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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Open to Public Inspection

2008

Department of the Treasury Internal Revenue Service

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

										·		0000	
	For ti	ne 2008 calend	iar year, c	or tax year begin	ning 7/01		, 2008	8, and endin	<u>ig</u> 6/	′30	,	2009	
В	Check	ıf applicable								D Employ	er Identifi	cation Number	
	\prod_{A}	ddress change	Please use IRS label	VINCENT A	CIANCI JE	R SCHOLAR	RSHIP	FUND		05-0	04613	354	
	\vdash	ame change	or print	PO BOX 61						E Telepho			
	\vdash	-	or type. See		E, RI 0294	ın				1			
	⊢ln	itial return	specific Instruc-		_, 005.					401	944-	106/	
	T€	ermination	tions.							I			
	[]A	mended return		1						G Gross r	eceipts \$	77.	132.
	П,	pplication pending	F Name a	and address of princi	nal officer				H(a) Is this	a group retur		ates? Yes	XINo
	Ш"	pplication penalig		•	•					ll affiliates incl		Yes	No No
_				As C Above						' attach a list		ructions) Tes	∐ NO
<u> </u>	Тах	-exempt statu	s X 501	(c) (3)·	(insert no.)	4947(a)(1) or	527					
j	We	bsite: ► N/	Α						H(c) Group	exemption ni	umber 🏲		
ĸ	Туре	of organization	Corpora	ation Trust	Association	Other ►	L	Year of Forma	tion	Мs	state of le	gal domicile	
Pa		Summa								1		3	
1.22				ganization's mis	sion or most sig	puticant activi	itios E	Provi do	achol:	robino	+0.1	aigh saha	
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ULactivities 2000 vernance		seniors	seeku	ng_higher_e	education.								
an													
шe													
à	2	Check this bo	x ►	if the organizati	on discontinued	lits operation	s or disp	osed of mo	re than 25	5% of its as	ssets.		
	3	Number of vo		bers of the gove							3		10
₹			-	it voting membe				e 1b)			4		0
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۲′		-					inin (C)	18					
╁	D	Net unrelated	business	taxable income							7 b		0.
$\overline{}$					1	YAM (8	182	010	1	Prior Year		Current Ye	ear
	8	Contributions	and gran	ts (Part VIII, line	e 1h)			&		2	250.		,
7	9	_	-		, i								·
23	10	Investment in	come (Ps	ue (Part VIII, III art VIII, column ((Δ) lines 3 /1		JEN,	UI		22,8	25	11	735.
A§	11	Olhar rawaru	o Mort VI	H saluma (A) I	(A), iii les 5, 4, q	100 70)				22,0	,23.		, , , , , , ,
SCANNED	11			II, column (A), I			-	-0		10.7	77		725
<u> </u>	12			nes 8 through 1			mn (A), li	ne 12)		19,7	-		735.
	13	Grants and si	milar amo	ounts paid (Part	IX, column (A),	, lines 1-3)		•		9,0	100.	11,	000.
	14	Benefits paid	to or for	members (Part	IX, column (A),	line 4)							
_	15	Salaries, othe	er comper	nsation, employe	ee benefits (Par	t IX. column	(A), lines	5-10)		2,9	80.	3,	950.
Se l	ļ.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)										• •	
Expenses				· ·		-					····· · ·		
. <u>\$</u>	b	Total fundrais	ing exper	nses (Part IX, co	olumn (D), line 2	25) 🕨			. 📖				
ш	17	Other expens	es (Part I	X, column (A),	ines 11a-11d, 1	1f-24f)			l	8.0	27.	12,	054.
	18	•		nes 13-17 (must			me 25)			20,0	107		004.
		=		s. Subtract line	•		20)	•	-		34.		269.
_	19	Meverine less	expense	s. Subtract line	16 HOITI IIIE 12				+				
Net Assets or Fund Balanced									Begi	inning of Y	ear	End of Ye	
200	20	Total assets ((Part X, III	ne 16)						556,7	83.	541,	<u>514.</u>
₹2	21	Total liabilities	s (Part X,	line 26) .							1.		0.
Σį	22	Net assets or	fund hala	ances. Subtract	line 21 from line	20				556,7	182	541	514.
l Ba	rt 11	_	ure Blo		inc 21 hon inc	3 20				3307.	02.1	311,	<u> </u>
i c												*	
		Under penaltie true, correct	s of perjury, and complete	I declare that I have Declaration of prep	examined this returnate (other than office	n, including accor cer) is based on a	mpanying so all information	chedules and st on of which prei	atements, a parer has ar	nd to the best Iv knowledge	of my kn	owledge and belief	, it is
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He	re	Signature	of officer						D	ate 1	,		
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_						/ -		Date .			Dra	narer's identifying	number
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On	ly	employed), address, and	► 926							EIN ► N	/A	. = = = = = =	
	-	ZIP + 4	CRA	ŃSTON, RI	02910				F	Phone no	(401		0
May	the l	IRS discuss th	ıs return v	with the prepare	r shown above?	(see instruc	tions)					X Yes	No
	_			work Reduction				iono		TEE AOI 121	10/00/	. Farm 00	(2008)

