li</i> Other Liabilities. Complete if the organization answered			
)))))) al. (Colu	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990,	Part IV, line 11e or 11f. Se	
)))))) al. (Colu rt X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability		Part IV, line 11e or 11f. Se	
))))) al. (Colu rt X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability al income taxes	l "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. Se	
:) ;) ;) ;) ;) ;) al. (Colu rt X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" to Form 990,	Part IV, line 11e or 11f. Se	
) Feder)))))))))))))	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes BLE TO ARCHDIOCESE OF NEW YORK	(b) Book value	Part IV, line 11e or 11f. Se	
)))))) al. (Colu rt X) Feder) PAYAI) PAYAI) PAYAI)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes BLE TO ARCHDIOCESE OF NEW YORK	(b) Book value	Part IV, line 11e or 11f. Se	
))))) al. (Colu rt X) Feder) PAYAI)))))	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes BLE TO ARCHDIOCESE OF NEW YORK	(b) Book value	Part IV, line 11e or 11f. Se	
3) 3) 3) 3) 3) 3) 3) 3) 3) 31. (Columnation of the second seco	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes BLE TO ARCHDIOCESE OF NEW YORK	(b) Book value	Part IV, line 11e or 11f. Se	
nrt X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes BLE TO ARCHDIOCESE OF NEW YORK	(b) Book value	Part IV, line 11e or 11f. Se	

2. Liability for uncertain tax positions. 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

Schedu	le D (Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	17,056,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 485,367.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
e	Add lines 2a through 2d	2e	485,367.
3	Subtract line 2e from line 1	3	16,571,162.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 4b	4-	
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 12.)</i>	4c	16,571,162.
5 Part		5	10,571,102.
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	irn.	
1	Total expenses and losses per audited financial statements	1	15,621,667.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	15,621,667.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c _	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	4c	15 601 668
5 Part		5	15,621,667.
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform C PAGE 5	art V, li nation.	ne 4; Part X, line

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

Schedule D (Form 990) 2013

	Supplemer	ntal Information F	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
COMPLETE G 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.						2013	
(FORM 990 OF 990-EZ) Department of the Treasury	► Attach to Form 990 or Form 990-EZ.						Open to Public
Internal Revenue Service	Information at	oout Schedule G (Form	990 or 990-E	Z) and its in	structions is at www.ir	-	Inspection
Name of the organization						Employer identificati	
INNER CITY SCHOL	ng Activities. Con		nization a	nswered	"Ves" to Form 9	51-045362 90 Part IV line	
Part)-EZ filers are not					50, i artiv, ine	17.
	the organization rai				activities. Check a	Ill that apply.	
a X Mail solicitat		e			non-government g		
b X Internet and	email solicitations	f		itation of	government grants	6	
c Phone solicit		g	X Spec	cial fundra	ising events		
d X In-person so							
b If "Yes," list the t	s listed in Form 990	, Part VII) or entity ividuals or entities	in connec	tion with p	professional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col. (i)	
1							
FAIRCOM 2		DIRECT MAIL		X	488,986.	302,875	. 186,111.
3							
4							
5							
6							
7							
8							
9							
10							
Total			•	►	488,986.	302,875	. 186,111.
3 List all states in registration or lice	which the organiza	tion is registered of	or licensed	d to solicit			
NY,	choing.						
Paperwork Reduction Act N	otice, see the Instruction	s for Form 990 or 990-E	Z.			Schedule G (Fo	rm 990 or 990-EZ) 2013

OMB No. 1545-0047

Schedule G (Form 990 or 990-EZ) 2013

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.

		gioss receipts greater than \$5,0	00.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AWARD DINNER	SPRING GALA	4.	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine						
Revenue	1	Gross receipts	1,809,167.	933,767.	546,779.	3,289,713
Re						
	2	Less: Contributions	1,760,667.	793,213.	434,790.	2,988,670
		Gross income (line 1 minus				
		line 2)	48,500.	140,554.	111,989.	301,043
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
en		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Direct Expenses	7	Food and beverages	149,787.	169,692.	103,235.	422,714
ಸ						
Dire	8	Entertainment		8,345.		8,345
	9	Other direct expenses		16,125.		16,125
	10	Direct expense summary. Add lines 4	4 through 9 in column (d))	►	447,184
	-146,141					
Ра		Net income summary. Subtract line 1 Gaming. Complete if the org				rted more
		than \$15,000 on Form 990-E		· · · · · · · · · · · · · · · · · · ·	,, - F-	
e				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nu			(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Revenue						
Ř	1	Gross revenue				
es	2	Cash prizes				
Ψ						

6 Volunteer labor No		No	No
7 Direct expense summary. Add lines 2 through 5 in column (d)			 ►
8 Net gaming income summary. Subtract line 7 from line 1, colu	umn	(d)	

Yes

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

3 Noncash prizes

4 Rent/facility costs

5 Other direct expenses

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain:

%

Yes

%

Yes

%

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes Ves No b If "Yes," explain:

51-0453629

Direct Expenses

INNER CITY SCHOLARSHIP FUND, INC.

