

# 2019 Income Tax Returns

INNER CITY SCHOLARSHIP FUND, INC.

# Cumulative e-File History 2019

# **FED**

Locator: 56709G

Taxpayer Name: INNER CITY SCHOLARSHIP FUND, INC.

Return Type: 990, H

 Submitted Date
 04/28/2021 02:59:23 PM

 Acknowledgement Date
 04/28/2021 03:29:25 PM

Status Accepted

**Submission ID** 54028020211185000002

PRINT

CLOSE

## Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-1878

For calendar year 2019, or fiscal year beginning  $\frac{09/01}{}$  , 2019, and ending  $\frac{08/31}{}$ 20 20 Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number INNER CITY SCHOLARSHIP FUND, 51-0453629 INC. Name and title of officer SUSAN GEORGE EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . . 1b 2a Form 990-EZ check here **b** Total tax (Form 1120-POL, line 22) . . . . . . . . . . . . . . . 3b Form 1120-POL check here Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b **b Balance Due** (Form 8868, line 3c) . . . . . . . . . . . . . . . . 5b Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Lauthorize KPMG LLP as my signature to enter my PIN FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Sman Ganga 4.15.2020 Officer's signature **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2 8 0 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 4/27/2021 ERO's signature **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

		of the Tre		Go to www.irs.gov/Form990 for instructions and the latest	•	Inspection				
_				dar year, or tax year beginning $09/01$ , 2019, and ending		08/31, <b>20</b> 20				
	J. 1116			e of organization	D Employer ider	ntification number				
<b>B</b> 0	heck if ap	oplicable:		NER CITY SCHOLARSHIP FUND, INC.	51-0453					
	Addre			g business as		, 02,				
	chang	e change		ber and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Telephone nur	mber				
	Initial	- 1		11 FIRST AVENUE 1800	(212) 75					
	Final			or town, state or province, country, and ZIP or foreign postal code	(212) 73					
	termin Amen			W YORK, NY 10022	<b>G</b> Gross receipts	23,578,875.				
	return Applic			e and address of principal officer: SUSAN GEORGE	H(a) Is this a grou					
	pendir	ng		11 FIRST AVENUE, NEW YORK, NY 10022	subordinates' <b>H(b)</b> Are all subordi	?				
_	Toy ov	empt sta			<b>─</b> ─ ` ` ′	tach a list. (see instructions)				
				X       501(c)(3)       501(c) (       )       (insert no.)       4947(a)(1) or       527         ICSF-NYC.ORG		0000				
_			ization:		H(c) Group exemp					
					ormation: 1971 M s	State of legal domicile: IN I				
P	art I		mmary		ENMITTED WITT	II DEMONGEDADIE				
	1			be the organization's mission or most significant activities: ICSF PROVIDES		H DEMONSTRABLE				
nce				AL NEED THE OPPORTUNITY TO GIVE THEIR CHILDREN A Q	<u> </u>					
Activities & Governance	_			BASED K-12 CATHOLIC EDUCATION WITHIN THE ARCHDIOCE						
ove	1		this bo		i de la companya de					
Ğ				oting members of the governing body (Part VI, line 1a)		38.				
es ç				dependent voting members of the governing body (Part VI, line 1b)		4 37.				
Ϋ́Ε̈́				of individuals employed in calendar year 2019 (Part V, line 2a)		<b>5</b> 73.				
cţi				of volunteers (estimate if necessary)		6 120.				
۹				ed business revenue from Part VIII, column (C), line 12		7a 0.				
	b	Net ur	related	business taxable income from Form 990-T, line 39		7b 0.				
<u>o</u>					Prior Year	Current Year				
				and grants (Part VIII, line 1h)	50,422,47					
en				rice revenue (Part VIII, line 2g)		0. 0.				
Revenue				ncome (Part VIII, column (A), lines 3, 4, and 7d)	159,43					
_	11	Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-274,38					
				e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,307,52					
				imilar amounts paid (Part IX, column (A), lines 1-3)	13,679,13					
	14	Benefi	ts paid	to or for members (Part IX, column (A), line 4)		0. 0.				
S				er compensation, employee benefits (Part IX, column (A), lines 5–10)	1,940,73					
Expenses	16 a	Profes	sional	fundraising fees (Part IX, column (A), line 11e)	836,89	1. 836,891.				
dx	b	Total f	undrais	sing expenses (Part IX, column (D), line 25) ▶ 2 , 146 , 129 .						
ш	17	Other	expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,041,19	8. 1,007,512.				
				es. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,497,95					
	19	Reven	ue less	s expenses. Subtract line 18 from line 12	32,809,56	8. 3,083,770.				
Net Assets or Fund Balances					Beginning of Current Y					
set	20	Total a	assets (	Part X, line 16)	88,680,59					
t As	21	Total I	iabilitie	s (Part X, line 26)	643,88					
Fe	22	Net as	sets or	fund balances. Subtract line 21 from line 20	88,036,71	5. 96,603,392.				
Pa	rt II	Sig	natur	e Block						
Und	der per	alties o	f perjury	y, I declare that I have examined this return, including accompanying schedules and stateme e. Declaration of preparer (other than officer) is based on all information of which preparer has	nts, and to the best of	my knowledge and belief, it is				
true	e, corre	ct, and	complet	e. Declaration of preparer (other than officer) is based on all information of which preparer has a	arry knowledge.					
٥.		<b>N</b> _								
Sig		S	ignature	e of officer	Date					
He	re		SUSAN	N GEORGE EXECUTIVE DIREC	TOR					
		T	ype or p	print name and title						
		Print/	Type pre	eparer's name Preparer's aignature Date	Check	if PTIN				
Paid		DAV1	ID M	HIGHFILL TOU. TSOUL	self-employed P01517891					
	parer		name	▶KPMG LLP	Firm's EIN ▶ 1	3-5565207				
use	Only	Firm's	address	₃ ▶345 PARK AVENUE NEW YORK, NY 10154		129546261				
May	y the	IRS di	scuss	this return with the preparer shown above? (see instructions)		X Yes No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.								
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).								
	ons required to file an income tax return othe rm 7004 to request an extension of time to fi		,	O-C filers), partnerships,	RE	MICs,	and trusts				
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	number (TIN)						
orint	INNER CITY SCHOLARSHIP FUND,	INC.		51-045362	9						
ile by the lue date for	Number, street, and room or suite no. If a P.O. box 1011 FIRST AVENUE 1800	x, see instruc	ctions.								
iling your eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW YORK, NY 10022										
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1				
Application		Return	Application				Return				
s For		Code	Is For				Code				
	Form 990-EZ	01	Form 990-T (corporati	ion)			07				
orm 990-BL		02	Form 1041-A				08				
orm 4720 (		03	Form 4720 (other tha	n individual)			09				
orm 990-PF		04	Form 5227				10				
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11				
orm 990-T	(trust other than above)	06	Form 8870				12				
Telephone If the orga If this is foor the whole Is the with the	anization does not have an office or place of le group, check this box  e names and TINs of all members the extensions are in the care of le group.	ousiness in ur digit Gro it is for pa on is for.	Fax No.   the United States, check the United States, check the group, check the group the group, check the group the grou	GEN)0928 his box ▶ [		If the	his is ttach				
-	st an automatic 6-month extension of time ur			21, to file the exempt	org	anizat	tion return				
2 If the ta	organization named above. The extension is calendar year 20 or tax year beginning 09/0 ax year entered in line 1 is for less than 12 m hange in accounting period	<u>1</u> , 20 <u>19</u>	ego, and ending	08/31_, eturn Final return	_	20					
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the	tentative tax, less any							
	indable credits. See instructions.	,	,	,	3a	\$	0.				
	application is for Forms 990-PF, 990-T,	4720, oi	r 6069, enter any re	fundable credits and	-	Ť					
estimat	ed tax payments made. Include any prior yea	r overpayn	nent allowed as a credit		3b	\$	0.				
	e due. Subtract line 3b from line 3a. Include										
	onic Federal Tax Payment System). See instru			-	3с	\$	0.				
	ı are going to make an electronic funds withdrawa		it) with this Form 8868, se	e Form 8453-EO and Form			for payment				
nstructions.	- •	•	,								
	ct and Paperwork Reduction Act Notice, see instr	uctions.			Forr	<b>8868</b>	Rev. 1-2020)				

Page 2 Form 990 (2019)

Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	. A
•	INNER-CITY SCHOLARSHIP FUND (ICSF) 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. SEE SCHEDULE O.	
2		X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured.	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$11,128,539. including grants of \$10,744,313. ) (Revenue \$)  BE A STUDENT'S FRIEND - THIS PROGRAM MATCHES A SPONSOR WITH AN	
	INDIVIDUAL STUDENT WHO IS CURRENTLY ATTENDING AN ICSF SCHOOL AND	
	WHOSE FAMILIES ARE MOST IN NEED OF FINANCIAL ASSISTANCE. EACH	
	SPONSOR CONTRIBUTES A FIXED AMOUNT PER YEAR AND HAS THE OPTION TO SPONSOR THE SAME STUDENT UNTIL HE/SHE GRADUATES FROM HIGH SCHOOL.	
4b	(Code:) (Expenses \$4,764,852. including grants of \$4,764,852. ) (Revenue \$)         CARDINAL SCHOLARSHIP FUND - THIS INITIATIVE PROVIDES FINANCIAL	
	ASSISTANCE TO THOSE IN PUBLIC SCHOOL LOOKING TO ENROLL AT AN	
	INNER-CITY SCHOOL. DEPENDING ON THE FINANCIAL NEED OF THE FAMILY, THESE SCHOLARSHIPS COVER UP TO 75% OF THE SUBSIDIZED TUITION.	
	THESE SCHOLLARSHIPS COVER OF TO 75% OF THE SUBSTITIZED TOTTION.	
_	/O. I	
4C	(Code:) (Expenses \$123,512. including grants of \$123,512) (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.	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 66,392. including grants of \$ ) (Revenue \$ )	
10	Total program service expenses \( \begin{array}{c} \ 16.083.295. \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

**4e** Total p.

JSA
9E1020 2.000
56709G 2502

Page 3 Form 990 (2019)

Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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)	,		Х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		- 21
Ü	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		Х
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		Х
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 donor-restricted endowments			
	or in 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,"		X	
<b>L</b>	complete Schedule D, Part VI	11a	Λ	
D	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
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		- 21
C	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	110		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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	140		
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form **990** (2019) PAGE 4

JSA 9E1021 2.000 56709G 2502 V 19-8.1F 1695314 Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)		Vaa	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		Х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
<b>L</b>	, , , , , , , , , , , , , , , , , , , ,	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
00	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
04	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	27		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00		
	Check if Schedule O contains a response or note to any line in this Part V			_ X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	X	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form		(2019)
9E1030	<sup>2.000</sup> 56709G 2502	· Onli		(2019) AGE 5
			_	