Pa	Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission:				
	Provide scholarships to high school seniors seeking higher education.		_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior		-		
_	Form 990 or 990-EZ?		Yes	X	Al-
	•	Ш	162		No
_	If 'Yes,' describe these new services on Schedule O.			G	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to expenses, and revenue, if any, for each program service reported.	. Section o others	501(d , the t	c)(3) otal	
4a	(Code:) (Expenses \$ 12,269. including grants of \$ 11,000.) (Revenue Provide scholarships to high school seniors seeking higher education.	\$)
	Provide scholarships to high school seniors seeking higher education.	-			
Δł	(Code:) (Expenses \$ including grants of \$) (Revenue	Ś			١
	/(totalia	·—			—′
_					
40	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	10th and the second of the sec				
40	Other program services. (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$			<u>) </u>	
4€	Total program service expenses ► \$ 12,269. (Must equal Part IX, Line 25, column (B).)				_

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 <i>a</i>	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	_	X
17		17		X
18	3 - 1 -	18		X
19	5 1 - 1	19		X
20		20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	21 22	Х	<u> </u>
				
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24 8	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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25</i>	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
BAA		Form	990	(2008)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
i	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		X
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		X
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 0 1 a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2**b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\overline{\mathbf{x}}$ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5ь c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6**b** 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? X 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7Ь c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X d if 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b