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? 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 ► \$
с	If "Yes," enter name and address of the third party:
Ŭ	
	Name
	Address
16	Gaming manager information:
10	
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	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
Part	or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
r ar	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).
FAI	RCOM'S ADDRESS
SCHI	EDULE G, PART I, LINE 2B, COLUMN (I): FAIRCOM'S ADDRESS:
10 1	יד ווייד איז
TZ I	NEST 27TH STREET, 13TH FL
NEW	YORK, NY 10001

Schedule G (Form 990 or 990-EZ) 2013

INNER CITY SCHOLARSHIP FUND, INC

	INNER CITI SCHOLARSHIF FOND, INC. 51 0455027
Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming? No
13	Indicate the percentage of gaming activity operated in:
a	The organization's facility 13a
	• • • • • • • • • • • • • • • • • • • •
b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name
	Address
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party \triangleright \$
-	
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
	Description of services provided
	Director/officer Employee Independent contractor
4-	
17	Mandatory distributions:
а	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	Supplemental Information. 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).
FUN	DRAISING EXPENSES
1 010	
יחדת	
DTK.	ECT MAIL CAMPAIGN EXPENSES IN THE AMOUNT OF \$302,875 REPORTED ON THE
AUD	ITED FINANCIAL STATEMENTS AND REPORTED ON PART IX, LINE 11E, DIRECT
MAI	L FUNDRAISING EXPENSE.

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв №. 1545-0047 20 13
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection
Name of the organization		Employer identification number
INNER CITY SCHO	LARSHIP FUND, INC.	51-0453629
Part I General In	formation on Grants and Assistance	
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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.

(2) ALBERTUS MAGNUS 798 ROUTE 304 BARDONIA, NY 10954 13-1874149 501(c)(3) 12,700. FINANC. (3) ALL HALONS 13-1874149 501(c)(3) 12,700. FINANC. (13) ALL HALONS 13-2669135 501(c)(3) 333,105. FINANC. (4) AQUINS H.S. 695 EAST 182ND ST. BRONX, NY 10457 13-2728390 501(c)(3) 377,450. FINANC. (5) ACCUMING H.S. 13-2692240 501(c)(3) 377,450. FINANC. (6) BLESSED SACRAMENT 13-2693402 501(c)(3) 39,611. FINANC. (6) BLESSED SACRAMENT 13-2693402 501(c)(3) 29,000. FINANC. (7) BLESSED SACRAMENT 13-2693392 501(c)(3) 9,736. FINANC. (6) CARDINAL SPELLMAN ENONK, NY 10451 13-2693392 501(c)(3) 32,256. FINANC. (9) CARDINAL SPELLMAN ENONK, NY 10451 13-2669135 501(c)(3) 332,256. FINANC. (10) CATHEREAL CONCORESE ERONK, NY 10452 13-2669135 501(c)(3) 322,100. FINANC. (11) CHRIST, THE XING 13-2669135 501(c)(3) 324,000. FINANC. (12) CORNELLA CONNCERSE ERONK, NY 10452	(h) Purpose of grad or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
(2) ALBERTUS MAGNUS 798 ROUTE 304 BARDONIA, NY 10954 13-1874149 501(c)(3) 12,700. FINANC. (3) ALL HALLONS 13-2669135 501(c)(3) 333,105. FINANC. (4) AQUINS H.S. 685 EAST 162ND ST. BRONX, NY 10457 13-2699135 501(c)(3) 377,450. FINANC. (6) AQUINS H.S. 685 EAST 162ND ST. BRONX, NY 10457 13-2699240 501(c)(3) 377,450. FINANC. (6) AQUINS H.S. 13-2695240 501(c)(3) 377,450. FINANC. (6) BLEGSED SACRAMENT 13-2693402 501(c)(3) 29,000. FINANC. (7) BLESSED SACRAMENT 13-2693125 501(c)(3) 9,736. FINANC. (8) CARDINAL CONSEL BRONX, NY 10451 13-2693135 501(c)(3) 332,256. FINANC. (9) CARDINAL SPELLMAN ERONX, NY 10451 13-2669135 501(c)(3) 332,256. FINANC. (10) CARDINAL SPELLMAN ERONX, NY 10452 13-2669135 501(c)(3) 332,100. FINANC. (11) CHRIST, THE XING 13-2669135 501(c)(3) 332,100. FINANC. (12) CORDINAL SPELLMAN ERONX, NY 10452 13-2669135 501(c)(3) 32,000. FINANC. <								(1) ACADEMY OF MT. ST URSULA
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(3) ALL HALLONS 13-2669135 501(C) (3) 333,105. PINANC: (4) AQUINAS H.S. 73-2669135 501(C) (3) 333,105. PINANC: (5) ACCENSION 73-2728390 501(C) (3) 377,450. PINANC: (5) ACCENSION 73-2669240 501(C) (3) 377,450. PINANC: (6) ACCENSION 73-2693402 501(C) (3) 39,611. PINANC: (6) BLESSED SACRAMENT 73-2693402 501(C) (3) 29,000. PINANC: (7) BLESSED SACRAMENT 73-2693392 501(C) (3) 29,000. PINANC: (8) CARDINAL HAYES 73-2693392 501(C) (3) 9,736. PINANC: (8) CARDINAL HAYES 73-2693392 501(C) (3) 332,256. PINANC: (9) CARDINAL SPELMAN 73-2669135 501(C) (3) 332,256. PINANC: (9) CARDINAL SPELMAN 73-2669135 501(C) (3) 332,100. PINANC: 10 CARDINAL SPELMAN 73-2669135 501(C) (3) 332,100. PINANC: 10 CARDINAL SPELMAN 73-2669135 501(C) (3) 332,100. PINANC: 11) CHRIST THE KING 73-2669135								(2) ALBERTUS MAGNUS
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(6) BLESSED_SACRAMENT 13-2693402 501(C)(3) 29,000. FINANC: 147 WEST 70TH ST NEW YORK, NY 10023 13-2693402 501(C)(3) 29,000. FINANC: (7) BLESSED_SACRAMENT 30 DELAFIELD AVE. STATEN ISLAND, NY 10310 13-2693392 501(C)(3) 9,736. FINANC: (8) CARDINAL HAYES	FINANCIAL AID				39,611.	501(C)(3)	13-2695240	
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350 EAST 56TH ST MANHATTAN, NY 10022 13-2669135 501(C)(3) 314,700. FINANCE 11) CHRIST THE KING 13-2687820 501(C)(3) 32,000. FINANCE 1345 GRAND CONCOURSE BRONX, NY 10452 13-2687820 501(C)(3) 32,000. FINANCE 12) CORNELLY CENTER FOR EDUCATION 13-3735244 501(C)(3) 10,000. FINANCE	FINANCIAL AID				332,100.	501(C)(3)	13-2669135	
350 EAST 56TH ST MANHATTAN, NY 10022 13-2669135 501(C)(3) 314,700. FINANCE 11) CHRIST THE KING 13-2687820 501(C)(3) 32,000. FINANCE 1345 GRAND CONCOURSE BRONX, NY 10452 13-2687820 501(C)(3) 32,000. FINANCE 12) CORNELLY CENTER FOR EDUCATION 220 EAST 4TH STREET NEW YORK, NY 10009 13-3735244 501(C)(3) 10,000. FINANCE								10) CATHEDRAL
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1345 GRAND CONCOURSE BRONX, NY 10452 13-2687820 501(C)(3) 32,000. FINANCE 12) CORNELLA CONNELLY CENTER FOR EDUCATION								11) CHRIST_THE KING
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220 EAST 4TH STREET NEW YORK, NY 10009 13-3735244 501(C)(3) 10,000. FINANCE								
	FINANCIAL AID				10,000.	501(C)(3)	13-3735244	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table				е	ed in the line 1 tabl	rganizations list	overnment o	2 Enter total number of section 501(c)(3) and g
3 Enter total number of other organizations listed in the line 1 table		· · · · · · · · · · · · · · · · · · ·				1 table	ed in the line	3 Enter total number of other organizations liste