Form 990 (2019) Page 5

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed of the calendar year ending with or within the year covered by this return.  2a 73  Statements, filed of the calendar year ending with or within the year covered by this return.  2b If a least one is reported on line 2a, did the organization lite all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.  3b If "Yes," has it filed a Form 980-T for this year? If "No" to fine 3b, provide an explanation on Schedule O.  3b If "Yes," the sit of the foreign country (such as a bank account, securities account, or other financial accountly.  4b If "Yes," the filed the foreign country is the same an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," there the name of the foreign country   Securities account, or other financial accountry.  5c If "Yes," the fire 5a or 5b, did the organization that it was or is a partly to a prohibled tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a partly to a prohibled tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that was receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was receipts that are normally greater than \$100,000, and did the organization solicit any contributions included to greater than \$100,000, and did the organization solicit any contributions included to greater than \$100,000, and the property of the property of the property of the property of the g	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return. 2a				Yes	No
Statements, filed for the calendar year ending with or within the year covered by this return. 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines is and 2a is greater than 250, you may be required to effe (see instructions).  3a Did the organization have unrelated business gross income of \$1.000 or more during the year?.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If "Yes," the the free free free free free free free fr					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3	b		2b	Х	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if filled a Form 990-Tr for this year? If "No" to fine 30, provide an explanation on Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a barik account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country \[ \]  5a Was the organization april to a prohibited tax sheller transaction at any time during the tax year?  5b Usid any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  6c If "yes" to line Saor 55, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c To Organization solicit any contributions that were not tax deductible?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," did the organization include with every solicitation and express statement that such contributions and services provided to the payor?  7d Organizations that may receive deductible contributions under section 179(c).  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9d If "Yes," indicate the number of Forms 8282 filed during the year.  9d If "Yes," indicate the number of Forms 8282 filed during the year organization foreserve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9d If "Yes," indicate th					
b if "Yes." has it filed a Form 990-T for this year? if "No" to fine 3b, provide an explanation on Schedule O, over, a financial account in a foreign country (such as a bank account, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .  b if "Yes." enter the name of the foreign country ►  See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shetler transaction at any time during the tax year? .  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shetler transaction? .  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T? .  6a Does the organization shew annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .  5b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .  6c Did the organizations that may receive deductible contributions under section 170(c).  7c Organizations that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Tied during the year.  9 If "Yes," did the organization metal the donor of the value of the goods or services provided?	3 a		3a		X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry. ▶  b if "Yes," enter the name of the foreign country ▶  Sa Was the organization a party no prohibited tax shelter transaction at any time during the tax year?. Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in lefe Form 8886-17.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in several tax deductible as charitable contributions? .  6b Tyes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 If "Yes," did the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract?  9 If If the organization receive any funds, directly or indirectly, on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Ferm 1098-C7.  17 If Did the organization was maintaining domor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  18 Sponsoring organization make any taxable distributions under section 4966?  19 Section 501(c)(72) organizations. Enter:  10 If Yes, "enter the amount of tax-exempt interest received or accrued during the year.  110 If Section			3b		
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if T'es*, reher the name of the foreign country \( \)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c I'Yes* to line 5a or 5b, did the organization file Form 8886-T?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes*, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 If Yes*, indicate the number of Forms 8282 filed during the year  9 If Yes*, indicate the number of Forms 8282 filed during the year  1 Did the organization received as contribution of qualified intellectual property, did the organization file Form 1088-02.  7 If the organization received as contribution of qualified intellectual property, did the organization file Form 1088-02.  7 If the organization received as contribution of qualified intellectual property, did the organization file Form 1088-02.  7 If the organization received as contribution of activities of case, beats, situations, or other values, did the organization file Form 1089-03.  8 Sponsoring organization maintaining donor advised funds.  9 Sponsoring organization maintaining donor advised funds.  10 Section 501(c)(7) organization make any taxable distributions under section 49667.  9 Sponsoring organization maintaining d					
b if "Yes," enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c Did the organization that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Itied during the year  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Itied during the year  7d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  8 Sponsoring organization maintaining donor advised funds.  9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under secti			4a		X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6f "Yes" to line 5a or 5b, did the organization flate Form 8886-T7  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization solicit the payor?  9 Dif "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Dif "Yes," did the organization notify the donor of the value of the goods or services provided?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  12 Did the organization have excess business holdings at any time during the year?  13 Section 501(c)(29) qualified modern advised funds. Did a donor advised fund maintained by the sponsoring organization make and starbution to a donor, donor advisor, or related person?  13 Section 501(c)(12) organizations. Enter:  14 In the sponsoring organization make any taxable distributions under section 4966?  15 Section 501(c)(12) qualified non-make and distribution to a donor, donor advisor, or related person?  16 Press, "enter the amount of tex-excest the organization is requir	b				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.  5a X  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes" to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Ures," did the organization notify the donor of the value of the goods or services provided?  8 Did the organization notify the donor of the value of the goods or services provided?  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?  13 Seponsoring organization have excess business holdings at any time during the year?  14 Did the proparization service in qualified intellectual property, did the organization file Form 889 as required?  15 Section 501(c)(7) organizations. Enter:  16 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 If "Yes," idid the organization notify the donor of the value of the goods or services provided?  9 If "Yes," indicate the number of Forms \$282 filed during the year.  10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C7.  8 Sponsoring organization have excess business holdings at any time during the year payment and the organization file a Form 1998-C7.  9 Sponsoring organization make any taxable distribution under section 4966?  10 Did the sponsoring organization make any taxable distribution sunder section 4966?  11 Section 501(c)(7) organizations. Enter:  12 a Gross income from members or shareholders.  13 Section 501(c)(12) organizations. Enter:  14 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  15 Did be organization in the sunder of Form 1041?  15 Before the amount of received no Form 990, Part VIII, line 12, for public use of club facilities.  15 De Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  16 Be Ther the amount of reserves th	5a		5a		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization to the payor?  7 b If "Yes," did the organization include with every of the value of the goods or services provided?  7 b If "Yes," indicate the number of Forms 8282 filed during the year  8 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  a) Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization in sequent and the property of the form 1041?  10 Gross income from other sources (Do not net amounts due or paid to other sources			5b		Х
6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  6 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 d If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 f Did the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?  8 Sponsoring organization and contribution of asso bast, simplense, or other vehicles, did the organization the romse-cop, and the sponsoring organization make any taxable distributions under section 4966?  8 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 a X Sponsoring organizations make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the organization section of the section 4966 or related person?  9 a Did the organizati			5c		
organization solicit any contributions that were not tax deductible as charitable contributions?					
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year.  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-C7.  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  S ponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  s Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations make any taxable distributions under section 4966?  b Did the sponsoring organizations make any taxable distributions under section 4966?  b Did the sponsoring organizations make any taxable distributions under section 4966?  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b   Section 501(c)(12) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities  b Gross income from other sources (Do not net amounts due			6a		X
gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly, or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization smaintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  B Did the sponsoring organizations maintaining donor advised funds.  B Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the organization shall contributions included on Part VIII, line 12.  Section 501(c)(17) organizations. Enter:  a Gross income from members or shareholders.  110a  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  110a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  Section 501(	b				
70 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," idid the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8399 serquired? f If the organization received a contribution of acrs, boats, airplanes, or other vehicles, did the organization file Form 8496 serquired for the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(12) organization make a distribution to a donor, donor advisor, or related person?  9a			6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," id the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-02.  8 Fonsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Gross receipts, included on Form 990, Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12.  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  12a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  15b If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  b If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  b If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed	7				
and services provided to the payor?  b   f "Yes," did the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   f "Yes," indicate the number of Forms 8282 filed during the year.  d   f "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f   Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f   Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f   Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h   f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders.  Dif "Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," hent free	а				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a	Х	
d if "Yes," indicate the number of Forms 8282 filed during the year	b		7b	Х	
d if "Yes," indicate the number of Forms 8282 filed during the year	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any time during the year?  b Did the sponsoring organization make any time during the year?  b Did the sponsoring organization make any time during the year?  b Did the sponsoring organization make any time during the year?  b Did the sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from embers or shareholders.  b Gross income from members or shareholders.  b Gross income from members or shareholders.  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  b If "Yes," has it filed a Form 720 to report these payments? If		required to file Form 8282?	7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	d	If "Yes," indicate the number of Forms 8282 filed during the year			
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7 h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  c Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  b If "Yes," has it filed a Form 720 to report these payments? If "Yo," provide an explanation on Schedule O.	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. b Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.  9 Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person?.  9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?.  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  c Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966?		sponsoring organization have excess business holdings at any time during the year?	8		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12.  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12					
a Initiation fees and capital contributions included on Part VIII, line 12	b		9b		X
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
a Gross income from members or shareholders	а				
a Gross income from members or shareholders	b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
against amounts due or received from them.)					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	· ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40-		122		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			120		
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand.  13b  c Enter the amount of reserves on hand.  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		100		
the organization is licensed to issue qualified health plans	h	·			
c Enter the amount of reserves on hand	D				
14a Did the organization receive any payments for indoor tanning services during the tax year?	C				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		X
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?					
excess parachute payment(s) during the year?					
If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X			15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		16		Х

PAGE 6

INNER CITY SCHOLARSHIP FUND, INC. 51-0453629 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 38 Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 37 Enter the number of voting members included on line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X The governing body?..... 8b Х Each committee with authority to act on behalf of the governing body?............ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ X 13 13 Did the organization have a written whistleblower policy?.......... X 14 14 Did the organization have a written document retention and destruction policy?............ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\blacktriangleright \frac{NY}{}$ , 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain on Schedule O) Own website

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► REV. MSGR. JOSEPH P. LAMORTE 1011 FIRST AVENUE NEW YORK, NY 10022 212-753-8583

9E1042 2.000

56709G 2502 V 19-8.1F 1695314 PAGE 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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. See instructions for the order in which to list the persons above.

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

						•			· · · · · · · · · · · · · · · · · · ·		
(A) Name and title	(B) Average hours per week (list any	box,	not ch unlesser and	s pei a d	ition more rson irect	e than o	an tee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) SUSAN GEORGE	35.00										
EXECUTIVE DIRECTOR	0.	Х		$_{\rm X}$				273,250.	182,166.	34,168.	
(2)NICHOLAS GULDE	35.00							,	,	,	
DEPUTY DIRECTOR	0.					Х		116,993.	0.	20,951.	
(3) CARDINAL TIMOTHY DOLAN	1.00										
CHAIRMAN	0.	Х		Х				0.	0.	0	
(4) PETER T. GRAUER	1.00										
TRUSTEE/PRESIDENT	0.	Х		Х				0.	0.	0	
(5) LAWRENCE B. BENENSON	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(6) JOHN M. CALLAGY ESQ	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(7) MARGARET CROTTY	1.00										
TRUSTEE	0.	X						0.	0.	0	
(8) ANTHONY J. DE NICOLA	1.00										
TRUSTEE/ VICE PRESIDENT	0.	X		Х				0.	0.	0	
(9) SAMUEL A. DI PIAZZA JR	1.00										
TRUSTEE	0.	X						0.	0.	0	
(10) JOHN Q. DOYLE	1.00										
TRUSTEE	0.	X						0.	0.	0	
(11) MICHAEL P. ESPOSITO, III	1.00										
TRUSTEE/VICE PRESIDENT	0.	X		Х				0.	0.	0	
(12) ROBERT GITTINGS	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(13) THOMAS H. GOLDEN	1.00										
TRUSTEE	0.	X						0.	0.	0	
(14) EDWARD D. HERLIHY	1.00	_						_	_	_	
TRUSTEE	0.	X						0.	0.	0	

9E1041 2.000

JSA

56709G 2502 V 19-8.1F 1695314 PAGE 8 Form 990 (2019)

Part VII Section A. Officers, Directors, Tr	(B)	<u>,</u>	12.0				3	(D)	(E)		(F)	
Name and title	Name and title  Average hours per week (list any hours for week for the compensation officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)  Average hours per week (list any hours for week more than one officer and a director/trustee)						Reportable compensation from related	com fro orga	etimated nount of other pensation the anization drelated	on n f		
15) GEODGE D. IDIGU	1 00	ıstee	trustee		ě	pensated						
15) GEORGE B. IRISH TRUSTEE	1.00	X						0	0.			(
16) THOMAS S. JOHNSON TRUSTEE (THRU 08/24/2020)	1.00	Х						0	0.			
17) CATHERINE M. KEATING TRUSTEE	1.00	X						0	0.			
18) ARTHUR J. MAHON TRUSTEE	1.00	X						0	0.			
19) JOHN P. CAHILL CHANCELLOR	1.00	Х		Х				0	. 0.			
20) MICHAEL J. MILLETTE TRUSTEE	1.00	X						0	0.			
21) TIMOTHY C. MUCCIA	1.00											
TRUSTEE 22) THOMAS S. MURPHY JR	1.00	X						0	0.			
TRUSTEE/ VICE PRESIDENT 23) CHRISTOPHER H. PETERSON	1.00	X		X				0	0.			
TRUSTEE (THRU 05/01/2020) 24) PONCHITTA PIERCE	1.00	X						0	0.			
TRUSTEE 25) PATRICIA A. QUICK	1.00	Х						0	0.			
TRUSTEE	0.	Х						0	0.			110
								390,243.	182,166.		55,1	0
c Total from continuation sheets to Part VII, 5 d Total (add lines 1b and 1c)					• •			390,243.	182,166.		55,1	
Total number of individuals (including but not							o re	-			00,1	
reportable compensation from the organization			2								I I	
3 Did the organization list any <b>former</b> offi employee on line 1a? <i>If "Yes," complete Sched</i>										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations g	sum of rep	ortab	ole d	com	pen	satio	n aı	nd other compens	sation from the			
individual										4	Х	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5		Х
Section B. Independent Contractors  1 Complete this table for your five highest cor												

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

Form **990** (2019)

JSA 9E1055 1.000

Page 8 Form 990 (2019)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	aı	(F) stimated mount o other npensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	f org an	rom the ganization nd related anization	on d
26) THOMAS C. QUICK TRUSTEE	1.00	X						0	0.			0
27) MO ROCCA TRUSTEE	1.00	X						0	0.			0
28) STEPHEN G. ROONEY ESQ TRUSTEE	1.00	X						0	0.			0
29) FREDERIC V. SALERNO TRUSTEE	1.00	X						0	0.			0
30) CHRISTINE H. SCHWARZMAN TRUSTEE	1.00	X						0	0.			0
31) MARTIN J. SULLIVAN TRUSTEE	1.00	X						0	0.			0
32) MARY ANN TIGHE TRUSTEE/ VICE PRESIDENT	1.00	X		Х				0	. 0.			0
33) ROBERT P. WEISZ TRUSTEE	1.00	Х						0	. 0.			0
34) HON MILTON L. WILLIAMS SR TRUSTEE	1.00	Х						0	0.			0
35) ARMANDO RODRIGUEZ, JR TRUSTEE	1.00	Х						0	0.			0
36) MELANIE SHUGART TRUSTEE	1.00	X						0	. 0.			0
1b Sub-total	ection A						<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose	liste				o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	. If	"Yes	s,"	complete Schedu	le J for such	4	X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individual	5		X
Complete this table for your five highest com- compensation from the organization. Report of												

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

Form **990** (2019)

JSA 9E1055 1.000

Part VII Section A. Officers, Directors, Tru		y∟m	ıpıo			апа н	ııgı	1		i (con		
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	neck s pe l a d	ition more	e than o is both or/trust	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	om	(F) Estima amoun othe	ited it of ir
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	3)	from t organiza and rela organiza	ation ated
37) JAMES M. NAUGHTON TRUSTEE	1.00	Х						0	(	).		
88) REV. JOSEPH P. LAMORTE	1.00											
VICAR GENERAL 39) MICHAEL DEEGAN	1.00	X		X				0	. (	0.		(
SECRETARY	0.	Х		Χ				0	. (	).		
10) DOUGLAS J BAND TRUSTEE	1.00	X						0	. (	).		(
11) HOWARD J. RUBENSTEIN EMERITUS	1.00			Х				0	(	).		(
										_		
										$\perp$		
		_										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>*</b> * *	0.		0.		0
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					re	ceived more than	\$100,000 of			
											Ye	s No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	) If	"Yes	3,"	complete Schedu	sation from the	,	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	fron	n any	un	related organization			5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											tax	
(A)								(B)			(C)	

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

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

Form **990** (2019)

# Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor	se or note to ar	ny line in this Part \	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
A G	С	Fundraising events	1c	3,127,827.				
iifts ar /	d	Related organizations						
s, G	е	Government grants (contribu						
ion:	f	All other contributions, gifts,						
outi her		and similar amounts not include	d above . 1f	18,951,301.				
ğ	g	Noncash contributions include						
Son		lines 1a-1f.						
- "	h	Total. Add lines 1a-1f	<u> </u>	Business Code	22,079,128.			
ø				Busiless Code				
, vic	2a							
Sei	b							
Program Service Revenue	C							
Re	d							
Pro	f	All other program service rev	renue					
	g	Total. Add lines 2a-2f			0.			
	3	Investment income (include						
		other similar amounts).	_	_	62,726.			62,726.
	4	Income from investment of	tax-exempt bond	proceeds . >	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	C .	Rental income or (loss) 6c			0			
	d	Net rental income or (loss).	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of assets	(i) decurities	(II) Other				
		other than inventory <b>7a</b>	1,259,728.	7,661.				
Ф	b	Less: cost or other basis						
nu	~	and sales expenses 7b	708,788.					
Revenue	С	Gain or (loss) 7c	550,940.	7,661.	•			
	d	Net gain or (loss)			558,601.			558,601.
Other	8a	Gross income from f						
Ó			3,127,827.					
		of contributions reported	on line					
		1c). See Part IV, line 18	8a	169,632.				
	b	Less: direct expenses		454,114.				
	С	Net income or (loss) from fu	ndraising events.	<u></u>	-284,482.			-284,482.
	9a	Gross income from	gaming	_				
		activities. See Part IV, line 19		0.				
	b	Less: direct expenses Net income or (loss) from g		0.	0.			
	C		_		0.			
	10a	Gross sales of inventor returns and allowances	•	0.				
	b	Less: cost of goods sold		0.	•			
		Net income or (loss) from sal			0.			
<u>0</u>				Business Code				
Miscellaneous Revenue	11a							
lan	b							
cel ev	С							<del> </del>
Mis	d	All other revenue						
		Total. Add lines 11a-11d			0.			
JSA	12	Total revenue. See instruction	oris		22,415,973.			336,845.
9E105	1 2.000 5 6	) 5709G 2502		v 19	-8.1F	1695314		Form <b>990</b> (2019) PAGE 1
	50			v ±2	- <del></del>			

PAGE 12

Page 10

# 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).

000	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations	15 620 677	15 620 677		
	and domestic governments. See Part IV, line 21	15,632,677.	15,632,677.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	691,464.			691,464.
6	Compensation not included above to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	845,122.	300,230.	422,561.	122,331.
		,		,	
ŏ	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,963.	26,689.	48,040.	14,234.
•		138,433.	41,530.	74,754.	22,149.
9	Other employee benefits	91,141.	27,342.	49,216.	14,583.
10	Payroll taxes	21,111.	27,312.	17,210.	
	Fees for services (nonemployees):	0.			
	Management	0.			
	Legal	49,776.		49,776.	
	Accounting	0.		15,770.	
	Lobbying	836,891.			836,891.
	Professional fundraising services. See Part IV, line 17.	67,577.		7,274.	60,303.
	Investment management fees	077377.		7,271.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	90,546.		90,546.	
40	(A) amount, list line 11g expenses on Schedule O.)	281,252.		31,549.	249,703.
	Advertising and promotion	0.		31,317.	217,703.
13	Office expenses	74,259.		74,259.	
14	Information technology	0.		71,237.	
15	Royalties	116,461.		116,461.	
16	Occupancy	19,352.		19,352.	
17	Travel	17/332.		17,552.	
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	31,154.		31,154.	
22	Depreciation, depletion, and amortization	0.		51,151,	
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	BASF PROGRAMS	41,757.	41,757.		
	FOOD/GRATUITY/EVENTS/OTHER	134,471.	11,737.		134,471.
	ENRICHMENT PROGRAM	13,070.	13,070.		
	ANNUAL REPORT	45,403.	13,070.	45,403.	
_		42,434.		42,434.	
	All other expenses Total functional expenses. Add lines 1 through 24e	19,332,203.	16,083,295.	1,102,779.	2,146,129.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	15/352/205.	10/003/223.	1/102/119.	2/110/125.
_	following SOP 98-2 (ASC 958-720)	0.			
					Form 990 (2010)

Form **990** (2019)

Form 990 (2019)

# Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	3,046,654.	2	2,422,350.
	3	Pledges and grants receivable, net	25,561,031.	3	27,017,761.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 269, 608.			
	h	Less: accumulated depreciation	148,084.	100	116,929.
	11	Investments - publicly traded securities	58,044,721.	11	65,922,923.
	12	Investments - other securities. See Part IV, line 11.	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,880,107.	15	2,270,951.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	88,680,597.	16	97,750,914.
	17	Accounts payable and accrued expenses	207,891.	17	495,811.
	18		0.	18	4,031.
		Grants payable	230,854.	19	7,500.
	19	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
	22		<u> </u>	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0.	22	0.
Lia	22	controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	24	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	205,137.	0.5	640,180.
	20	of Schedule D	643,882.		1,147,522.
	26	Total liabilities. Add lines 17 through 25	043,002.	26	1,147,322.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	5,961,275.	27	6,424,876.
Ba	28	Net assets with donor restrictions.	82,075,440.	28	90,178,516.
or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
şts	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets		Retained earnings, endowment, accumulated income, or other funds		_	
τĀ	31	3	88,036,715.	31	96,603,392.
Net	32	Total lie bilities and not assets/fund balances	88,680,597.	32	97,750,914.
	33	Total liabilities and net assets/fund balances	00,000,39/.	33	97,750,914. Form <b>990</b> (2019)

Form **990** (2019)

PAGE 14

-om 98	90 (2019)			Pa	ge IZ		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,	415,9	973.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,	19,332,203.			
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	083,7	770.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	88,	88,036,715.			
5	Net unrealized gains (losses) on investments	5	5,	5,060,517.			
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 on Schedule O)	9		422,3	390.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	96,	603,3	392.		
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 i	_ n				
	Schedule O.	•					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were con						
	reviewed on a separate basis, consolidated basis, or both:	ipiiou o	"				
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?		2b	Х			
D	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:	ica on	۵				
	X Separate basis Consolidated basis Both consolidated and separate basis						
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orciaht c	of				
C	the audit, review, or compilation of its financial statements and selection of an independent accounta	•	l -	X			
	If the organization changed either its oversight process or selection process during the tax year, e		• •				
	Schedule O.	хріаін о	"				
0 -		- 4 ما ماد					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	ın in th	e   3a		X		
	Single Audit Act and OMB Circular A-133?			+-			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	SIIDL	. 3b				

9E1054 2.000 56709G 2502 V 19-8.1F 1695314 PAGE 15

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Pai	t I	Reason for Public Cha	irity Status (All c	organizations must d	omplet	e this pa	art.) See instructions	j
Гһе	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	)(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
10	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.)							
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	ction 509(a)(4).	
2		An organization organized	and operated excl	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	_	_ supporting organization. <b>\</b>	You must complet	e Part IV, Sections A	and B.			
b			anization supervis	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). <b>You must</b>	t complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organizatior	n(s) (see instruction	is). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgai	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.	
f	En	ter the number of supported	l organizations					
g	Pro	ovide the following information	on about the support	orted organization(s).	1		ı	
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
Γota	ıl							

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,367,891.	33,185,934.	19,670,672.	50,422,475.	22,079,128.	149,726,100.	
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	24,367,891.	33,185,934.	19,670,672.	50,422,475.	22,079,128.	149,726,100.	
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)						55,732,912.	
6	Public support. Subtract line 5 from line 4						93,993,188.	
	tion B. Total Support	1 > 00.15		( ) 0047	( 1) 00 ( 0			
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,367,891.	33,185,934.	19,670,672. 26,327.	50,422,475. 133,671.	22,079,128.	288,021.	
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 VI.) ATCH 1	373,157.					373,157.	
11	Total support. Add lines 7 through 10						150,387,278.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)	
Sec	tion C. Computation of Public Sup						60 50	
14	Public support percentage for 2019 (li					14	62.50%	
15	Public support percentage from 2018					15	63.68%	
16a	331/3% support test - 2019. If the org	=						
	box and <b>stop here.</b> The organization q							
D	331/3% support test - 2018. If the org this box and stop here. The organization							
170	10%-facts-and-circumstances test - 2	•		•				
11a	10% or more, and if the organization							
	Part VI how the organization meets t					-	•	
	organization			•	•			
h	10%-facts-and-circumstances test - 2							
b	15 is 10% or more, and if the organic		•					
	Explain in Part VI how the organizati							
	supported organization							
18	Private foundation. If the organization							
. •	instructions							
_								

Schedule A (Form 990 or 990-EZ) 2019

Page 3 Schedule A (Form 990 or 990-EZ) 2019

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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			., р.со		··· <i>,</i>	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(1)	(1, 22.12	(-,	(1,1212	(-,	( )
•	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						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	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>r</i> a	received from disqualified persons						
h	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						
8 8	Add lines 7a and 7b  Public support. (Subtract line 7c from						
o							
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(0,7 = 0 + 0	(10) = 0.10	(-)	(5) = 5 : 5	(0) = 0.10	(1)
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	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 VI.)						
13	(Explain in Part VI.)  Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax \	year as a section	501(c)(3)
14	organization, check this box and <b>stop here</b> .	O	,		•		` ' '
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Sche						<del>//</del> 0
	tion D. Computation of Investment					10	70
<u> 17</u>	Investment income percentage for 2019 (lin			13 column (f))		17	%
18	Investment income percentage from 2018	,	•				<del></del>
	331/3% support tests - 2019. If the or						
134		-					
h	17 is not more than 331/3%, check thi 331/3% support tests - 2018. If the organization			-			
D	line 18 is not more than 331/3%, check						
20	Private foundation If the organization of		•	•	. ,		

1695314

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	NO
ng			
by			
.~ )	1		
	•		
us			
ed			
	2		
er			
	3a		
nd			
he			
110	3b		
	30		
B)			
	3с		
If			
	4a		
gn			
on			
	4b		
on			
ed			
B)			
D)	4c		
	40		
s, "			
IN			
n;			
on			
	5a		
dy			
۵,	5b		
	5c		
to			
ed			
or			
	6		
or			
ity			
	7		
7?			
•	8		
re			
ed			
cu	9a		
	Ju		
ch	0.5		
	9b		
fit			
	9с		
on			
ed			
	10a		
to			
	10b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **5** 

Jeneau	ne A (1 om 330 di 330-12) 2013			age •
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c		
Jecti	on B. Type i Supporting Organizations		Vac	No
			163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in <i>Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	21-		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Page 6 Schedule A (Form 990 or 990-EZ) 2019

			•	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>	
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year	
A No. 1 and a second se			(optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
<b>b</b> Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other	,			
factors (explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

9E1231 1.000 56709G 2502 V 19-8.1F 1695314 PAGE 21 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
<u> </u>	Excess from 2017			
d	Excess from 2018			
6	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

56709G 2502 V 19-8.1F 1695314 PAGE 22

Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	ATTACHMENT 1					
SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
2250N21 1101.	2010	2010	2017	2010	2019	1011111
OTHER	373,157.					373,157.
_						
TOTALS	373,157.				_	373,157.

Schedule A (Form 990 or 990-EZ) 2019

# Schedule B (Form 990, 990-EZ,

Name of the organization

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

Schedule of Contributors

OMB No. 1545-0047

or 990-PF) Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information. **Employer identification number** INNER CITY SCHOLARSHIP FUND, INC.

51-0453629 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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

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) (2019)

JSA

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization INNER CITY SCHOLARSHIP FUND, INC.

Employer identification number 51-0453629

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	JOHN AND DARIA BARRY FOUNDATION  C/O CORPCO 910 FOULK ROAD, SUITE 201  WILMINGTON, DE 19803	\$3,012,146.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(-)	(1-)	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE ALFRED E. SMITH MEMORIAL FDN. INC.		Person X Payroll
	1011 FIRST AVENUE, 14TH FLOOR  NEW YORK, NY 10022	\$2,700,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MR. AND MRS. STEPHEN A. SCHWARZMAN 740 PARK AVENUE	<b>s</b> 1,165,291.	Person X Payroll
	NEW YORK, NY 10022	\$1,165,291.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE MARTINO FAMILY FOUNDATION  329 MARIOMI ROAD  NEW CANAAN, CT 06840	\$1,000,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MOTHER CABRINI HEALTH FOUNDATION  777 3RD AVENUE, 23D FLOOR  NEW YORK, NY 10017	\$800,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	NEW YORK CATHOLIC FOUNDATION, INC  1011 1ST AVENUE  NEW YORK, NY 10022	\$537,204.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization INNER CITY SCHOLARSHIP FUND, INC.