BAA

12a

12b

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

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

<u> </u>	ction A.	Governing Body and	i Management		 		
	For each	n 'Yes' response to lines 2-7 es, or changes in Schedule (b below, and for a 'No' response to l D. See instructions.	nes 8 or 9b below, describe the circu	mstances,	Yes	No
1	a Enter the	number of voting members	of the governing body	1a	_10		
	b Enter the	e number of voting members	that are independent	1b			
2	Did any officer, o	officer, director, trustee, or k lirector, trustee or key emplo	key employee have a family relations byee?	hip or a business relationship with ar	ny other 2		х
3	Did the o	organization delegate control is, directors or trustees, or k	l over management duties customari ey employees to a management con	y performed by or under the direct singany or other person?	upervision 3		Х
4	Did the		icant changes to its organizational di		4		Х
5		•	during the year of a material diversion	n of the ergenization's eccets?	5		x
6		organization have member	-	if of the organization's assets:	6		$\frac{1}{x}$
		· ·				+-	
	governin	g body?	ody subject to approval by members	o may elect one or more members of	7	\rightarrow	X
_				·		<u> </u>	1
8	the follow	ving.	usly document the meetings held or	written actions undertaken during the			١,,
	•	erning body?		•		<u>a </u>	X
			on behalf of the governing body?		8		X
		· ·	apters, branches, or affiliates?		<u></u>	a	 ^ -
				rning the activities of such chapters, organization?		ь	_
10	Was a co describe	opy of the Form 990 provide in Schedule O the process,	d to the organization's governing bod if any, the organization uses to revi	y before it was filed? All organization withe Form 990 See Schedul	ns must .e 0 10		x
	organiza	tion's mailing address? <i>If 'Y</i>	ee, or key employee listed in Part VII es,' provide the names and address	Section A, who cannot be reached as in Schedule O	at the 11		<u>x</u>
Se	ction B.	Policies					
						Yes	No
12	a Does the	organization have a written	conflict of interest policy? If 'No,' go	to line 13 .	12	a	X
	b Are office to conflic		nd key employees required to disclos	e annually interests that could give ri	se 12	ь	x
	c Does the Schedule	e organization regularly and e e O how this is done	consistently monitor and enforce con	npliance with the policy? If 'Yes,' des	cribe in	С	x
13	Does the	organization have a written	whistleblower policy?.		13		X
14	Does the	organization have a written	document retention and destruction	policy?	. 14		X
15	Did the persons,	process for determining com comparability data, and cor	pensation of the following persons in temporaneous substantiation of the	clude a review and approval by indep deliberation and decision:	pendent		
	a The orga	inization's CEO, Executive D	Pirector, or top management official?	•	15	a	X
	b Other of	ficers of key employees of th	ne organization?		15	b	X
	Describe	the process in Schedule O.	(see instructions)				
16		organization invest in, contrit ring the year?	oute assets to, or participate in a joir	t venture or sımılar arrangement with .	n a taxable	a	<u>x</u>
	b If 'Yes,' in joint v status w	has the organization adopter enture arrangements under	d a written policy or procedure requir	ing the organization to evaluate its p steps to safeguard the organization'	articipation s exempt		
Se	ction C.	th respect to such arrangem	applicable federal tax law, and taker nents?	steps to saleguard the organization	16	ρĮ	
17		th respect to such arrangent Disclosures	applicable rederal tax law, and taker nents?	steps to safeguard the organization	16	b]	
		th respect to such arrangem Disclosures	applicable rederal tax law, and taker nents?		16	<u> </u>	
18	List the s	Disclosures states with which a copy of the copy of th	his Form 990 is required to be filed on the make its Forms 1023 (or 1024 if nese available. Check all that apply.	RIapplicable), 990, and 990-T (501(c)(3	16		blic
	List the s Section inspection Own Describe	Disclosures States with which a copy of to the states with which are states and the states with the states with the states are states and the states with the states are states and the states are states and the states are st	this Form 990 is required to be filed in to make its Forms 1023 (or 1024 if nese available. Check all that apply. her's website Upon recommendation.	RIapplicable), 990, and 990-T (501(c)(3	3)s only) available	of for pu	
19	Section inspection Own Describe statemer State the	Disclosures states with which a copy of the control of the copy of	his Form 990 is required to be filed in to make its Forms 1023 (or 1024 if nese available. Check all that apply, her's website Upon red if so, how) the organization makes and telephone number of the person we	applicable), 990, and 990-T (501(c)(3) juest its governing documents, conflict of the possesses the books and records	3)s only) available interest policy, are sof the organizat	e for pu	
19	Section inspection Own Describe statement State the RITA	Disclosures states with which a copy of the control of the copy of	his Form 990 is required to be filed in to make its Forms 1023 (or 1024 if nese available. Check all that apply, her's website Upon red if so, how) the organization makes and telephone number of the person we	applicable), 990, and 990-T (501(c)(3) juest its governing documents, conflict of	3)s only) available interest policy, are sof the organizat	e for pund finantion.	

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed,
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	t compens	sate ar	у о	ffice	r, d	rector	, tru	stee, or key employee	9.	
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours		_			hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount or other compensation from the organization and related organizations
CHARLES R. MANSOLILLO								_	_	
President	3					ļ	<u> </u>	0.	0.	0.
CAROL TURCHETTA Vice President	1							0.	0.	0.
RITA MARCOTTE	-				\vdash	 	-	0.	0.	<u>U.</u>
Secretary	1							3,950.	0.	0.
RITA MARCOTTE										_
Treasurer	1							0.	0.	0.
CAROL TURCHETTA										
Director	1							0.	0.	0.
CHARLES R. MANSOLILLO								·		
Director	1		i					0.	0.	0.
VINCENT A CIANCI, JR.										
Director	1						L	0.	0.	0.
JEFF KENYON	1						ĺ			
Director	1				L		L	0.	0.	0.
RAYMOND DETTORE, JR.							İ			
Director	1				L.		_	0.	0.	<u> </u>
BRAD TURCHETTA										
Director	0						_	0.	0.	<u> </u>
					_					
						·				