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв №. 1545-0047 20 13
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection
Name of the organization		Employer identification number
INNER CITY SCHOLA	RSHIP FUND, INC.	51-0453629
Part I General Infor	mation on Grants and Assistance	
4 Desethe enverineties		

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.

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	10,000.				FINANCIAL AID
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L(C)(3)	12,611.				FINANCIAL AID
L(C)(3)	26,000.				FINANCIAL AID
L(C)(3)	42,000.				FINANCIAL AID
L(C)(3)	40,500.				FINANCIAL AID
L(C)(3)	173,700.				FINANCIAL AID
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r	(C) (3) (C) (3) hizations list	(C) (3) 40,500. (C) (3) 173,700. nizations listed in the line 1 table ble 1000000000000000000000000000000000000	(C) (3) 40,500. (C) (3) 173,700. nizations listed in the line 1 table 1100000000000000000000000000000000000	(C) (3) 40,500. (C) (3) 173,700. nizations listed in the line 1 table	(C) (3) 40,500. (C) (3) 173,700. nizations listed in the line 1 table ► ble ►

X Yes

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв No. 1545-0047 20 13	•
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection	
Name of the organization		Employer identification number	
INNER CITY SCHO	DLARSHIP FUND, INC.	51-0453629	
Part I General In	formation on Grants and Assistance	·	

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) LA SALLE							
	13-2669135	501(C)(3)	126,700.				FINANCIAL AID
(2) MONSIGNOR SCANLAN							
915 HUTCHINSON BRONX, NY 10465	13-2679883	501(C)(3)	167,250.				FINANCIAL AID
(3) MOORE CATHOLIC							
100 MERRILL AVE. STATEN ISLAND, NY 10314	13-2669135	501(C)(3)	16,500.				FINANCIAL AID
(4) MOTHER_CABRINI							
701 FORT WASHINGTON AVE MANHATTAN, NY 10040		501(C)(3)	137,150.				FINANCIAL AID
(5) MT. CARMEL/HOLY_ROSARY							
371 PLEASANT AVE NEW YORK, NY 10035		501(C)(3)	31,550.				FINANCIAL AID
4300 MURDOCK AVE BRONX, NY 10466		501(C)(3)	136,280.				FINANCIAL AID
(7) NATIVITY OF OUR BLESSED LADY							
3893 DYRE AVE BRONX, NY 10466		501(C)(3)	18,000.				FINANCIAL AID
(8) NOTRE DAME							
327 WEST 13TH ST MANHATTAN, NY 10014		501(C)(3)	105,216.				FINANCIAL AID
(9) NOTRE DAME							
134 HOWARD AVE. STATEN ISLAND, NY 10301	13-2669135	501(C)(3)	11,750.				FINANCIAL AID
(10) OUR_LADY_OF_GOOD_COUNSEL							
42 AUSTIN PLACE STATEN ISLAND, NY 10304	13-2690858	501(C)(3)	10,450.				FINANCIAL AID
(11) OUR_LADY_OF_GRACE							
3981 BRONXWOOD AVE BRONX, NY 10466		501(C)(3)	24,000.				FINANCIAL AID
(12) OUR_LADY_OF_LOURDES							
468 WEST 143RD ST NEW YORK, NY 10031	13-1663210	501(C)(3)	214,890.				FINANCIAL AID
2 Enter total number of section 501(c)(3) and g				e		▶	
3 Enter total number of other organizations liste	ed in the line	1 table					
For Paperwork Reduction Act Notice, see the In	structions fo	r Form 990.				Sched	ule I (Form 990) (201
JSA							. ,