Employer identification number 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
		\$	

Name of o	rganization INNER CITY SCHOLARSHIP	FUND, INC.		Employer identification number 51-0453629	
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any or ions completing Part II e year. (Enter this info	ne contributor. Co II, enter the total of Irmation once. See	ped in section 501(c)(7), (8), or mplete columns (a) through (e) and exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer		nip of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of	gift -	(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transfer		nip 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, an	nd ZIP + 4	Relations	nip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
	Transferee's name, address, at	(e) Transfer		nip of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

# Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number INNER CITY SCHOLARSHIP FUND, INC. 51-0453629 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: ▶ \$

provide the following amounts relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

JSA 9E1268 1.000

Schedule D (Form 990) 2019

	rt III Organizations Maintaini	ng Collections of	Art Historical Tro	asures or Other	Similar Assots (	continue		age Z
7 а 3	Using the organization's acquisition				<u>.</u>			f ite
3	collection items (check all that app		trier records, criecr	carry or the rollov	villy that make sign	iiicani c	136 01	113
а	Public exhibition	ıy <i>)</i> .	d Loan o	or exchange progra	m			
a b	Scholarly research		e Other	n exchange progra	111			
C	Preservation for future gene	rations	e Other					—
4			and explain how t	hav further the or	ganization's evemn	t nurnoe	o in [	Dart
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization	on colicit or receive o	lonations of art hist	orical transuras or	other cimilar			
5	assets to be sold to raise funds rath				_	Yes		No
Pa	rt IV Escrow and Custodial A		allieu as part of the t	nganization's colle	CHOII!	Tes		NO
га	Complete if the organiza		s" on Form 900 F	Part IV line 0 or r	enorted an amou	nt on Fo	rm	
	990, Part X, line 21.	allon answered Te	.5 0111 01111 990, 1	artiv, iiie 9, or i	eported all allioui	it oil i o	1111	
12	Is the organization an agent, truste	ne custodian or othe	ar intermediary for c	antributions or othe	ur accete not			
ıa						Yes		No
h	included on Form 990, Part X? If "Yes," explain the arrangement i	n Dort VIII and somr	loto the following tak			res		NO
D	ii res, explain the arrangement i	II Part Alli allu colliț	hete the following tar	ne.	A ma a cont	,		
_	Deginning belones			4 .	Amount			
	Beginning balance							
	Additions during the year							
e	Distributions during the year							
f	Ending balance						37	N1 .
	Did the organization include an am					Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check ne	ere if the explanation	nas been provided	on Part XIII		-	
Pa	rt V Endowment Funds.	ation anawarad "Va	o" on Form 000 F	Part IV line 10				
	Complete if the organiza		· · · · · · · · · · · · · · · · · · ·	·	T . n = 1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four		
1 a	Beginning of year balance	81,109,853.	47,946,851.	42,532,272.	21,154,526.	12,4		
b	Contributions	3,075,612.	34,602,489.	4,594,739.	19,186,259.	8,4	149,	086.
С	Net investment earnings, gains,	5 654 100	01 010	1 056 110	0 006 000			000
	and losses	5,674,183.	81,919.	1,956,113.	2,826,990.	٥	305,	002.
d	Grants or scholarships							
е	Other expenditures for facilities	1 500 050	1 501 406	1 106 000	625 502	_		000
	and programs	1,590,258.	1,521,406.	1,136,273.	635,503.	5	72,	938.
f	Administrative expenses	00.000.000		15 011 051	10.500.050			
g	End of year balance	88,269,390.	81,109,853.	47,946,851.	42,532,272.	21,1	.54,	526.
2	Provide the estimated percentage		end balance (line 1g,	column (a)) held as	s:			
а	Board designated or quasi-endown		_%					
b	Permanent endowment ▶ 93.1	<u> </u>						
С	Term endowment ▶	_%						
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and admi	nistered for the	-		
	organization by:					$\rightarrow$	Yes	No
	(i) Unrelated organizations					3a(i)		X
	(ii) Related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•	•			3b		
4	Describe in Part XIII the intended u		tion's endowment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	os" on Form 000 I	Part IV/ line 11a	Soo Form 000 Pa	ort V line	- 10	
	Description of property	(a) Cost or				i) Book val		
		(invest			reciation	a) Book var		
1 a	Land							
b	Buildings							
С	Leasehold improvements		2	169,608.	52,679.	11	6,9	29.
d	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. <i>(Column</i>	n (d) must equal Form	n 990, Part X, columi	n (B), line 10c.)	▶	11	6,9	29.

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.  Complete if the organization answered	"Ves" on Form 000	Part IV line 11h See Form 000 Par	t V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	t X, IIIIe 12.
	(including name of security)	(0, 2000 0000	Cost or end-of-year market val	ar
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) mount against Forms (200, Pourt V, and (P) line (2)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) .  Investments - Program Related.			
Part VIII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
(4)			Cost or end-of-year market val	
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Par	t X, line 15.
		scription		(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.		·	
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 99	0, Part X,
	line 25.			
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2) PAYA	BLE TO ARCHDIOCESE OF NY			236,762.
(3) PAYC	HECK PROTECTION PROGRAM LOAN			403,418
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			640,180.
	or uncertain tax positions. In Part XIII, provide the		·	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 9E1270 1.000 56709G 2502

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 4

Ochicaa	(1 0 m) 330/2013		r age -r
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	27,898,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b C	Donated services and use of facilities	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	5,482,907.
3	Subtract line <b>2e</b> from line <b>1</b>	3	22,413,973.
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	22,415,973.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	19,332,203.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	20	
е 3	Add lines 2a through 2d	2e 3	19,332,203.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	19,332,203.
	XIII Supplemental Information.		
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	art v, nation.	line 4; Part X, line
SEE	PAGE 5		

### Part XIII Supplemental Information (continued)

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.

FORM 990, SCH D, PART V, COL(B)

THE EXPENDITURES FOR FY17 WERE INCREASED BY \$65,466 TO REFLECT A BOARD TRANSFER MADE. THEREFORE, THE ENDOWMENT NET ASSETS AT THE END OF FY17 AND THE BEGINNING OF FY18 CHANGED FROM THE PRIOR FORM 990.

FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF GIFT ANNUITY

\$422,390

Schedule D (Form 990) 2019

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization	TNG				Employer Identification	on number
INNER CITY SCHOLARSHIP FUND,		!4!		У!! Г 00	51-0453629	7
<b>Fundraising Activities.</b> Com Form 990-EZ filers are not				res on Form 98	o, Part IV, line 1	1.
	<u> </u>			activities Chack of	II that apply	
77	•	_	•			
u Indir conditations	е	$\overline{}$		non-government g		
				government grants	5	
c Phone solicitations	g	Spe	ciai Tundra	ising events		
d In-person solicitations						
2a Did the organization have a written or key employees listed in Form 99						X Yes No
<b>b</b> If "Yes," list the 10 highest paid in					-	
compensated at least \$5,000 by the		(Turiaraise	is) puisuu	int to agreements	under willon the	idildiaiser is to be
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3					
		(III) Did for	dunin au la nun		(v) Amount paid to	(vd) American model to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (lundraiser)		contrib	outions?	nom activity	col. (i)	organization
		Yes	No			
1	DIRECT MAIL					
FAIRCOM	ADVERTSING		X	746,239.	659,068.	87,171.
2						
CIPRIANI'S	LAWYERS		X	1,608,572.	217,797.	1,390,775.
3	AWARD					
PLAZA HOTEL	DINNER		X	1,513,473.	186,755.	1,326,718.
4	PROF.					
THE ANGELETTI GROUP, LL	SERVICES		Х	52,400.	52,400.	
5	PROF.					
MARK RUGGIERE	SERVICES		X	54,247.	54,247.	
6						
7						
1						
8						
0						
9						
10						
Total			🕨	3,974,931.	1,170,267.	2,804,664.
3 List all states in which the organize				contributions or	has been notified	it is exempt from
registration or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part more than \$15,000 of fundraising event contributions and gross income on Form 990-events with gross receipts greater than \$5,000.						
		J 1 3	(a) Event #1 AWARD DINNER (event type)	(b) Event #2 LAWYERS (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))
anc			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,513,473.	814,871.	969,115.	3,297,459
Ř	2	Less: Contributions	1,462,061.	723,911.	941,855.	3,127,827
	3	Gross income (line 1 minus line 2)	51,412.	90,960.	27,260.	169,632
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages	186,755.	177,878.	89,481.	454,114
Direc	8	Entertainment				
	9	Other direct expenses				
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	454,114 -284,482
Pa	rt I	<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect l	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>&gt;</b>	
9 8	ì	Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:		in each of these state		Yes No
40-		Management of the annual actions and	n Baanaan nassalaad		min n the a tax a company	
10 a k		Were any of the organization's gaming If "Yes," explain:				Yes No

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct 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 conducted in:
a	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:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
ı,	Is the organization required under state law to make charitable distributions from the gaming proceeds to
u	retain the state gaming license?
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 ▶ \$
Par	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 provide any additional information (see instructions).
FAI	RCOM'S ADDRESS
SCH:	EDULE G, PART I, LINE 2B, COLUMN (I): FAIRCOM'S ADDRESS:
12 1	WEST 27TH STREET, 13TH FL
NEW	YORK, NY 10001

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct 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 conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address
	Address ▶
16	Gaming manager information:
10	Garring manager information.
	Name ▶
	······································
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
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
Dow	or spent in the organization's own exempt activities during the tax year ▶ \$  IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
CTP	RIANI'S ADDRESS
011	
SCH	EDULE G, PART I, LINE 2B, COLUMN (I): CIPRIANI'S ADDRESS:
110	EAST 42ND STREET
NEW	YORK, NY 10017

Sched	ule G (Form 990 or 990-EZ) 2019	3
11	Does the organization conduct gaming activities with nonmembers? Yes No	,
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	,
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	
b	An outside facility	ó
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 ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	_
	Address ►	_
16	Gaming manager information:	
	Name ▶	_
	Gaming manager compensation ▶\$	
	Description of services provided ▶	_
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	,
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
Dow	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	_
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
PLA.	ZA HOTEL'S ADDRESS	_
SCH	EDULE G, PART I, LINE 2B, COLUMN (I): PLAZA HOTEL'S ADDRESS:	
770	5TH AVENUE	
NEW	YORK, NY 10019	

Sched	ule G (Form 990 or 990-EZ) 2019			
11	Does the organization conduct gaming activities with nonmembers? Yes No			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?			
13	Indicate the percentage of gaming activity conducted 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:			
	Nama N			
	Name ▶			
	Address >			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?			
b	<b>b</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	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Addross			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Director/officer			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			
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 🕨 \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information			
יווייי	(see instructions).			
THE	ANGELETTI GROUP, LLC'S ADDRESS			
SCH	EDULE G, PART I, LINE 2B, COLUMN (I): THE ANGELETTI GROUP, LLC'S			
ADD:	RESS:			
17	VILLAGE ROAD			
NEW	VERNON, NJ 07976			

Sched	lule G (Form 990 or 990-EZ) 2019 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted 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	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17 a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 ▶ \$
Par	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 provide any additional information (see instructions).
MAR	K RUGGIERE'S ADDRESS
- 44 34 (.	
SCH	EDULE G, PART I, LINE 2B, COLUMN (I): MARK RUGGIERE
ADD:	RESS:
762	VALLEY ROAD APT 7-F
OYS'	TER BAY, NY 11771

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No.
---------

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 51-0453629

Inspection

pu
ants a
n on Gra
al Information on Grants and As
General In
Part

sistance

Γ	Š	
L		
, and	× Xes	
its or assistance		
igibility for the grants		
es' el		Š.
nce, the grantee		e United States
ne amount of the grants or assistance		ant funds in the U
unt of the gra		dures for monitoring the use of grant f
iate th	sistance?	or monitoring
tant	grants or ass	rocedures fo
ntain records	to award the	rganization's p
rganization maintain records to subsi	n criteria used to award the grants o	rt IV the org
Does the orga	he selection c	escribe in Par
<b>-</b> □	÷	2 D