3,950 0. 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 3 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such ındıvıdual X 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Х **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) (C) Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization BAA TEEA0108L 10/13/08 Form 990 (2008)

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s	1a Federated campaigns 1a		TOVETIGE		012, 013, 01 314
ANT	b Membership dues 1b				
A O	c Fundraising events 1 c				
FTS IR A	d Related organizations 1 d				
S, S	e Government grants (contributions) 1 e				
N SI	f All other contributions wife groups and	1			
뎚	f All other contributions, gifts, grants, and similar amounts not included above			·	
ID O	g Noncash contribns included in lns 1a-1f ⁻ \$	ŀ			
용	h Total. Add lines 1a-1f				
IUE	Business Code				
.VEN	2a				
ERE	b				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	c				
	d		=.		
RAM	e				
200	f All other program service revenue		:		
	 Investment income (including dividends, interest and other similar amounts) 	15,027.	15,027.		
	4 Income from investment of tax-exempt bond proceeds	13,027.	15,027.		
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents	1			
	b Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 62, 105.				
	b Less: cost or other basis				
	and sales expenses 65,397.				
	c Gain or (loss) -3, 292.				
	d Net gain or (loss)	-3,292.	-3,292.		
NUE	8a Gross income from fundraising events (not including . \$				
3	of contributions reported on line 1c).				
OTHER REVE	See Part IV, line 18 .				
풀	b Less: direct expenses b				
١	c Net income or (loss) from fundraising events				····
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less, direct expenses c Net income or (loss) from gaming activities				
	C Net income of (loss) from gaining activities				
	10a Gross sales of inventory, less returns and allowances a	_			
	b Less. cost of goods sold b	=			
	c Net income or (loss) from sales of inventory		•	•	:
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	4			
	10c, and 11e	11,735.	11,735.	<u> </u>	<u> </u>

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_ <i>6b,</i> 1	7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV,		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,000.	11,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	22,000.	2270001		
4				······································	
5	Compensation of current officers, directors, trustees, and key employees	3,950.	0.	3,950.	0.
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.	0.	0.	0.
7					
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
ŀ	Legal , ,				
•	: Accounting .				
•	Lobbying .				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	Other				···
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	212.		212.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	OUTSIDE SERVICES	6,709.		6,709.	
	INVEST MANAGEMENT FEES	2,984.		2,984.	
	ANNUAL MEETING	505.		505.	
c	TELEPHONE	500.	500.		
E	SCHOLARSHIP AWARDS	314.	314.		
f	All other expenses	830.	455.	375.	
_25	Total functional expenses. Add lines 1 through 24f	27,004.	12,269.	14,735.	0.
26	Joint Costs. Check here In If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2008)

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
_	1	Cash — non-interest-bearing	1,085.	1	226.
	2	Savings and temporary cash investments	20,377.	2	6,633.
	3	Pledges and grants receivable, net	20,011.	3	0,033.
	4	Accounts receivable, net	,	4	
	5	Receivables from current and former officers, directors, trustees, key employees,			
		or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	ŀ	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net .		7	
ASSETS	8	Inventories for sale or use .		8	
Ś	9	Prepaid expenses and deferred charges	1,674.	9	2,674.
	10 a	Land, buildings, and equipment: cost basis 10a 3,812.			
	ь	Less: accumulated depreciation. Complete Part VI of			
		Schedule D 10b 3, 494.	530.	10c	318.
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11	533,117.	12	531,663.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11 .		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	556,783.	16	541,514.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
_	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A	21	Escrow account liability. Complete Part IV of Schedule D	·····	21	
LITIES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ť	i	of Schedule L		22	
É	23	Secured mortgages and notes payable to unrelated third parties		23	
•	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	1	25	
	26	Total liabilities. Add lines 17 through 25	1.	26	0.
N		Organizations that follow SFAS 117, check here ► X and complete lines			
Ē		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	556,782.	27	541,514.
AWWEITO	28	Temporarily restricted net assets	000,70=	28	
Š	29	Permanently restricted net assets .	-	29	
O R		Organizations that do not follow SFAS 117, check here ▶ and complete			
		lines 30 through 34.		1 1	
F JZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
BALAZCIUN	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
N	33	Total net assets or fund balances.	556,782.	33	541,514.
Ē	34	Total liabilities and net assets/fund balances.	556,783.	34	541,514.
Pa	rt X				
					Yes No
1	Acc	counting method used to prepare the Form 990. X Cash Accrual	Other		
		re the organization's financial statements compiled or reviewed by an independent a			2a X
		re the organization's financial statements audited by an independent accountant?			2b X
		Yes' to 2a or 2b, does the organization have a committee that assumes responsibility iew, or compilation of its financial statements and selection of an independent accourt	for oversight of the au	dıt,	
					2c
3	a As Διν	a result of a federal award, was the organization required to undergo an audit or aud dit Act and OMB Circular A-133?	lits as set forth in the S	ıngle	3a X
		Yes,' did the organization undergo the required audit or audits?			3b A
BA		Total and organization and organization required addition addition		<u></u>	Form 990 (2008