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв №. 1545-0047 20 13		
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection		
Name of the organization		Employer identification number		
INNER CITY SCHO	LARSHIP FUND, INC.	51-0453629		
Part I General Inf	ormation on Grants and Assistance	·		
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OUR LADY OF LOURDES							
131 BOARDMAN RD. POUGHKEEPSIE, NY 12603	13-2669135	501(C)(3)	10,250.				FINANCIAL AID
(2) OUR LADY OF MOUNT CARMEL/ST. BENEDICTA							
285 CLOVE RD STATEN ISLAND, NY 10310	13-2688388	501(C)(3)	20,493.				FINANCIAL AID
(3) OUR LADY OF MT. CARMEL							
2465 BATHGATE AVE BRONX, NY 10458	13-1740174	501(C)(3)	306,811.				FINANCIAL AID
(4) OUR LADY OF POMPEII							
240 BLEECKER ST NEW YORK, NY 10014	13-3755325	501(C)(3)	8,000.				FINANCIAL AID
(5) OUR_LADY_OF_REFUGE							
2708 BRIGGS AVE BRONX, NY 10458	13-2695247	501(C)(3)	9,000.				FINANCIAL AID
(6) OUR LADY OF VICTORY							
38 NO. FIFTH AVE MOUNT VERNON, NY 10550	13-2690307	501(C)(3)	37,698.				FINANCIAL AID
(7) OUR_LADY QUEEN OF ANGELS							
229 EAST 112TH ST NEW YORK, NY 10029	13-2687297	501(C)(3)	22,000.				FINANCIAL AID
(8) OUR LADY QUEEN OF MARTYRS							
71 ARDEN ST NEW YORK, NY 10040	13-2694126	501(C)(3)	23,141.				FINANCIAL AID
(9) PRESTON							
2780 SCHURZ AVE BRONX, NY 10465	13-2669135	501(C)(3)	103,806.				FINANCIAL AID
10) SACRED_HEART							
34 CONVENT AVE YONKERS, NY 10703	13-1820177	501(C)(3)	5,500.				FINANCIAL AID
11) SACRED HEART							
95 WEST 168TH ST BRONX, NY 10452	13-2691174	501(C)(3)	44,000.				FINANCIAL AID
12) SACRED HEART GRADE SCHOOL							
34 CONVENT AVE. YONKERS, NY 10703			8,000.				FINANCIAL AID
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ed in the line 1 tabl	e			
3 Enter total number of other organizations liste	d in the line	1 table					

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв №. 1545-0047 20 13	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection	
Name of the organization	Employer identification number		
INNER CITY SCHOLARSH	IIP FUND, INC.	51-0453629	
Part I General Informat	tion on Grants and Assistance	·	
1 Deep the organization m	pintain reporte to substantiate the amount of the grante or appintance, the grantees, digibility for the grante	ar aggistance, and	

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) SACRED_HEART_OF_JESUS							
456 WEST 52ND ST NEW YORK, NY 10019	13-5562980	501(C)(3)	68,611.				FINANCIAL AID
(2) SACRED_HEART/ST. FRANCIS							
24 SO. ROBINSON AVE. NEWBURGH, NY 12550	46-3261645	501(C)(3)	25,000.				FINANCIAL AID
(3) SANTA MARIA							
1510 ZEREGA AVE BRONX, NY 10462	13-2692936	501(C)(3)	45,111.				FINANCIAL AID
(4) ST. ANN							
3511 BAINBRIDGE AVE BRONX, NY 10467		501(C)(3)	28,255.				FINANCIAL AID
(5) ST. ALOYSIUS							
223 WEST 132ND ST NEW YORK, NY 10027	13-2687246	501(C)(3)	10,000.				FINANCIAL AID
(6) ST. ANGELA MERICI							
266 EAST 163RD ST BRONX, NY 10451	13-2690368	501(C)(3)	60,000.				FINANCIAL AID
(7) STANN							
314 EAST 110TH ST NEW YORK, NY 10029	13-2688387	501(C)(3)	56,000.				FINANCIAL AID
(8) ST. ANN							
125 CROMWELL AVE. STATEN ISLAND, NY 10304		501(C)(3)	7,245.				FINANCIAL AID
(9) ST. ANN							
16 ELIZABETH ST OSSINING, NY 10562		501(C)(3)	10,000.				FINANCIAL AID
10) st. anselm							
685 TINTON AVE BRONX, NY 10455		501(C)(3)	47,500.				FINANCIAL AID
11) ST. ATHANASIUS							
830 SO. BOULEVARD BRONX, NY 10459	13-2687818	501(C)(3)	15,000.				FINANCIAL AID
12) st. barnabas							
413 EAST 241ST ST. BRONX, NY 10470	13-1942278		12,208.				FINANCIAL AID
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ed in the line 1 tabl	le			
B Enter total number of other organizations liste	ed in the line	1 table					

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection
Name of the organization		Employer identification number
INNER CITY SCHOI	LARSHIP FUND, INC.	51-0453629
Part I General Inf	ormation on Grants and Assistance	
1 Deee the ergenize	tion maintain records to substantiate the amount of the grants or assistance, the grants as claiminity for the grants	ar agaistance, and