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

(1) ADDERNY OF WIT. ST UNSTILLA (2) ALREATOR NATIONAL ST UNSTILLA (3) ALREATOR NATIONAL ST UNSTILLA (3) ALLE MALLONS (4) ADDITING ALLONS (5) ALLE MALLONS (5) ALLE MALLONS (6) ALLE MALLONS (6) ADDITING ALLONS (6) SERVEY INCOME. WY 10457 (7) ADDITING ALLONS (8) SERVEY 1200D ST. BROWN, NY 10457 (8) ACCURAGE ARC. (6) ACCURAGE ARC. (7) ACCURAGE ARC. (8) ACCURAGE ARC. (8) ACCURAGE ARC. (8) ACCURAGE ARC. (9) ACCURAGE ARC. (10) ACCURAGE ARC. (11) ACCURAGE ARC. (12) ACCURAGE ARC. (13) ACCURAGE ARC. (14) ACCURAGE ARC. (15) ACCURAGE ARC. (16) ACCURAGE ARC. (17) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (19) ACCURAGE ARC. (10) ACCURAGE ARC. (10) ACCURAGE ARC. (11) ACCURAGE ARC. (12) ACCURAGE ARC. (13) ACCURAGE ARC. (14) ACCURAGE ARC. (15) ACCURAGE ARC. (16) ACCURAGE ARC. (17) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (19) ACCURAGE ARC. (18) ACCURAGE ARC. (19) ACCURAGE ARC. (10) ACCURAGE ARC. (11) ACCURAGE ARC. (12) ACCURAGE ARC. (13) ACCURAGE ARC. (14) ACCURAGE ARC. (15) ACCURAGE ARC. (16) ACCURAGE ARC. (17) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (19) ACCURAGE ARC. (19) ACCURAGE ARC. (19) ACCURAGE ARC. (10) ACCURAGE ARC. (10) ACCURAGE ARC. (11) ACCURAGE ARC. (12) ACCURAGE ARC. (13) ACCURAGE ARC. (14) ACCURAGE ARC. (15) ACCURAGE ARC. (16) ACCURAGE ARC. (17) ACCURAGE ARC. (18) ACCURAGE ARC. (18) ACCURAGE ARC. (19) ACCURAGE ARC. (	<b>1 (a)</b> Name and address of organization or government	( <b>b</b> ) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of Valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	( <b>n</b> ) Purpose of grant or assistance
ROWN, NY 10456         13-140316         501(C)(3)         266,264         N/A         N/A         PINANCIAL AID           A, NY 10554         13-1874149         501(C)(3)         24,836         N/A         N/A         PINANCIAL AID           A, NY 10452         13-2669135         501(C)(3)         446,784         N/A         N/A         PINANCIAL AID           NX, NY 10457         13-2669135         501(C)(3)         166,418         N/A         N/A         PINANCIAL AID           PLAINS, NY 10605         13-2669135         501(C)(3)         50,126         6,051         N/A         N/A         PINANCIAL AID           BCOX, NY 10451         13-2669135         501(C)(3)         294,322         N/A         N/A         PINANCIAL AID           ROWY, NY 10451         13-2669135         501(C)(3)         759,497         N/A         N/A         PINANCIAL AID           AVER, NY 10022         13-2669135         501(C)(3)         207,974         N/A         N/A         PINANCIAL AID           AVER, NY 10022         13-1635262         501(C)(3)         29,495         N/A         N/A         PINANCIAL AID           AVER, NY 10056         13-1635262         501(C)(3)         9,780         N/A         N/A         PINANCIAL AID	(1) ACADEMY OF MT. ST URSULA							
A, NY 10954         13-1874149         501(C)(3)         24,896.         M/A         M/A         FINANCIAL ALD           NX, NY 10452         13-2669135         501(C)(3)         446,764.         M/A         M/A         FINANCIAL ALD           DORX, NY 10452         13-2669135         501(C)(3)         186,418.         M/A         M/A         FINANCIAL ALD           PLAINS, NY 10457         13-2669135         501(C)(3)         6,051.         M/A         M/A         FINANCIAL ALD           HK, NY 12550         14-1509245         501(C)(3)         6,051.         M/A         M/A         FINANCIAL ALD           RONX, NY 10451         13-2669135         501(C)(3)         759,497.         M/A         M/A         FINANCIAL ALD           XURX, NY 10022         13-2669135         501(C)(3)         759,497.         M/A         M/A         FINANCIAL ALD           XURX, NY 10022         13-2669135         501(C)(3)         559,497.         M/A         M/A         FINANCIAL ALD           XURX, NY 10022         13-1635262         501(C)(3)         54,455.         M/A         M/A         FINANCIAL ALD           XURX, NY 10065         13-1635262         501(C)(3)         9,780.         M/A         M/A         FINANCIAL ALD <tr< td=""><td></td><td>13-1740316</td><td></td><td>266,264.</td><td></td><td>N/A</td><td>N/A</td><td>FINANCIAL AID GRANT</td></tr<>		13-1740316		266,264.		N/A	N/A	FINANCIAL AID GRANT
NY, NY 10954 13-1874149 501(C)(3) 446,784. N/A N/A FINANCIAL AID NX, NY 10452 13-2669135 501(C)(3) 446,784. N/A N/A N/A FINANCIAL AID NX, NY 10457 13-2669135 501(C)(3) 50,126. N/A N/A N/A FINANCIAL AID NX, NY 10550 14-1509245 501(C)(3) 6,051. N/A N/A N/A FINANCIAL AID NX, NY 10466 13-2669135 501(C)(3) 294,322. N/A N/A N/A FINANCIAL AID NX, NY 10022 13-2669135 501(C)(3) 294,322. N/A N/A N/A FINANCIAL AID NX, NY 10022 13-2669135 501(C)(3) 294,322. N/A N/A N/A FINANCIAL AID NX, NY 10022 13-2669135 501(C)(3) 294,922. N/A N/A N/A N/A FINANCIAL AID NX, NY 10022 13-2669135 501(C)(3) 29,850. N/A N/A N/A FINANCIAL AID NX, NY 10055 13-1635262 501(C)(3) 29,850. N/A N/A N/A N/A FINANCIAL AID NX, NY 10055 13-1635262 501(C)(3) 9,780. N/A N/A N/A FINANCIAL AID NX, NY 10055 13-1635262 501(C)(3) 9,780. N/A N/A N/A FINANCIAL AID NX, NY 10050 04-3391788 501(C)(3) 9,780. N/A N/A N/A N/A FINANCIAL AID NX, NY 10010 04-3391788 501(C)(3) 9,780. N/A N/A N/A FINANCIAL AID NX, NY 10010 04-3391788 501(C)(3) 9,780. N/A N/A N/A FINANCIAL AID NX, NY 10010 04-3391788 501(C)(3) 9,780. N/A N/A N/A N/A N/A FINANCIAL AID NX, NY 10010 04-3391788 501(C)(3) 9,780. N/A N/A N/A N/A N/A N/A FINANCIAL AID NX, NY 10010 04-3391788 501(C)(3) 9,780. N/A N/A N/A N/A N/A FINANCIAL AID NX, NY 10010 04-3391788 501(C)(3) 9,780. N/A N/A N/A N/A N/A FINANCIAL AID NX, NY 10010 04-3391788 501(C)(3) 9,780. N/A N/A N/A N/A FINANCIAL AID NX/A N/A N/A FINANCIAL AID NX/A NX/A NX/A NX/A NX/A NX/A NX/A NX/A	(2) ALBERTUS MAGNUS HIGH							
NK, NY 10452         13-2669135         501(C)(3)         446,784.         N/A         N/A         FINANCIAL AID           ONX, NY 10457         13-2728390         501(C)(3)         186,418.         N/A         N/A         FINANCIAL AID           PLAINS, NY 10605         13-2669135         501(C)(3)         50,126.         N/A         FINANCIAL AID           CHAINS, NY 10605         14-1509245         501(C)(3)         6,051.         N/A         FINANCIAL AID           CHAINS, NY 10605         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           CHOX, NY 10022         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           YORK, NY 10022         13-2669135         501(C)(3)         54,455.         N/A         FINANCIAL AID           YORK, NY 10052         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           YORK, NY 10055         13-1635262         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID           YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	798 ROUTE 304 BARDONIA, NY 10954	13-1874149		24,898.		N/A	N/A	FINANCIAL AID GRANT
NX, NY 10452         13-2669135         501(C)(3)         446,784.         N/A         N/A         FINANCIAL AID           OKK, NY 10457         13-278390         501(C)(3)         186,418.         N/A         N/A         FINANCIAL AID           DIGH         NY 10565         13-2669135         501(C)(3)         50,126.         N/A         N/A         FINANCIAL AID           CH, NY 12550         14-1509245         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           RONX, NY 10451         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           RONX, NY 10466         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           ANTAN, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	(3) ALL HALLOWS							
DOKK, NY 10457   13-2728390   501(C)(3)   186,418.   N/A   N/A   N/A   FINANCIAL AID   PLAINS, NY 10665   13-2669135   501(C)(3)   50,126.   N/A   N/A   N/A   FINANCIAL AID   PINANCIAL AID	ST BRONX,	13-2669135	$\sim$	446,784.		N/A	N/A	FINANCIAL AID GRANT
ONK, NY 10055         13-2728390         SOI(C)(3)         186,418.         N/A         N/A         FINANCIAL AID           DIGH         13-2669135         501(C)(3)         50,126.         N/A         N/A         N/A         FINANCIAL AID           GH, NY 12550         14-1509245         501(C)(3)         6,051.         N/A         N/A         FINANCIAL AID           GH, NY 12550         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           RONX, NY 10456         13-2669135         501(C)(3)         759,497.         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-2669135         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           AVEK, NY 10022         13-1635262         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         29,455.         N/A         N/A         FINANCIAL AID           NOWA         N/A         N/A         FINANCIAL AID         FINANCIAL AID         FINANCIAL AID	(4) AQUINAS H.S.							
IGH         SOI(C)(3)         50,126.         N/A         N/A         FINANCIAL AID           PLAINS, NY 10665         13-2669135         501(C)(3)         6,051.         N/A         N/A         FINANCIAL AID           CH, NY 12550         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           RONX, NY 10466         13-2669135         501(C)(3)         759,497.         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         29,850.         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         29,850.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10065         13-1635262         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	ST. BRONX, NY	13-2728390		186,418.		N/A	N/A	FINANCIAL AID GRANT
PLAINS, NY 10605         13-2669135         SOL(C)(3)         50,126.         N/A         N/A         FINANCIAL AID           GH, NY 12550         14-1509245         501(C)(3)         6,051.         N/A         N/A         FINANCIAL AID           RONX, NY 10451         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           RONX, NY 10466         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-2669135         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           YORK, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	ARCHBISHOP STEPINAC							
GH, NY 12550         14-1509245         501(C)(3)         6,051.         N/A         N/A         FINANCIAL AID           RONX, NY 10451         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           RONX, NY 10466         13-2669135         501(C)(3)         759,497.         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	950 MAMARONECK WHITE PLAINS, NY 10605	13-2669135		50,126.		N/A	N/A	FINANCIAL AID GRANT
GH, NY 12550         14-1509245         501(C)(3)         6,051.         N/A         N/A         FINANCIAL AID           RONX, NY 10451         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           RONX, NY 10022         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           YORK, NY 10010         13-1635262         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	(6) BISHOP DUNN MEMORIAL							
ROMX, NY 10451         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           ROMX, NY 10622         13-2669135         501(C)(3)         759,497.         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           YORK, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID		14-1509245	$\sim$	6,051.		N/A	N/A	FINANCIAL AID GRANT
ROMX, NY 10451         13-2669135         501(C)(3)         294,322.         N/A         N/A         FINANCIAL AID           ROMX, NY 10466         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         29,850.         N/A         N/A         FINANCIAL AID           NORK, NY 10065         13-1635262         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	(7) CARDINAL HAYES							
RONX, NY 10466         13-2669135         501(C)(3)         759,497.         N/A         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         29,850.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         N/A         FINANCIAL AID	BRONX, NY	13-2669135		294,322.		N/A	N/A	FINANCIAL AID GRANT
ROMX, NY 10466         13-2669135         501(C)(3)         759,497.         N/A         N/A         FINANCIAL AID           ATTAN, NY 10022         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           YORK, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         N/A         FINANCIAL AID	(8) CARDINAL SPELLMAN							
ATTAN, NY 10022         13-2669135         501(C)(3)         207,974.         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	1 CARDINAL SPELLMAN BRONX, NY 10466	13-2669135		759,497.		N/A	N/A	FINANCIAL AID GRANT
ATTAN, NY 10022         13-2669135         501(C)(3)         207,974.         N/A         N/A         N/A         FINANCIAL AID           YORK, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         29,850.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         N/A         FINANCIAL AID	(9) CATHEDRAL							
YORK, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           YORK, NY 10065         13-1635262         501(C)(3)         29,850.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	350 EAST 56TH ST MANHATTAN, NY 10022	13-2669135	$\sim$	207,974.		N/A	N/A	FINANCIAL AID GRANT
NEW YORK, NY 10022         13-1635262         501(C)(3)         54,455.         N/A         N/A         FINANCIAL AID           NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         N/A         FINANCIAL AID	(10) CATHEDRAL HIGH SCHOOL							
NEW YORK, NY 10065         13-1635262         501(C)(3)         29,850.         N/A         N/A         FINANCIAL AID           EET NEW YORK, NY 10010         04-3391788         501(C)(3)         9,780.         N/A         N/A         FINANCIAL AID	FIRST AVENUE NEW YORK, NY	13-1635262	$\overline{}$	54,455.		N/A	N/A	FINANCIAL AID GRANT
44 EAST 68TH ST. NEW YORK, NY 10065 13-1635262 501(C)(3) 29,850. N/A N/A N/A N/A 10010 13-1635262 501(C)(3) 9,780. N/A	(11) DOMINICAN ACADEMY							
EPIPHANY SCHOOL         4-3391788         501(C)(3)         9,780.         9,780.         N/A         IN/A         FINANCIAL AID	44 EAST 68TH ST. NEW YORK, NY 10065	13-1635262		29,850.		N/A	N/A	FINANCIAL AID GRANT
04-3391788 501(C)(3) 9,780. N/A EINANCIAL AID								
	234 EAST 22ND STREET NEW YORK, NY 10010	04-3391788	501(C)(3)	9,780.		N/A	N/A	FINANCIAL AID GRANT

JSA 9E1288 1 00 V 19-8.1F

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

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

OMB No. 1545-0047 2019 Open to Public
---------------------------------------

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 51-0453629

Inspection

Department of the Treasury Internal Revenue Service	Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

Assistance
and
Grants
n on Gr
Information
General
Part I

	Š	
	es	
٦	<b>≻</b> ⊠	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

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 noncash assistance	(h) Purpose of grant or assistance
(1) FORDHAM PREPATORY SCHOOL							
441 E FORDHAM RD BRONX, NY 10458	13-2660346	501(C)(3)	30,332.		N/A	N/A	FINANCIAL AID GRANT
(2) GOOD SHEPARD							
620 ISHAM ST NEW YORK, NY 10034	13-1623946	501(C)(3)	.880,088		N/A	N/A	FINANCIAL AID GRANT
(3) СНОВСН ОР ТНЕ GOOD SHEPHE							
16 US 9 IRVINGTON, NY 10533	13-2669135	501(C)(3)	8,290.		N/A	N/A	FINANCIAL AID GRANT
(4) HOLY CROSS							
1846 RANDALL AVE BRONX, NY 10473	13-2693387	501(C)(3)	98,726.		A/N	N/A	FINANCIAL AID GRANT
(5) IMMACULATE CONCEPTION							
419 EAST 13TH ST. NEW YORK, NY 10009	13-2703315	501(C)(3)	46,560.		N/A	N/A	FINANCIAL AID GRANT
(6) IMMACULATE CONCEPTION							
378 EAST 151ST ST BRONX, NY 10455	13-2686496	501(C)(3)	57,653.		N/A	N/A	FINANCIAL AID GRANT
(7) IONA PREPARATORY							
255 WILMOT RD NEW ROCHELLE, NY 10804	13-3089351	501(C)(3)	7,000.		N/A	N/A	FINANCIAL AID GRANT
(8) JOHN F KENNEDY CATHOLIC							
54 ROUTE 138 SOMERS, NY 10589	13-2669135	501(C)(3)	26,488.		A/N	N/A	FINANCIAL AID GRANT
(9) LA SALLE							
44 EAST 2ND ST MANHATTAN, NY 10003	13-2669135	501(C)(3)	150,840.		N/A	N/A	FINANCIAL AID GRANT
(10) MARIA REGINA							
500 WEST HARTSDALE HARTSDALE, NY 10530	13-3643193	501(C)(3)	63,808.		A/N	N/A	FINANCIAL AID GRANT
(11) MOORE CATHOLIC HIGH							
100 MERRILL AVE. STATEN ISLAND, NY 10314	13-2669135	501(C)(3)	81,200.		N/A	N/A	FINANCIAL AID GRANT
(12) MT. CARMEL/HOLY ROSARY							
371 PLEASANT AVE NEW YORK, NY 10035	13-2831737	501(C)(3)	30,880.		N/A	N/A	FINANCIAL AID GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government of	rganizations lis	ted in the line 1 tab	le .			
3 Enter total number of other organizations listed in the line 1 table.	sted in the line	1 table					
١							