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

			JR SCHOLARSHIP							461354			
Par	l I Re	eason for Pu	ıblic Charity Statı	us (All organizations	s must	compl	ete thi	s part	.) (see	instru	ctions)		
The c	rganıza	ition is not a pri	vate foundation becau	se it is: (Please check or	ly one o	rganızat	ion.)						
1	∐ A c	hurch, convent	ion of churches or assi	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	☐ A s	chool described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	i.)								
3	Αh	ospital or coop	erative hospital service	e organization described	ın sectio	n 170(b)	(1)(A)(ii	i). (Atta	ach Sche	dule H.)			
4	A n	nedical researc	h organization operate	d in conjunction with a he	ospital d	escribed	ın sect	ion 170	(b)(1)(A)	(iii). Ente	er the hosp	ıtal's	
_		ne, city, and st						. 					
5	☐ An	organızatıon op ((b)(1)(A)(iv). ((perated for the benefit Complete Part II.)	of a college or university	owned o	or opera	ted by a	goverr	nmental	unit desc	cribed in se	ction	
6				governmental unit describ									
7	∐ An in s	organization th section 170(b)(1	at normally receives a)(A)(vi). (Complete Pa	substantial part of its sup art II.)	pport fro	m a gov	ernmen	tal unit	or from	the gene	ral public o	lescrit	bed
8		ommunity trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II.)							
9	fror	m activities rela estment income	ted to its exempt funct	more than 33-1/3 % of tions — subject to certain ss taxable income (less somplete Part III.)	exception	ons, and	(2) no i	more th	an 33-1/	3 % of ıt	s support f	rom q	ross
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)												
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	a Type I b Type II c Type III – Functionally integrated d Type III – Other												
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).												
f	If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box												
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?												
												Yes	No
	(i)	a person who	directly or indirectly of	controls, either alone or t upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 = (3)		
	(ii)	-	nber of a person desc	• •			•		•		11g (i)		┢──
	(ii)	-	•	• •	0.402						11g (ii)		\vdash
	(iii)		•	described in (i) or (ii) ab			la.			•	11g (iii)	<u> </u>	Ь
<u>h</u>			1	he organizations the orga	1		I		1	1			-
	(i) Nam O	ne of Supported Irganization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	Is the ion in col 1 in your irning ment?	the organ	ou notify in (i) of upport?	Lorganizat	s the ion in col zed in the S?	(vii) Amour	nt of Sup	pport
					Yes	No	Yes	No	Yes	No			
					<u>i</u>								
								<u> </u>					
	-				 			<u> </u>					
					 			 	-				
						l		1					
					<u>ļ</u>				ļ	ļ			
			-										
Total			<u> </u>		<u> </u>	L	L	<u> </u>	<u>. </u>				
BAA	For Priv	vacy Act and Pa	aperwork Reduction A	ct Notice, see the Instruc	tions fo	r Form 9	90.		Schedul	e A (For	m 990 or 9	90-EZ	2008 (