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)	52,400.				FINANCIAL AID
(2) ST. BENEDICT							
1016 EDISON AVE. BRONX, NY 10465	13-2693072	501(C)(3)	6,000.				FINANCIAL AID
(3) ST. BRENDAN							
268 EAST 207TH ST BRONX, NY 10467	13-2688402	501(C)(3)	34,685.				FINANCIAL AID
(4) ST. BRIGID							
185 EAST 7TH ST NEW YORK, NY 10009		501(C)(3)	79,581.				FINANCIAL AID
(5) ST. CATHERINE							
2250 WILLIAMSBRIDGE RD BRONX, NY 10469	13-2687430	501(C)(3)	154,650.				FINANCIAL AID
(6) ST. CHARLES BORROMEO							
214 WEST 142ND ST NEW YORK, NY 10030	13-2688384	501(C)(3)	14,000.				FINANCIAL AID
(7) ST. CHRISTOPHER							
15 LISBON PLACE STATEN ISLAND, NY 10306	13-2687244	501(C)(3)	9,759.				FINANCIAL AID
(8) ST. CLARE							
151 LINDENWOOD RD. STATEN ISLAND, NY 10308	13-5596883	501(C)(3)	13,500.				FINANCIAL AID
(9) ST. CLARE OF ASSISI	_						
1911 HONE AVE. BRONX, NY 10461	13-2686482	501(C)(3)	14,200.				FINANCIAL AID
10) ST. ELIZABETH	_						
612 WEST 187TH ST NEW YORK, NY 10033	13-2692428	501(C)(3)	26,000.				FINANCIAL AID
11) ST. EUGENE	_						
707 TUCKAHOE RD. YONKERS, NY 10710	13-2686487	501(C)(3)	7,000.				FINANCIAL AID
12) ST. FRANCIS DECHANTAL	_						
2962 HARDING AVE. BRONX, NY 10465			11,604.				FINANCIAL AID
2 Enter total number of section 501(c)(3) and g	government o	rganizations list	ed in the line 1 tab	e			
3 Enter total number of other organizations list	ed in the line	1 table	<u></u>			<u></u>	
For Paperwork Reduction Act Notice, see the In	structions fo	r Form 990.					ule I (Form 990) (201

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв №. 1545-0047 20 13
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection
Name of the organization		Employer identification number
INNER CITY SCHOLARSH	IIP FUND, INC.	51-0453629
Part I General Informat	tion on Grants and Assistance	·
1 Deep the organization m	pintain reporte to substantiate the amount of the grante or appintance, the grantees, digibility for the grante	ar aggistance, and

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. FRANCIS OF ASSISI							
4300 BATCHESTER AVE BRONX, NY 10466	13-2695244	501(C)(3)	10,200.				FINANCIAL AID
(2) ST. GREGORY THE GREAT							
138 WEST 90TH ST NEW YORK, NY 10024	13-2688401	501(C)(3)	14,500.				FINANCIAL AID
(3) ST. HELENA							
	13-1740343	501(C)(3)	23,611.				FINANCIAL AID
(4) ST. JAMES THE APOSTLE							
12 GLENEIDA AVE. CARMEL, NY 10512	14-1341223	501(C)(3)	8,500.				FINANCIAL AID
(5) ST. JEAN BAPTISTE							
	13-2693089	501(C)(3)	210,650.				FINANCIAL AID
(6) ST. JOHN							
3143 KINGSBRIDGE AVE BRONX, NY 10463	13-2686756	501(C)(3)	27,000.				FINANCIAL AID
(7) ST. JOHN							
77 MURRAY AVE. GOSHEN, NY 10924	14-1539429	501(C)(3)	8,000.				FINANCIAL AID
(8) ST. JOHN CHRYSOSTOM							
1144 HOE AVE BRONX, NY 10459	13-2734298	501(C)(3)	43,500.				FINANCIAL AID
(9) ST. JOHN VILLA ACADEMY							
57 CLEVELAND PLACE STATEN ISLAND, NY 10305	13-5604691	501(C)(3)	15,750.				FINANCIAL AID
10) st. john villa academy							
57 CLEVELAND PLACE STATEN ISLAND, NY 10305	13-5604691	501(C)(3)	13,250.				FINANCIAL AID
11) ST. JOSEPH							
420 EAST 87TH ST NEW YORK, NY 10128	13-2691296	501(C)(3)	9,800.				FINANCIAL AID
12) STJOSEPH							
1946 BATHGATE AVE. BRONX, NY 10457		501(C)(3)	43,000.				FINANCIAL AID
2 Enter total number of section 501(c)(3) and g				e		•	
3 Enter total number of other organizations liste	d in the line	1 table					
3 Enter total number of other organizations liste For Paperwork Reduction Act Notice, see the Ins	a in the line structions fo	r Form 990.	<u></u>		<u></u>		ule I (Form 990

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	омв No. 1545-0047 20 13		
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection		
Name of the organization		Employer identification number		
INNER CITY SCHOLA	RSHIP FUND, INC.	51-0453629		
Part I General Infor	mation on Grants and Assistance			
A Desethe enverting				