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

1695314

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 51-0453629

Inspection

	A
, INC.	
FUND,	
NER CITY SCHOLARSHIP	3-11
SCHOI	1
CILX	6
NER	

### General Information on Grants and Assistance Part I

ž × 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	3 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	(p) 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 noncash assistance	(h) Purpose of grant or assistance
(1) MT. ST. MICHAEL							
4300 MURDOCK AVE BRONX, NY 10466	13-2690365	501(C)(3)	281,917.		N/A	N/A	FINANCIAL AID GRANT
(2) MSGR. FARRELL HS							
2900 AMBOY ROAD STATEN ISLAND, NY 10306	13-1955840	501(C)(3)	25,392.		N/A	N/A	FINANCIAL AID GRANT
(3) MSGR. SCANLAN							
915 HUTCHINSON RVR PKWY NEW YORK, NY 10465	47-4932411	501(C)(3)	103,176.		N/A	N/A	FINANCIAL AID GRANT
(4) NOTRE DAME HIGH SCHOOL							
327 WEST 13TH ST MANHATTAN, NY 10014	13-1782481	501(C)(3)	97,254.		N/A	N/A	FINANCIAL AID GRANT
(5) NOTRE DAME ELEM							
78 HOWARD AVE. STATEN ISLAND, NY 10301	13-1782481	501(C)(3)	18,524.		N/A	N/A	FINANCIAL AID GRANT
(6) NOTRE DAME ACADEMY HS							
134 HOWARD AVE. STATEN ISLAND, NY 10301	13-1782481	501(C)(3)	54,448.		N/A	N/A	FINANCIAL AID GRANT
(7) OUR LADY OF GOOD COUN							
34 CONVENT AVE BRONX, NY 10706	13-6155183	501(C)(3)	5,170.		N/A	N/A	FINANCIAL AID GRANT
(8) OUR LADY OF LOURDES HS							
131 BOARDMAN ROAD POUGHKEEPSIE, NY 12603	13-1663210	501(C)(3)	65,193.		N/A	N/A	FINANCIAL AID GRANT
(9) OUR LADY OF MT. CARMEL							
59 EAST MAIN STREET ELMSFORD, NY 10523	13-2693064	501(C)(3)	19,417.		N/A	N/A	FINANCIAL AID GRANT
(10) OUR LADY OF PERPETUAL HELP							
575 FOWLER AVE. PELHAM MANOR, NY 10803	13-2689016	501(C)(3)	11,568.		N/A	N/A	FINANCIAL AID GRANT
(11) OUR LADY QUEEN OF ANGELS							
229 EAST 112TH ST NEW YORK, NY 10029	13-2687297	501(C)(3)	74,180.		N/A	N/A	FINANCIAL AID GRANT
(12) OUR LADY STAR OF THE SEA							
5411 AMBOY ROAD STATEN ISLAND, NY 10312	13-2686493	501(C)(3)	28,559.		N/A	N/A	FINANCIAL AID GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	organizations list	ted in the line 1 tab	le		•	
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table				<b>A</b>	

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

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

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

OMB No. 1545-0047	2019	Open to Public

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 51-0453629

Inspection

INNER CITY SCHOLARSHIP FUND, INC.

Department of the Treasury Internal Revenue Service Name of the organization

Assistance
ts and
າ on Grants
on
Information
General
artl

	8
	, es
[	×
nce, and	:
assista	:
grants or	:
for the	
eligibility	:
antees'	
e, the gr	:
ssistanc	:
nts or as	:
the gra	:
nount of t	
e the an	ance?
stantiat	or assist
s to sub	grants
Sord	ward the g
maintain red	sed to awa
nization m	riteria use
ne orga	ection cri
Does th	the sel
_	

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

PRESTON HIGH SCHOOL	1 (a) Name and address of organization or government	(p) 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 noncash assistance	(h) Purpose of grant or assistance
RESURRECTION SCHOOL  ILL MILLANS REMONK, NY 10465  SACRED HEART  NA  SACRED HEART  SACRED HEART  NA  SACRED HEART  NA  SACRED HEART  SACRED HEART  NA  SACRED HEART  SACRED HEART  NA  SACRED HEART  NA  SACRED HEART  SACRED HEART  NA  SACRED HEART  NA  SACRED HEART  SACRED HEART  NA  NA  SACRED HEART  NA  NA  SACRED HEART  NA  SACRED HEART  NA  NA  NA  NA  SACRED HEART  NA  N	(1) PRESTON HIGH SCHOOL							
1.0 Millor Nordon Nor	SCHURZ AVE BRONX, NY 10465	13-2669135	501(C)(3)	206,701.		N/A	N/A	FINANCIAL AID GRANT
116 MILTON ROAD RIE, NY 10580   13-1740186   501(C)(3)   6.590.   6.590.   N/A     58 MERCED HEART   158   13-2691174   501(C)(3)   45.543.   N/A     58 MERCET HERNY, NY 10452   13-2691174   501(C)(3)   133,813.   N/A     58 MESCIAN AND ROCHELLE, NY 10801   13-6155183   501(C)(3)   94,741.   N/A     58 MESCIAN AND ROCHELLE, NY 10455   13-2693054   501(C)(3)   62,855.   N/A     58 STINTON AND ENCNY, NY 10459   13-2687816   501(C)(3)   15,580.   N/A     58 SENT ANDERAN SERONX, NY 10470   13-1942279   501(C)(3)   108,434.   N/A     58 SENT ANDERAN SERONX, NY 10470   13-1942279   501(C)(3)   10,882.   N/A     58 SENT CALRED RECONX, NY 104069   13-2687430   501(C)(3)   10,882.   N/A     58 SENT CALRED RECONX, NY 10400   13-269386   501(C)(3)   10,882.   N/A     58 SENT CHARLES SCHOOL STATEN ISLAND, NY 10603   13-269386   501(C)(3)   10,882.   N/A     58 SENT CHARLES SCHOOL STATEN ISLAND, NY 10603   13-269388   501(C)(3)   29,850.   N/A     58 SENT CHARLES SCHOOL STATEN ISLAND, NY 10603   13-269388   501(C)(3)   29,850.   N/A     59 SENT CHARLES SCHOOL STATEN ISLAND, NY 10603   13-269388   501(C)(3)   29,850.   N/A     50 SENT CHARLES SCHOOL STATEN ISLAND, NY 10603   13-269388   501(C)(3)   29,850.   N/A     50 SENT CHARLES SCHOOL STATEN ISLAND, NY 10603   13-269388   501(C)(3)   501(C)(3)   501(C)(3)   10,882.   N/A     50 SENT CHARLES SCHOOL STATEN ISLAND, NY 10603   13-269388   501(C)(3)	(2) RESURRECTION SCHOOL							
SACRED HEART         SACRED HEART         45,543         N/A           95 MEST 166TH ST BRONX, NY 10452         13-2691174         501(C)(3)         133,813         N/A           34 CONVENT AVE YONKERS, NY 10706         13-1820177         501(C)(3)         94,741         N/A           35 ALESIAN         13-6155183         501(C)(3)         94,741         N/A           ST. ANSELMA         13-2693054         501(C)(3)         62,855         N/A           ST. ANSELMA         13-2693054         501(C)(3)         62,855         N/A           ST. ATHANASIUS         N/A         N/A         N/A           ST. ATHANASIUS         SOULCEARD         55,625         N/A           ST. ATHANASIUS         SOULCEARD         55,625         N/A           ST. ATHANASIUS         SOULCEARD         55,625         N/A           ST. ATHANASIUS         SOULCEARD         N/A         N/A           ST. CATHERINE         ST. CATHERINE         N/A         N/A           ST. CALREL         ST. CALRE         SOULCEARD         N/A         N/A           ST. CALRE         ST. CALRE         ST. CALRE         N/A         N/A           ST. CHARLES SCHOOL         ST. CHARLES SCHOOL         N/A         N/A	10580	13-1740186	501(C)(3)	. 065,9		A/N	N/A	FINANCIAL AID GRANT
95 WEST 168TH ST BRONX, NY 10452         13-2691174         501(C)(3)         45,543.         N/A           34 CONVENT ANDE SACRED HEART HIGH         13-182017         501(C)(3)         133,913.         N/A           34 CONVENT ANDE SALESIAN         13-6155183         501(C)(3)         94,741.         N/A           148 MAIN ST. NEW ROCHELLE, NY 10801         13-6155183         501(C)(3)         94,741.         N/A           ST. ANDSILM         13-2693054         501(C)(3)         62,855.         N/A           ST. ANDELLA         13-2687818         501(C)(3)         55,625.         N/A           ST. ANDELLA         13-2687818         501(C)(3)         15,580.         N/A           ST. ANDELLA         13-268781         501(C)(3)         16,434.         N/A           ST. ANDELLA         13-268743         501(C)(3)         324,576.         N/A           ST. CATHERINE         13-268743         501(C)(3)         324,576.         N/A           ST. CATHERINE         15-1042279         501(C)(3)         324,576.         N/A           ST. CAREE         15-1042279         501(C)(3)         324,576.         N/A           ST. CAREE         15-1042279         501(C)(3)         324,576.         N/A           ST.								
SALESIAN 34 CONVERT AVE YONKERS, NY 10706 13-1820177 501(C)(3) 133,813.  SALESIAN 148 MAIN ST. NEW ROCHELLE, NY 10801 15.5183 13-518	NY 10452	13-2691174	501(C)(3)	5		N/A	N/A	FINANCIAL AID GRANT
34 CONVERT AVE YONKERS, NY 10706  35 SALESIAN  148 MAIN ST. NEW ROCHELLE, NY 10801  15 -6155183  501(C)(3)  94,741  N/A  148 MAIN ST. NEW ROCHELLE, NY 10801  13 -6155183  501(C)(3)  62,855  N/A  830 SO. BOULEVARD BRONX, NY 10459  ST. ATHANASUGS  ST. ANGUSTINE  381 NO. HIGHLAND/BAGLE PARK, RTE. 9  ST. ANGUSTINE  382 SO. BOULEVARD BRONX, NY 10469  ST. AGUSTINE  383 SO. BOULEVARD BRONX, NY 10469  ST. CATHERINE  2250 WILLIAMSENIDGE RD BRONX, NY 10469  ST. CATHERINE  2250 WILLIAMSENIDGE RD BRONX, NY 10469  ST. CATHERINE  2250 WILLIAMSENIDGE RD BRONX, NY 10508  ST. CLARE	(4) SACRED HEART HIGH							
SALESIAN         SALESIAN         SALESIAN         SALESIAN         SALESIAN         M/A           148 MAIN ST. NEW ROCHELLE, NY 10801         13-6155183         501(C)(3)         62,855.         N/A           ST. ANSELM         685 TINTON AVE BRONX, NY 10459         13-2687818         501(C)(3)         62,855.         N/A           ST. ATHANASIUS         ST. ATHANASIUS         N/A         N/A           ST. AUGUSTINE         ST. AUGUSTINE         N/A         N/A           ST. AUGUSTINE         ST. AUGUSTINE         N/A         N/A           ST. ALANDABAS         ST. CATHERINE         N/A         N/A           ST. CATHERINE         ST. CATHERINE         N/A         N/A           ST. CLARE         ST. CLARE         ST. CLARE         N/A         N/A           ST. CLARE         ST. CLARE         ST. CLARE         N/A         N/A           ST. CLARE         ST. CLARE         ST. CLARE         N/A         N/A           ST. CLARE         ST. CHARLES SCHOOL         N/A         N/A           ST. CHARLES SCHOOL         ST. CHARLES SCHOOL         N/A         N/A           ST. CHARLES SCHOOL         N/A         N/A         N/A		13-1820177	501(C)(3)	133,813.		N/A	N/A	FINANCIAL AID GRANT
148 MAIN ST. NEW ROCHELLE, NY 10801         13-6155183         501(C)(3)         94,741.         N/A           ST. ANSELM         13-2693054         501(C)(3)         62,855.         N/A           ST. ATHANASIUS         ST. ATHANASIUS         N/A         N/A           SG. BOULEVARD BRONK, NY 10459         13-2687818         501(C)(3)         55,625.         N/A           SG. BOULEVARD BRONK, NY 10470         13-2706038         501(C)(3)         15,580.         N/A           SG. BARNABAS         SG. CATHERINE         13-1942279         501(C)(3)         108,434.         N/A           SG. CATHERINE         SG. CATHERINE         13-2687430         501(C)(3)         324,576.         N/A           SG. CIARRE         SG. CIARRE         SG. CIARRE         SG. CIARRE         N/A         N/A           SG. CIARRE         SG. CIARRE         SG. CIARRE         SG. CIARRE         N/A         N/A           SG. CIARRE         SG. CIARRE         SG. CIARRE         SG. CIARRE         N/A         N/A           SG. CIARRE         SG. CIARRE         SG. CIARRE         SG. CIARRE         SG. CIARRE         N/A           SG. CIARRE         SG. CIARRE         SG. CIARRE         SG. CIARRE         N/A         N/A           SG. WI								
ST. ANSELM 685 TINTON AVE BRONX, NY 10455 ST. ATHANASIUS ST. ATHANASIUS ST. AUGUSTINE ST. AUGUSTINE ST. BARNABAS ST. CATHERINE S	ST. NEW ROCHELLE, NY 10801	13-6155183	501(C)(3)	94,741.		N/A	N/A	FINANCIAL AID GRANT
ST. ATHANASUS ST. ATHANASUS ST. AUGUSTANE ST. CATHERINE ST	(6) ST. ANSELM							
ST. ATHANASUUS  SS. BOULEVARD BRONX, NY 10459  ST. AUGUSTINE  ST. AUGUSTINE  ST. BARNABAS  ST. CATHERINE  ST. CATHERINE  ST. CHARLES SCHOOL  ST. C	TINTON AVE BRONX, NY 10455	13-2693054	501(C)(3)	62,855.		N/A	N/A	FINANCIAL AID GRANT
ST. AUGUSTINE 381 NO. HIGHLAND/EAGLE PARK, RTE. 9  ST. AUGUSTINE 381 NO. HIGHLAND/EAGLE PARK, RTE. 9  ST. BARNABAS  ST. CATHERINE 2250 WILLIAMSBRIDGE RD BRONX, NY 10308  ST. CATHERINE 2250 WILLIAMSBRIDGE RD BRONX, NY 10308  ST. CLARE 151 LINDENWOOD ROAD STATEN ISLAND, NY 10308  ST. CHARLES SCHOOL  N/A  N/A  N/A  N/A								
ST. AUGUSTINE  SIN NO. HIGHLAND/EAGLE PARK, RTE. 9  ST. BARNABAS  ST. BARNABAS  ST. CATHERINE  2250 WILLIAMSBRIDGE RD BRONX, NY 10469  ST. CATHERINE  ST. CATHERINE  ST. CATHERINE  ST. CATHER SCHOOL  N/A  N/A  N/A	SO. BOULEVARD BRONX, NY 10459	13-2687818	501(C)(3)	5,		N/A	N/A	FINANCIAL AID GRANT
381 NO. HIGHLAND/EAGLE PARK, RTE. 9       13-2706038       501(C)(3)       15,580.       N/A         ST. BARNABAS       425 EAST 240TH ST BRONX, NY 10470       13-1942279       501(C)(3)       108,434.       N/A         ST. CATHERINE       2250 WILLIAMSBRIDGE RD BRONX, NY 10469       13-2687430       501(C)(3)       324,576.       N/A         ST. CLARE       151 LINDENWOOD ROAD STATEN ISLAND, NY 10308       13-2690367       501(C)(3)       10,882.       N/A         ST. CHARLES SCHOOL       AST CHARLES SCHOOL       13-2693382       501(C)(3)       10,882.       N/A	SI.							
ST. BARNABAS  425 EAST 240TH ST BRONX, NY 10470  ST. CATHERINE  2250 WILLIAMSBRIDGE RD BRONX, NY 10469  ST. CLARE  151 LINDENWOOD ROAD STATEN ISLAND, NY 10308  ST. CHARLES SCHOOL  N/A  N/A	NO. HIGHLAND/EAGLE PARK, RTE. 9	13-2706038	501(C)(3)	15,580.		N/A	N/A	FINANCIAL AID GRANT
ST. CATHERINE       13-1942279       501(C)(3)       108,434.       N/A         ST. CATHERINE       2550 WILLIAMSERIDGE RD BRONX, NY 10469       13-2687430       501(C)(3)       324,576.       N/A         ST. CLARE       151 LINDENWOOD ROAD STATEN ISLAND, NY 10308       13-2690367       501(C)(3)       10,882.       N/A         ST. CHARLES SCHOOL       13-2693382       501(C)(3)       29,850.       N/A	ST.							
ST. CATHERINE  2250 WILLIAMSERIDGE RD BRONX, NY 10469  ST. CLARE  151 LINDENWOOD ROAD STATEN ISLAND, NY 10308  ST. CHARLES SCHOOL  ST. CHARLES SCHOOL  ST. CHARLES SCHOOL  ST. STATEN ISLANDS AND STATEN ISLAND AND STATEN ISLANDS AND STATEN ISL		13-1942279	501(C)(3)	108,434.		N/A	N/A	FINANCIAL AID GRANT
2250 WILLIAMSBRIDGE RD BRONX, NY 10469 13-2687430 501(C)(3) 324,576. N/A ST. CLARE 151 LINDENWOOD ROAD STATEN ISLAND, NY 10308 13-2690367 501(C)(3) 10,882. N/A ST. CHARLES SCHOOL 13-2693382 501(C)(3) 29,850. N/A	ST.							
ST. CLARE 151 LINDENWOOD ROAD STATEN ISLAND, NY 10308 13-2690367 501(C)(3) 10,882. N/A  ST. CHARLES SCHOOL 55 WEST 138TH ST BRONX, NY 12603 13-2693382 501(C)(3) 29,850. N/A	RD BRONX, NY 10469	13-2687430	501(C)(3)	324,576.		N/A	N/A	FINANCIAL AID GRANT
151 LINDENWOOD ROAD STATEN ISLAND, NY 10308 13-2690367 501(C)(3) 10,882. N/A ST. CHARLES SCHOOL 55 WEST 138TH ST BRONX, NY 12603 13-2693382 501(C)(3) 29,850. N/A	(11) ST. CLARE							
ST. CHARLES SCHOOL 55 WEST 138TH ST BRONX, NY 12603 13-2693382 501(C)(3) 29,850. N/A	LINDENWOOD ROAD STATEN ISLAND, NY 10308	13-2690367	501(C)(3)	10,882.		N/A	N/A	FINANCIAL AID GRANT
55 WEST 138TH ST BRONX, NY 12603 13-2693382 501(C)(3) 29,850. N/A								
		13-2693382	501(C)(3)	29,850.		N/A	N/A	FINANCIAL AID GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.		government c	rganizations lis	ted in the line 1 tab	le			
2 Entertotal number of other organizations listed in the line 1 table		od in the line	1 toblo					