	edule A (Form 990 or 990-EZ) 200 1 II Support Schedule for			SCHOLARSH Sections 17		05-046 and 1 70(b)					
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1.)							
	tion A. Public Support	1			 		ſ				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total			
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')										
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf										
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge										
4	Total. Add lines 1-3										
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)										
6	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support	1	<u> </u>	<u> </u>			1				
	Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) To										
7	7 Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources										
9	Net income form unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				12				
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)	▶ □			
Sec	tion C. Computation of Pu	ıblic Support l	Percentage								
14 15	Public support percentage for 20 Public support percentage for 20	• •	1.	e 11, column (f)			14 15	% %			
16 a	33-1/3 support test — 2008. If the and stop here. The organization				the line 14 is 33-1	/3 % or more	e, ched	ck this box			
t	33-1/3 support test - 2007. If the and stop here. The organization	organization did	not check a box o	n line 13, or 16a,	and line 15 is 33	-1/3% or mor	e, che	ck this box			
17 a	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this	box and stop here	e. Explain in l	Part IV	/ how			
Ŀ	10%-facts-and-circumstances tea or more, and if the organization i organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	test, check this	box and stop here	e. Explain in l	Part IV				
	Private foundation. If the organiz	zation did not ched	ck a box on line, 1	3, 16a, 16b, 17a,							
BAA					S	chedule A (F	orm 99	90 or 990-EZ) 2008			

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

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 0. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Ο. Total, Add lines 1-5 0 0. 0 0. 0 0. 7a Amounts included on lines 1. 2, 3 received from disqualified 0._ persons 0. 0. 0 0. 0 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 0 0 0 0 0 Ο. 0 0 0 0 0 0. c Add lines 7a and 7b Public support (Subtract line 0. 7c from line 6.) Section B. Total Support (a) 2004 **(b)** 2005 (d) 2007 Calendar year (or fiscal yr beginning in) (c) 2006 (e) 2008 (f) Total 0 9 Amounts from line 6 0. 0 0. 0 0. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 19,157 19,157. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Ō 0 c Add lines 10a and 10b 19,157 0 0 19 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) 19.157 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. **►** X Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule /	A (Forn	n 990 or 9	990-EZ) 2008	VINCEN	T /	A C	IANC:	I JR	SCH	IOLARS	SHIP	FUND	05-0461354	Page 4
Part IV	Sup	plemen	ital In	format	ion. Com	ple	te tl	his pa	art to	prov	ide the	e exp	olanati	on required by Part I information. (see in	l, line 10;
	Part	II, line	1/a	or 1/b;	or Part I	II, I	ine	12. P	rovid	e an	y othe	r add	litiona	information. (see in	structions)
							- – –								
					. 										
											- -				
															· · · · · · · · · · · · · · · · · · ·

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545 0047 2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Name of the organization VINCENT A CIANCI JR SCHOLARSHIP FUND 05-0461354 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate 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 No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990. Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 VINCI Part III Organizations Mainta			JR SCHOLAR			05-046 or Other Similar As		Page 2 nued)
Using the organization's accessic that apply):						 		
a Public exhibition			d Loan	or exc	change programs			
b Scholarly research			e Other					
c Preservation for future gener	ations				-			
4 Provide a description of the orga Part XIV.		ections :	and explain how	they	further the organi	zation's exempt purpose	e in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive be main	donations of art Itained as part o	, histo f the c	orical treasures, or organization's coll	r other similar ection?	Yes	No
Trust, Escrow and Cu IV, line 9, or reported	ıstodial Ar an amoun	ranger t on Fo	ments Comp orm 990, Par	lete t X,	if organizatıon line 21.	answered 'Yes' to	Form 990,	Part
1a is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or oth	er intermediary	for co	ontributions or other	er assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV a	nd comp	olete the following	ng tab	le:			
							Amount	
c Beginning balance						1c		
d Additions during the year .						1d		
e Distributions during the year						1 e		
f Ending balance						. 11		
2a Did the organization include an a	mount on For	m 990, I	Part X, line 21?	•			∐ Yes	No
b If 'Yes,' explain the arrangement						 		
Part V Endowment Funds Co	mplete if o	organiz	ation answe	red "	Yes' to Form 9	<u>990, Part IV, line 1</u>	<u>). </u>	
	(a) Current	уеаг	(b) Prior yea	r	(c) Two years bac	k (d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance	,							*****
b Contributions								
c Investment earnings or losses								
d Grants or scholarships .								
 Other expenditures for facilities and programs 								
f Administrative expenses								
g End of year balance							<u> </u>	····
Provide the estimated percentage	e of the year	end bala	ance held as.					
a Board designated or quasi-endov	vment 🟲		%					
b Permanent endowment ▶								
c Term endowment ►	*							
3a Are there endowment funds not a organization by:	n the possess	ion of th	ne organization	that ai	re held and admin	istered for the	Yes	No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(ii), are the related of	organizations	listed as	required on Sc	hedule	e R?		3b	I
4 Describe in Part XIV the intended	d uses of the	organiza	ation's endowme	nt fun	ids.			
Part VI Investments-Land, E	Buildings, a	and Ec	uipment. Se	e Fo	rm 990, Part	X, line 10.		
Description of investment	1		t or other basis nvestment)		Cost or other basis (other)	(c) Depreciation	(d) Book V	'alue
1a Land .								
b Buildings								
c Leasehold improvements								
d Equipment .			3,812.			3,494.		318.
e Other								
Total. Add lines 1a-1e (Column (d) sho	ould equal For	m 990,	Part X, column	(B), lir	ne 10(c).)	•		318.