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 gran
(1) ST. JOSEPH							
30 MEADOW AVE. BRONXVILLE, NY 10708	13-2687289	501(C)(3)	24,350.				FINANCIAL AID
(2) ST. LUCY							
830 MACE AVE BRONX, NY 10467	13-1740208	501(C)(3)	16,800.				FINANCIAL AID
(3) ST. LUKE							
608 EAST 139TH ST BRONX, NY 10454		501(C)(3)	44,000.				FINANCIAL AID
(4) ST. MARGARET							
34 NORTH MAGNOLIA ST. PEARL RIVER, NY 10965	13-2695748	501(C)(3)	13,578.				FINANCIAL AID
(5) ST. MARGARET_MARY							
121 EAST 177TH ST BRONX, NY 10453	13-2695172	501(C)(3)	36,000.				FINANCIAL AID
(6) ST. MARGARET OF CORTONA							
452 WEST 260TH ST. BRONX, NY 10471	13-2695120	501(C)(3)	10,000.				FINANCIAL AID
(7) ST. MARK THE EVANGELIST							
55 WEST 138TH ST NEW YORK, NY 10037	13-2686814	501(C)(3)	14,000.				FINANCIAL AID
(8) ST. MARY	_						
3956 CARPENTER AVE BRONX, NY 10466	13-1996614	501(C)(3)	22,611.				FINANCIAL AID
(9) ST. NICHOLAS OF TOLENTINE							
2336 ANDREWS AVE BRONX, NY 10468	13-2690355	501(C)(3)	23,000.				FINANCIAL AID
10) ST. PATRICK							
3560 RICHMOND RD. STATEN ISLAND, NY 10306	13-2693382	501(C)(3)	7,000.				FINANCIAL AID
11) ST. PAUL							
114 EAST 118TH ST NEW YORK, NY 10035	13-2687825	501(C)(3)	57,700.				FINANCIAL AID
12) ST. PETER							
121 LINCOLN PLACE LIBERTY, NY 12754	14-1593120		20,000.				FINANCIAL AID
2 Enter total number of section 501(c)(3) and g			ed in the line 1 tabl	e			
B Enter total number of other organizations liste	ed in the line	1 table	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	
or Paperwork Reduction Act Notice, see the In	structions fo	r Form 990.					ule I (Form 990) (20

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	-	омв №. 1545-0047 20 13
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection	
Name of the organization		Employer identifica	ation number
INNER CITY SCHO	LARSHIP FUND, INC.	51-045362	9
Part I General In	formation on Grants and Assistance		

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) <u>ST. PETER</u>							
204 HAWTHORNE AVE YONKERS, NY 10705	13-2699291	501(C)(3)	11,550.				FINANCIAL AID
(2) ST. PETER							
12 FATHER CODY POUGHKEEPSIE, NY 12601		501(C)(3)	27,944.				FINANCIAL AID
(3) ST. PETER BOYS							
200 CLINTON AVE STATEN ISLAND, NY 10301		501(C)(3)	26,076.				FINANCIAL AID
(4) ST. PHILIP NERI							
3031 GRAN CONCOURSE BRONX, NY 10469		501(C)(3)	27,111.				FINANCIAL AID
(5) ST. RAYMOND							
2151 ST. RAYMOND AVE BRONX, NY 10462		501(C)(3)	45,050.				FINANCIAL AID
(6) STRAYMOND							
2151 ST RAYMOND AVE BRONX, NY 10462		501(C)(3)	203,965.				FINANCIAL AID
(7) ST. RAYMOND GIRLS							
1725 CASTLE HILL AVE BRONX, NY 10462		501(C)(3)	186,784.				FINANCIAL AID
(8) ST. ROSE OF LIMA							
517 WEST 164TH ST NEW YORK, NY 10032	13-2690364	501(C)(3)	16,000.				FINANCIAL AID
(9) STSIMON_STOCK							
2195 VALENTINE AVENUE BRONX, NY 10457		501(C)(3)	19,011.				FINANCIAL AID
10) STSTEPHEN OF HUNGARY							
408 EAST 82ND ST NEW YORK, NY 10028	13-2695173	501(C)(3)	15,000.				FINANCIAL AID
11) STTHERESA SCHOOL							
2872 ST. THERESA AVENUE BRONX, NY 10461		501(C)(3)	36,410.				FINANCIAL AID
12) ST. THOMAS AQUINAS							
1909 DALY AVE BRONX, NY 10460		501(C)(3)	44,000.				FINANCIAL AID
2 Enter total number of section 501(c)(3) and	government o	rganizations list	ed in the line 1 tab	e			·
3 Enter total number of other organizations lis							
For Paperwork Reduction Act Notice, see the I							ule I (Form 990) (201

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 20 13 Open to Public
Department of the Treasury Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection
Name of the organization		Employer ident	ification number
INNER CITY SCHOLARS	SHIP FUND, INC.	51-0453	629
Part I General Inform	ation 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, a	and

the selection criteria used to award the grants or assistance?2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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) STVINCENT FERRER							
151 EAST 65TH ST MANHATTAN, NY 10021	13-2698371	501(C)(3)	117,560.				FINANCIAL AID
(2) STS. PETER & PAUL	_						
838 BROOK AVE BRONX, NY 10451	13-1740375	501(C)(3)	108,128.				FINANCIAL AID
(3) STS. PETER & PAUL	_						
129 CLINTON AVE. STATEN ISLAND, NY 10301	13-2686494	501(C)(3)	24,985.				FINANCIAL AID
(4) STS. PHILIP & JAMES							
1160 EAST 213TH ST BRONX, NY 10469	13-2686485	501(C)(3)	29,159.				FINANCIAL AID
_(5) TRANSFIGURATION							
	13-5562331	501(C)(3)	18,000.				FINANCIAL AID
(6) VISITATION							
	13-2691193	501(C)(3)	74,000.				FINANCIAL AID
(7) CARDINAL'S SCHOLARSHIP PROGRAM							
1011 FIRST AVE NEW YORK, NY 10022	13-3096713	501(C)(3)	5,566,178.				FINANCIAL AID
(8) ARCHDIOCESE OF NY DRUG ABUSE PREVENTION							
2789 SCHURZAVE. BRONX, NY 10465	13-2765085	501(C)(3)	50,000.				FINANCIAL AID
(9) CATHOLIC ALUMNI PARTNERSHIP							
1011 FIRST AVE NEW YORK, NY 10022	26-4243330	501(C)(3)	50,000.				FINANCIAL AID
(10) DEPARTMENT OF EDUCATION							
1011 FIRST AVE NEW YORK, NY 10022	13-2669134	501(C)(3)	320,000.				FINANCIAL AID
(11)	-						
(12)	-						
2 Enter total number of section 501(c)(3) and g	l overnment o	I rganizations list	ed in the line 1 tabl	e		·	118.
3 Enter total number of other organizations liste	d in the line	1 table					·