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

JSA

V 19-8.1F

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number 51-0453629

## INNER CITY SCHOLARSHIP FUND, INC. Part | General Information on Grants and Assistance

- × 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

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 noncash assistance	(h) Purpose of grant or assistance
(1) ST. GEORGE ACADEMY							
215 EAST 6TH STREET NEW YORK, NY 10003	14-1507863	501(C)(3)	34,100.		N/A	N/A	FINANCIAL AID GRANT
(2) ST. HELENA							
2050 BENEDICT AVE BRONX, NY 10462	13-1740343	501(C)(3)	29,435.		N/A	N/A	FINANCIAL AID GRANT
(3) ST. JAMES THE APOSTLE							
12 GLENEIDA AVE. CARMEL, NY 10512	14-1341223	501(C)(3)	19,728.		N/A	N/A	FINANCIAL AID GRANT
(4) ST. JEAN BAPTISTE							
173 EAST 75TH ST MANHATTAN, NY 10021	13-2693089	501(C)(3)	446,402.		N/A	N/A	FINANCIAL AID GRANT
(5) ST. JOHN CHRYSOSTOM							
1144 HOE AVE BRONX, NY 10459	13-2734298	501(C)(3)	60,516.		N/A	N/A	FINANCIAL AID GRANT
(6) ST. JOHN THE BAPTIST							
670 YONKERS AVE. BRONX, NY 10704	13-3900916	501(C)(3)	10,500.		N/A	N/A	FINANCIAL AID GRANT
(7) STS. JOHN AND PAUL							
280 WEAVER ST. LARCHMONT, NY 10538	13-2688398	501(C)(3)	16,952.		N/A	N/A	FINANCIAL AID GRANT
(8) ST. JOSEPH BY THE SEA							
5150 HYLAN BLVD. STATEN ISLAND, NY 10312	13-1990905	501(C)(3)	52,066.		N/A	N/A	FINANCIAL AID GRANT
(9) ST. JOSEPH HILL ACADEMY							
850 HYLAN BLVD. STATEN ISLAND, NY 10305	13-3369763	501(C)(3)	7,900.		N/A	N/A	FINANCIAL AID GRANT
(10) ST. JOSEPH HILL ACADE							
3335 COUNTRY CLUB ROAD NEW YORK, NY 10011	46-3252774	501(C)(3)	7,500.		N/A	N/A	FINANCIAL AID GRANT
(11) ST. JOSEPH & ST. THOMAS							
50 MAGUIRE AVE. STATEN ISLAND, NY 10309	46-0713084	501(C)(3)	26,910.		N/A	N/A	FINANCIAL AID GRANT
(12) ST. MARGARET MARY							
121 EAST 177TH ST BRONX, NY 10453	13-2695172	501(C)(3)	65,366.		N/A	N/A	FINANCIAL AID GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government o	organizations list	ted in the line 1 tab	le			
3 Enter total number of other organizations listed in the line 1 table.	sted in the line	1 table				•	

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

JSA

V 19-8.1F

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

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

OMB No. 1545-0047	6102	Open to Public

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 51-0453629

Inspection

## Part I General Information on Grants and Assistance

INNER CITY SCHOLARSHIP FUND, INC.

Department of the Treasury Internal Revenue Service Name of the organization

- × 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

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 noncash assistance	(h) Purpose of grant or assistance
(1) ST. MARK THE EVANGELIST							
55 WEST 138TH ST NEW YORK, NY 10037	13-2686814	501(C)(3)	36,000.		N/A	N/A	FINANCIAL AID GRANT
(2) ST. MARTIN DEPORRES							
122 CEDAR VALLEY ROAD	14-1485043	501(C)(3)	10,040.		N/A	N/A	FINANCIAL AID GRANT
(3) ST. PATRICK							
3560 RICHMOND ROAD STATEN ISLAND, NY 10306	13-2693382	501(C)(3)	25,403.		N/A	N/A	FINANCIAL AID GRANT
(4) ST. PETER BOYS							
200 CLINTON AVE STATEN ISLAND, NY 10301	13-2688406	501(C)(3)	61,084.		N/A	N/A	FINANCIAL AID GRANT
(5) ST. RAYMOND BOYS							
2151 ST. RAYMOND AVE BRONX, NY 10462	13-1958475	501(C)(3)	183,651.		N/A	N/A	FINANCIAL AID GRANT
(6) ST. RAYMOND ELEMENTARY SCHOOL							
2380 EAST TREMONT AVE. BRONX, NY 10462	13-3615147	501(C)(3)	93,780.		N/A	N/A	FINANCIAL AID GRANT
(7) ST. RAYMOND GIRLS							
1725 CASTLE HILL AVE BRONX, NY 10462	13-2688683	501(C)(3)	183,208.		N/A	N/A	FINANCIAL AID GRANT
(8) ST. THERESA							
2872 ST. THERESA AVE. BRONX, NY 10461	13-2687429	501(C)(3)	31,846.		N/A	N/A	FINANCIAL AID GRANT
(9) ST. VINCENT FERRER							
151 EAST 65TH ST MANHATTAN, NY 10021	13-2698371	501(C)(3)	204,261.		N/A	N/A	FINANCIAL AID GRANT
(10) THE MONFORT ACADEMY							
125 EAST BIRCH ST. MOUNT VERNON, NY 10552	13-4037507	501(C)(3)	22,363.		N/A	N/A	FINANCIAL AID GRANT
(11) TRANSFIGURATION							
29 MOTT STREET NEW YORK, NY 10013	13-5562331	501(C)(3)	28,674.		N/A	N/A	FINANCIAL AID GRANT
(12) VILLA MARIA ACADEMY							
3335 COUNTRY CLUB ROAD BRONX, NY 10465	13-1740058	501(C)(3)	11,005.		N/A	N/A	FINANCIAL AID GRANT
2 Enter total number of section 501(c)(3) and government orga	d government	organizations lis	nizations listed in the line 1 table	le .			
3 Enter total number of other organizations listed in the line 1 table.	sted in the line	1 table		1			
١							

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

JSA 9E1288 1.000 56709G 2502

1695314

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 51-0453629

	Assis
INC.	ints and
FUND,	on Gra
SCHOLARSHIP	General Information on Grants and Assis
CILY SC	Genera
INNER	Part I

- × Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

(4) XAVIER SCHOOL  3 O WEST 16TH STREET NEW YORK, NY 10011  (5) CATHOLIC SCHOOL REGION CENTRAL WESTCHESTER  1011 FIRST AVE, 12TH FL NEW YORK, NY 10022  (46-3252774 501(C)(3)  (4) CATHOLIC SCHOOL REGION DUTCHESS  1011 FIRST AVE, 12TH FL NEW YORK, NY 10022  (46-325482 501(C)(3)  (5) CATHOLIC SCHOOL REGION MANHATTAN  1011 FIRST AVE, 12TH FL NEW YORK, NY 10022  (6) CATHOLIC SCHOOL REGION NORTH EAST/EAST BRON  1011 FIRST AVE, 12TH FL NEW YORK, NY 10022  (6) CATHOLIC SCHOOL REGION NORTH WEST/ SOUTH BR  1011 FIRST AVE, 12TH FL NEW YORK, NY 10022  (7) CATHOLIC SCHOOL REGION NORTH WEST/ SOUTH BR  1011 FIRST AVE, 12TH FL NEW YORK, NY 10022  (7) CATHOLIC SCHOOL REGION NORTH WEST/ SOUTH BR  1011 FIRST AVE, 12TH FL NEW YORK, NY 10022  (7) CATHOLIC SCHOOL REGION NORTH WEST/ SOUTH BR  1011 FIRST AVE, 12 FL NEW YORK, NY 10022  (7) CATHOLIC SCHOOL REGION NORTH WEST/ SOUTH BR	3) 403,443. 3) 403,443. 3) 82,111. 3) 614,468.		N/A N/A N/A N/A	N/A N/A N/A N/A	FINANCIAL AID GRANT
13-4104033   501(   46-3252774   501(   46-3252482   501(   46-3252567   501(   46-0703221   501(	4 0 0 0		//A //A //A	N/A N/A N/A N/A	FINANCIAL AID GRANT
46-3252774     501 (       46-3261645     501 (       46-3252482     501 (       46-3252567     501 (       46-0703221     501 (       46-3261627     501 (			//A //A //A	N/A N/A N/A	
46-3252774     501(       46-3261645     501(       46-3252482     501(       46-3252567     501(       46-0703221     501(       46-3261627     501(			//A //A //A	N/A N/A N/A	
46-3252482 501( 46-3252567 501( 46-0703221 501( 46-3261627 501(		Z Z Z	//A //A	N/A N/A N/A	
46-3261645     501 (       46-3252482     501 (       46-3252567     501 (       46-0703221     501 (       46-3261627     501 (			//A //A	N/A N/A N/A	
46-3252482 501( 46-3252567 501( 46-0703221 501( 46-3261627 501(		N N	//A	N/A N/A	
46-3252482     501(       46-3252567     501(       46-0703221     501(       46-3261627     501(			1/A 1/A	N/A N/A	
46-3252567 501( 46-0703221 501( 46-3261627 501(		2	1/A	N/A	FINANCIAL AID GRANT
46-3252567 501( 46-0703221 501( 46-3261627 501(		Z	1/A	N/A	FINANCIAL AID GRANT
46-0703221 501(					
46-0703221 501(				_	
46-3261627 501(	,	<u>N</u>	N/A	N/A	FINANCIAL AID GRANT
FIRST AVE, 12 FL NEW YORK, NY 10022 46-3261627 501(					
	3) 52,588.	N	N/A	N/A	FINANCIAL AID GRANT
(8) CATHOLIC SCHOOL REGION ROCKLAND					
1011 FIRST AVE, 12TH FL NEW YORK, NY 10022 46-0722934 501(C)(3	3) 92,915.	N	N/A	N/A	FINANCIAL AID GRANT
(9) CATHOLIC SCHOOL REGION STATEN ISLAND					
1011 FIRST AVE, 12 FL NEW YORK, NY 10022 46-0713084 501(C)(3	3) 295,169.	N.	N/A	N/A	FINANCIAL AID GRANT
(10) CATHOLIC SCHOOL REGION ULSTER/SULLIVAN/ORAN					
1011 FIRST AVE, 12 FL NEW YORK, NY 10022 46-3261671 501(C)(3	3) 84,547.	N	N/A	N/A	FINANCIAL AID GRANT
(11) PEERFORWARD					
1011 FIRST AVENUE NEW YORK, NY 10022 52-2007028 501(C)(3	3) 28,250.	N	N/A	N/A	FINANCIAL AID GRANT
(12) CARDINAL'S SCHOLARSHIP PROGRAM					
1011 FIRST AVE, 12 FL NEW YORK, NY 10022 13-3096713 501(C)(3)	3) 4,294,881.	<u>z</u>	N/A	N/A	FINANCIAL AID GRANT

3 Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

V 19-8.1F

Department of the Treasury Internal Revenue Service Name of the organization

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

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

2019 Open to Public	OMB No. 1545-0047
------------------------	-------------------

► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number 51-0453629 å

	Assistance
INC.	nts and
FUND,	ı on Gra
CITY SCHOLARSHIP	General Information on Grants and Assistance
CILX	Gene
INNER	Part I

_	Yes	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) PARTNERSHIP FOR SCHOOLS (FORMERLY PARTNERSH							
1011 FIRST AVE, 12 FL NEW YORK, NY 10022	13-3089351	501(C)(3)	88,670.		N/A	N/A	FINANCIAL AID GRANT
(2) PARTNERSHIP FOR QUALITY EDUCATION							
1011 FIRST AVE, 12 FL NEW YORK, NY 10022	26-4243330	501(C)(3)	122,362.		N/A	N/A	FINANCIAL AID GRANT
(3) STUDENT SPONSOR PROGRAM							
1011 FIRST AVE, 12 FL NEW YORK, NY 10022	13-3392965	501(C)(3)	381,300.		A/N	N/A	FINANCIAL AID GRANT
(4) GRSS TREASURY							
1011 FIRST AVE, 12 FL NEW YORK, NY 10022	13-2669134	501(C)(3)	1,100,000.		N/A	N/A	FINANCIAL AID GRANT
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	overnment o	rganizations lis	ted in the line 1 tab	le		•	.88
3 Enter total number of other organizations listed in the line 1 tal	d in the line	1 table				•	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 99	.00				Sch	Schedule I (Form 990) (2019)

V 19-8.1F

Schedule I (Form 990) (2019)

51-0453629

Page 2

n answered "Yes" on Form 990, Part IV, line 22.	
c Individuals. Complete if the organization answered '	
Grants and Other Assistance to Domestic Individuals. Co	Part III can be dunlicated if additional space is needed
Part I	

ו מוניוון כמון גם ממטווסמוכם וו ממטווסוומו פסמכם ופינונים.	מכני וא ווכנימנים.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I, I	line 2, Part III, c	column (b); and any c	ther additional
		-			

information.

PART I, LINE

MONITORING THE USE OF GRANT FUNDS

OUR PARTNERSHIP FOR STRONG SCHOOLS GRANTING PROGRAM PROVIDES UNRESTRICTED

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

NEED IT MOST. THIS COULD BE FOR STUDENT SCHOLARSHIPS, ENRICHMENT

OPPORTUNITIES, CAPITAL REPAIRS OR GENERAL OPERATIONS. THE AMOUNT OF MONEY

DISBURSED IS BASED ON THE NUMBER OF STUDENTS PER SCHOOL. BE A STUDENT'S

FRIEND APPLICATIONS ARE GIVEN TO THE PRINCIPALS, WHO HAND THEM OUT TO THE

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

APPLICATIONS AND CONNECTS NEW SPONSORS WITH THE STUDENTS FROM THE NEED

51-0453629

Page 2

Schedule I (Form 990) (2019)

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

	-					
	(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
-						
8						
ო						
4						
2						
9						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

information.

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.

PAGE 49

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization INNER CITY SCHOLARSHIP FUND, INC. Employer identification number

51-0453629

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The to the unity of miles and of the persons and provide the applicable amounts for each form in fact in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
2	The organization?	5a		Х
b	Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
0	compensation contingent on the net earnings of:			
•	The organization?	6a		Х
a b		6b		X
b	Any related organization?	OD.		21
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х
0	payments not described on lines 5 and 6? If "Yes," describe in Part III.	'		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			Х
0	in Part III	8		Λ.
9	Regulations section 53.4958-6(c)?	9		
	Noudidition 300tition 7300-0101;	. 3		1

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

Schedule J (Form 990) 2019

51-0453629

Page 2

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title SUSAN GEORGE						בו מאסווס בו	(E) Total of columns	
SUSAN GEORGE		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	ε	265,454.	0	7,796.	15,000.	5,549.	293,799.	0.
1EXECUTIVE DIRECTOR	€	176,969.	.0	5,197.	10,000.	3,619.	195,785.	0
	Ξ							
2	€							
	Ξ							
ო	€							
	Ξ							
4	<b>=</b>							
	Ξ							
co.	<b>=</b>							
	Ξ							
9	<b>=</b>							
	Ξ							
_	€							
	Ξ							
8	(ii)							
	Ξ							
6	(ii)							
	Ξ							
10	€							
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(ii)							
	Ξ							
16	€							

Schedule J (Form 990) 2019

Page 3

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. Part III Supplemental Information

Schedule J (Form 990) 2019

9

9E1505 1.000 56709G 2502

### **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.

OMB No. 1545-0047 Open to Public Inspection

51-0453629

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

FORM 990, PART III, LINE 1

INNER CITY SCHOLARSHIP FUND, INC.

MISSION

INNER CITY SCHOLARSHIP FUND, INC. (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 AND 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.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

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 AN ENRICHING EXPERIENCE.

FORM 990, PART V, LINE 2A

FORMS W-3

THE ARCHDIOCESE OF NEW YORK ISSUES THE FORMS W-2 FOR ALL INDIVIDUALS WHO PROVIDE SERVICES TO INNER-CITY SCHOLARSHIP FUND. THE SALARIES FOR SUCH INDIVIDUALS' TIME WORKED FOR INNER-CITY SCHOLARSHIP FUND HAS BEEN

PAGE 53

Name of the organization

Employer identification number

INNER CITY SCHOLARSHIP FUND, INC.

51-0453629

PROPERLY REPORTED AS INNER-CITY SCHOLARSHIP FUND'S SALARY EXPENSE.

FORM 990, PART VI, LINE 2

FAMILY RELATIONSHIP

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

FORM 990, PART VI, LINE 11B

REVIEW OF FORM 990

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.

FORM 990, PART VI, LINE 12C

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 THEIR FINANCIAL SELF- INTEREST AND TO PREVENT INNER-CITY SCHOLARSHIP FUND FORM OPERATING IN A MANNER THAT FAVORS BOARD MEMBERS TO THE DETRIMENT OF OTHERS.

Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

Employer identification number

51-0453629

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

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

D. THE CONFLICT OF INTEREST POLICY APPLIES TO A BOARD MEMBER'S IMMEDIATE

FORM 990, PART VI, LINE 19

FAMILY AS WELL AS TO INDIVIDUAL BOARD MEMBERS.

AVAILABILITY OF DOCUMENTS

ALL FINANCIAL STATEMENTS AND SIGNED CONFLICT OF INTEREST FORMS ARE AVAILABLE ON THE ICSF WEB SITE WWW.INNERCITYSCHOLARSHIPFUND.ORG.

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

CHANGE IN VALUE OF GIFT ANNUITY

422,390

Name of the organization	Employer identification number
INNER CITY SCHOLARSHIP FUND, INC.	51-0453629
	ATTACUMENT 1

### 990, PART VII- COMPENSATION 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	659,068.
CIPRIANI'S 110 EAST 42ND STREET NEW YORK, NY 10017	EVENT SERVICES	217,797.
PLAZA HOTEL 770 5TH AVENUE NEW YORK, NY 10019	AWARD DINNER	186,755.

1695314

51-0453629

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

INNER CITY SCHOLARSHIP FUND,

Part I

OMB No. 1545-0047

Open to Public Inspection

> ► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Employer identification number 51-0453629

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(f)
Direct controlling
entity 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. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II (2) (9) Ξ 4 3 (2)

(a) Name, address, and EIN of related organization	f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	) 12(b)(13) olled :y?
							Yes	N <sub>o</sub>
(1) ARCHDIOCESE OF NEW YORK	13-3089351							
1011 FIRST AVENUE	NEW YORK, NY 10022	RELIGIOUS	NY	501(C)(3)	1	N/A		×
(2) PARISH ASSISTANCE CORPORATION	26-3265664							
1011 FIRST AVENUE	NEW YORK, NY 10022	PARISH SUPP.	NY	501(C)(3)	П	ARCHD. OF NY		×
(3)								
(4)								
(5)								
(9)								
(7)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions for Form 9	90.				Schedule R (Form 990) 2019	(Form 99	0) 2019

9E1307 1.000 56709G 2502

Page 2

Schedule R (Form 990) 2019

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.

(k) Percentage ownership										
(j) General or managing partner?	No								ıt IV,	
	Yes								), Pa	
(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)									on Form 990	
(h) Disproportionate allocations?	Yes No								ed "Yes	
(g) Share of end-of- year assets									ization answer	ne tax year.
(f) Share of total income									ete if the organ	or trust during th
(e) Predominant income (related, unrelated, excluded from tax unde from sections 512 - 514)	,								ion or Trust. Compl	ed as a corporation c
(d) Direct controlling entity									as a Corporati	anizations treate
(c) Legal domicile (state or foreign	(6,0000								S Taxable	ated orga
<b>(b)</b> Primary activity									ed Organizations	d one or more rel
(a) Name, address, and EIN of related organization									l _	■ line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.
		(1)	(2)	(3)	(4)	(2)	(9)	(7)	Darf IV	3

Schedule R (Form 990) 2019

JSA 9E1308 1 00

1695314

# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	s II, III, or IV of this schedule.					Yes	Š
1 During the tax year, did the organization engage in any of the	age in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations lis	ted in Parts II-IV?			
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity	es. or (iv) rent from a controlled entity.					1a	×
	rdanization(s)					1b	×
	d organization(s)					10	×
	anization(s)					1d	×
	ion(s)					1e	×
	: : :					*	
					:	_	>
<b>g</b> Sale of assets to related organization(s).						19	4
h Purchase of assets from related organization(s)	:):					4	×
i Exchange of assets with related organization(s).	(s)				:	<b>=</b>	×
j Lease of facilities, equipment, or other assets to related organization(s).	to related organization(s).					1j	×
k Lease of facilities, equipment, or other assets from related organization(s)	from related organization(s)			-		1 <del>×</del>	×
I Performance of services or membership or fundraising solicitations for related organization(s)	undraising solicitations for related organ	nization(s)				11	×
m Performance of services or membership or fundraising solicitations by related organization(s),	undraising solicitations by related organ	ization(s)			_	1m	×
	or other assets with related organization(s)	(8)				1n ×	
		(6)				_	×
<b>p</b> Reimbursement paid to related organization(s) for expenses.	) for expenses.					1p ×	
	s) for expenses					19	×
r Other transfer of cash or property to related organization(s).	organization(s)				:	11	×
<ul> <li>S Other transfer of cash or property from related organization(s)</li> </ul>	d organization(s)					18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	e the instructions for information on wl	ho must complete th	is line, including cove	red relationships and trans	saction thresh	olds.	
Name of re	<b>(a)</b> Name of related organization		(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	(d) f determinir it involved	ВL
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
JSA				S	Schedule R (Form 990) 2019	(066 m.	201
9E1309 1.000 56709G 2502	V 19-8.1F	1695314			PAGE	59	

Schedule R (Form 990) 2019

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

Part VI

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.

		0			-	_				
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant A 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?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
									1	
(7)										
(8)										
(6)										
(10)										
(12)										
(13)										
(14)										
(15)										
(16)										
								, do	Schodule R (Form 990) 2019	n 990) 2019

Schedule R (Form 990) 2019

1695314

Schedule R (Form 990) 2019 Page 5

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.