Schedule D (Form 990) 2008 VINCENT A CIANCI	JR SCHOLARSHIP	FUND	05-0461354	Page 3
Part VII Investments-Other Securities See F	orm 990, Part X, lir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cost c	c) Method of valuation or end-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
		·		
		 ·		
				
Total (Column (b) should equal Form 990 Part X, col (B) line 12.) ►	531,663.	~		
Part VIII Investments-Program Related (See		ine 13) N/A	1	
(a) Description of investment type	(b) Book value		c) Method of valuation	
	, ,	Cost à	or end-of-year market value	
				
		<u></u>	· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
				
		·		
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)			······································	
Part IX Other Assets (See Form 990, Part X,	line 15) N/A			
(a) De	scription		(b) Book	value
		<u></u>		
· · · · · · · · · · · · · · · · · · ·				
-				
· · · · · · · · · · · · · · · · · · ·				
Total. Column (b) Total (should equal Form 990, Part X, col.	(B), line 15)		>	·····
Part X Other Liabilities (See Form 990, Part		<u> </u>		
(a) Description of Liability	(b) Amount		······································	
Federal Income Taxes				
		_		
		_		
				
Tabal Column (h) Tabal (ab. 11) - 115 11 000 D. 1 V1 (D.) 11 000		[
to an establish (2) to as (should equal to the establish to as (e) messay	on's financial statement		Andreas de la	
In Part XIV, provide the text of the footnote to the organizations under FIN 48.	on s financial statement	s that reports the org	ganization's liability for uncertain	n tax

Page 3

Sche	dule D (Form 990) 2008 VINCENT A CIANCI JR SCHOLARSHIP FUND 05	5-046	1354	Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
2				
-	Investment expenses			
,	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4-8			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n N/A	
1	Total revenue, gains, and other support per audited financial statements.			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments 2a	<u>.</u>		
b	Donated services and use of facilities 2b]		
c	Recoveries of prior year grants 2c]]		
d	Other (Describe in Part XIV).]]		
е	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)	1]		
	Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		N/A	
		1	N/A	
	Total expenses and losses per audited financial statements .			
	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
	Donated services and use of facilities 2a	-		
	Prior year adjustments 2b	4 1		
	Losses reported on Form 990, Part IX, line 25.	4 1		
d	Other (Describe in Part XIV).	-		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investments expenses not included on Form 990, Part VIII, line 7b]]		
ь	Other (Describe in Part XIV)	7 :		
	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5		
	t XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	lines 1	b and 2b, Part	! V ,
	t, i att 74, i att 744, iino o, i att 744, iinoo za ana 10, ana i att 744, iinoo za ana 10.			
				_
			_	
_				
BAA	TEEA3304L 12/23/08	Sche	dule D (Form !	990) 2008

Page 5	(Form 990) 2008	Schedule D (
ontinued)	Supplemental Information (cont	Part XIV

SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

OMB No 1545 0047

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

Open to Public inspection

≗ ☐ Yes Employer identification number 05-0461354 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? Part I General Information on Grants and Assistance VINCENT A CIANCI JR SCHOLARSHIP FUND Name of the organization

× Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organization3 Enter total number of other organizations) and government orgons	janizations				A A	