X Yes

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
rt IV Supplemental Information. Completinformation.	te this part to pro	vide the informa	tion required in	Part I, line 2, Part III, col	lumn (b), and any other additional
RT I, LINE 2					
NITORING THE USE OF GRANT FUNDS					
R "PARTNERSHIP FOR STRONG SCHOOLS	" GRANTING PRO	OGRAM PROVID	ES		
RESTRICTED FUNDS TO INNER-CITY SCI	HOOLS TO USE V	VHERE THE ST	UDENTS AND/0	DR	
			IPS,		
SCHOOL NEED IT MOST. THIS COULD	BE FOR STUDEN	NT SCHOLARSH			
			ONS. THE		
CICHMENT OPPORTUNITIES, CAPITAL R	EPAIRS OR GENI	ERAL OPERATI			
SCHOOL NEED IT MOST. THIS COULD RICHMENT OPPORTUNITIES, CAPITAL R OUNT OF MONEY DISBURSED IS BASED O A STUDENT'S FRIEND APPLICATIONS 2	EPAIRS OR GENH ON THE NUMBER	ERAL OPERATI OF STUDENTS	PER SCHOOL		

REVIEWS ALL STUDENT APPLICATIONS AND CONNECTS NEW SPONSORS WITH THE

Page 2

Schedule I (Form 990) (2013)

(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
3					
l					
i					

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 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.

 Travel for companions Tax indemnification and gross-up payments Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow or reimbursement or provision of all of the expenses described a explain 2 Did the organization require substantiation prior to reimbursing or directors, trustees, and officers, including the CEO/Executive Director, 1a? 3 Indicate which, if any, of the following the filing organization used to establish compensation of the CEO/Executive Director. Check all that apply. Do not check related organization committee Compensation committee Written employ Compensation 	ectors, Trustees, Key Employees, and Highest mpensated Employees n answered "Yes" to Form 990, Part IV, line 23. 990. ► See separate instructions.		MB No. 7 20 Open to Inspo	13	olic		
				Employer identification			
	0	HOLARSHIP FUND, INC.		51-045362			
					-		
						Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments	D provide any relevant information regarding Housing allowance or residence for p Payments for business use of person Health or social club dues or initiation	these items. personal use al residence n fees			
	Discretio	onary spending account	Personal services (e.g., maid, chauffe	ur, chef)			
	or reimburse explain Did the orga	ement or provision of all of the ex anization require substantiation prior	penses described above? If "No," comp to reimbursing or allowing expenses	incurred by all	1b		
		-			2		
3	Indicate which organization's related organ Comper Indepen	n, if any, of the following the filing organ CEO/Executive Director. Check all the ization to establish compensation of th neation committee dent compensation consultant	nization used to establish the compensatio at apply. Do not check any boxes for method	ds used by a irt III.			
-	organization of	or a related organization:		-			
а	Receive a sev	verance payment or change-of-control p	ayment?		4a		X
b					4b		X
С					4c		X
F	•		-				
J	•		inte ra, diù the organization pay or accide a	ц			
	1	5			Fo		X
	Any rolated a	raopization?			5a 5b		X
u	If "Voe" to line	5 a ar 5 b. describe in Part III			50		
6	For persons I	isted in Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	∩y			
					60		X
-	Any related a	ranization?			6a		X
a					6b		
_			A Provide Patrick 1 of 1				
7					_		
8	Were any am to the initial	nounts reported in Form 990, Part VII I contract exception described in	, paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? If	that was subject "Yes," describe	7		x
9	If "Yes" to li	ine 8, did the organization also fol	low the rebuttable presumption procedu	ure described in	0		
	Regulations s	ection 53.4958-6(c)?	<u></u>	<u></u>	9		
For Pa		ction Act Notice, see the Instructions for Fe			ule J (Fo	orm 99	J) 2013

Page 2

Schedule J (Form 990) 2013

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
SUSAN GEORGE	(i)	221,550.	0	12,043.	4,000.	13,466.	251,059.	
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	()
	(i)							
2	(ii)							
	(i)							
3	(ii)							
_	(i)							
4	(ii)							
-	(i) (ii)							
5	(i)							
6	(i) (ii)							
•	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
10	(i) (ii)							
12	(i)							
13	(i) (ii)				+			
15	(i)							
14	(ii)				+			
	(i)							
15	(ii)				+			
	(i)							
16	(ii)							

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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)

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.



Department of the Treasury Internal Revenue Service 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. INNER CITY SCHOLARSHIP FUND, INC.

Page 2

SECTION B, FORM 990, PART VI

LINE 11:

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

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

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Schedule O (Form 990 or 990-EZ) 2013			Page 2
Name of the organization		Employer identifica	tion number
INNER CITY SCHOLARSHIP FUND, INC.		51-04536	29
INFORM THE BOARD PRESIDENT AND THE EXECUTI	VE DIRECTOR AS TO THE	TR	
INVOLVEMENT IN THE SAID ORGANIZATION.			
D. THE CONFLICT OF INTEREST POLICY APPLIES	TO A BOARD MEMBER'S		
IMMEDIATE FAMILY AS WELL AS TO INDIVIDUAL	BOARD MEMBERS		
FOR 000 DART VI CECTION CONFERTON 10			
FORM 990, PART VI, SECTION C QUESTION 19			
ALL FINANCIAL STATEMENTS AND SIGNED CONFLI	CT OF INTEREST FORMS 2	ARE	
AVAILABLE ON THE ICSF WEB SITE, WWW.INNERC	ITYSCHOLARSHIPFUND.OR	5.	
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQ	UEST.		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
FORM 990, PART III, LINE 4D - OTHER PROGRAM	SERVICES	ATTACHMENT	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
	400.051	C 4 4 0 7 2	
ENRICHMENT PROGRAM	420,351.	644,273.	
TOTALS	420,351.	644,273.	
		ATTACHMENT 2	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FAIRCOM NEW YORK, INC. 12 WEST 27TH STREET, 13TH FLOOR NEW YORK, NY 10001	DIRECT MAIL	302,875.
CIPRIANI'S 110 EAST 42ND STREET NEW YORK, NY 10017	EVENTS	175,902.

51-0453629

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN (of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
							Yes	No
(1) ARCHDIOCESE OF NEW YORK	13-3089351							
1011 FIRST AVENUE	NEW YORK, NY 10022	RELIGIOUS	NY	501(C)(3)	1	N/A		Х
(2) PARISH ASSISTANCE CORPORATION	26-3265664							
1011 FIRST AVENUE	NEW YORK, NY 10022	PARISH SUPPOR	NY	501(C)(3)	1	ARCHD. OF NY		Х
(3)		-						
_(4)		-						
_(5)		_						
_(6)		_						
_(7)		_						

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

JSA 3E1307 1.000 Schedule R (Form 990) 2013



Employer identification number 51-0453629

Schedule R (Form 990) 2013

Page **2**

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

	nore related orga		5 ii caicu as a pa									
(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 Dispropo allocat	tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No		(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity			(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	512(b conti	(i) ection (b)(13) trolled ntity?
							Yes	No
	(b) Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling (state or foreign entity	Primary activity Legal domicile Direct controlling Type of entity (state or foreign entity (C corp, S corp, or	Primary activity Legal domicile Direct controlling Type of entity Share of total (state or foreign entity (C corp, S corp, or income	Primary activity Legal domicile (state or foreign Direct controlling entity Type of entity (C corp, S corp, or Share of total income Share of end-of-year assets	Primary activity Legal domicile (state or foreign Direct controlling entity Type of entity (C corp, S corp, or Share of total income Share of end-of-year assets Percen- tage	Primary activity Legal domicile Direct controlling entity (state or foreign country) Direct controlling entity (C corp, S corp, or trust) C corp. S corp. or trust) Share of total income end-of-year assets controlling entity end-of-year assets controlling entity end-of-year assets controlling entity end-of-year assets controlling end-of-year end-of

JSA 3E1308 1.000 INNER CITY SCHOLARSHIP FUND, INC.

51-0453629

Schedule R (Form 990) 2013

Part	V Transactions With Related Organizations Complete if the organization answered "Y	es" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note.	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 C	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?			
a R	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		X
b G	Gift, grant, or capital contribution to related organization(s)			1b		X
c 0	Gift, grant, or capital contribution from related organization(s)			1c		X
d L	_oans or loan guarantees to or for related organization(s)			1d	X	
e L	_oans or loan guarantees by related organization(s)					X
f D	Dividends from related organization(s)			1f		X
g S	Sale of assets to related organization(s)			1g		X
h P	Purchase of assets from related organization(s)			1h		X
i E	Exchange of assets with related organization(s)			1i		X
j L	_ease of facilities, equipment, or other assets to related organization(s)			<u>1</u> j		X
k L	_ease of facilities, equipment, or other assets from related organization(s)			1k		X
I P	Performance of services or membership or fundraising solicitations for related organization(s)			11		X
mΡ	Performance of services or membership or fundraising solicitations by related organization(s)			1 m	1	X
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	X	
o S	Sharing of paid employees with related organization(s)			10		X
рR	Reimbursement paid to related organization(s) for expenses			1p	X	
qR	Reimbursement paid by related organization(s) for expenses			1q		X
r C	Other transfer of cash or property to related organization(s)			1r		X
s C	Other transfer of cash or property from related organization(s)			1s		X
	f the answer to any of the above is "Yes," see the instructions for information on who must complete				ls.	
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of de amount in		ng
		51 - (
(1)	PARISH ASSISTANCE CORPORATION	D	2,156,505.			
(2)						
(3)						
(4)						
(5)						
(6)						
JSA				Schedule R (Fo	m 990) 2013
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Schedule R (Form 990) 2013

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) (c) Primary activity (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		s? amount in box 20 of Schedule K-1 (Form 1065)		(j) eral or aging iner?	(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
10)														
11)														
12)														
13)														
14)														
15)														
16)														

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