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

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

Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 05-0461354 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant VINCENT A CIANCI JR SCHOLARSHIP FUND (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 Parl III ₽₩

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization	Employer identification number
VINCENT A CIANCI JR SCHOLARSHIP FUND	05-0461354
Form 990, Part VI, Line 10 - Form 990 Review Process	
No review was or will be conducted.	
	·

Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

Form 8868 (Rev 4-2009)

		Extension, complete only Part I and check th		► <u>X</u>
		omatic) 3-Month Extension, complete only Pa		
		dy been granted an automatic 3-month exten		
Part	Automatic 3-Month Extens	sion of Time. Only submit original (no copies needed)	•
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension -	 check this box and co 	omplete Part I only
All other corp	porations (including 1120-C filers) eturns.	partnerships, REMICS, and trusts must use	Form 7004 to request	an extension of time to file
the additional Form 990-T	l below (6 months for a corporation I (not automatic) 3-month extensi	ectronically file Form 8868 if you want a 3-mo in required to file Form 990-T). However, you on or (2) you file Forms 990-BL, 6069, or 887 or completed and signed page 2 (Part II) of Fo I file for Charities & Nonprofits	ı cannot file Form 8868 '0. group returns, or a c	electronically if (1) you want composite or consolidated
	Name of Exempt Organization			Employer identification number
Type or				1
print	VINCENT A CIANCI JR	SCHOLARSHIP FUND		05-0461354
File by the due date for	Number, street, and room or suite number		· · · · · · · · · · · · · · · · · ·	
filing your return See	PO BOX 6184			
instructions	City, town or post office, state, and ZIP co-	de For a foreign address, see instructions	······································	
	PROVIDENCE, RI 02940			
	return to be filed (file a separate	application for each return)		
X Form 990		Form 990-T (corporation)	Form 472	0
Form 990	j _	Form 990-T (section 401(a) or 408(a) trust))	
Form 990-	<u></u>	Form 990-T (trust other than above)	Form 606	
Form 990-		Form 1041-A	Form 887	
Telephone I If the orga If this is fo check this	r a Group Return, enter the organ		r (GEN) If (
1 request	an automatic 3-month (6 months	for a corporation required to file Form 990-7	T) extension of time	
	$2/15$, 20 10 _, to file the nsion is for the organization's ret	he exempt organization return for the organia urn for	zation named above	
▶ □ 0	alendar vear 20 or			
► X ta	ax year beginning 7/01	, 20 <u>08</u> _, and ending <u>6/30</u>	, 20 09	
2 If this tax	year is for less than 12 months,	check reason Initial return F	Final return Ch	nange in accounting period
3a If this appointment	plication is for Form 990-BL, 990- dable credits. See instructions	PF, 990-T, 4720, or 6069, enter the tentative	tax, less any	3a \$ 0.
b If this appeared in the balance in	plication is for Form 990-PF or 99 clude any prior year overpaymen	0-T, enter any refundable credits and estima t allowed as a credit	ited tax payments	зь\$ 0.
c Balance I deposit w See instri	rith FTD coupon or, if required, by	Include your payment with this form, or, if r y using EFTPS (Electronic Federal Tax Paym	required, nent System)	3c \$ 0.
C <mark>aution</mark> . If you payment instru		fund withdrawal with this Form 8868, see For	rm 8453-EO and Form 8	3879-EO for

Certified Mail # 7003 1680 0004 7392 6053

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868	r (Rev 4-2009)	_			Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only P	Part II and check this bo	ox		► X
	complete Part II if you have already been granted an automatic 3-month exten			8868	ب
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (r	10 сорі	es needed).	·
	Name of Exempt Organization			itification number	
Type or					
print	VINCENT A CIANCI JR SCHOLARSHIP FUND	05	5-0 <u>461</u>	354	
	Number, street, and room or suite number. If a P.O. box, see instructions	For	IRS use on	ıly	
File by the extended	IGLIOZZI & REIS, LLP	}			
due date for filing the	926 PARK AVENUE				
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	CRANSTON, RI 02910				
Check type	of return to be filed (File a separate application for each return)				
X Form 9	90 Form 990-PF	Form 1041-A		Form 6069	•
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720		Form 8870)
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227			
STOP! Do	not complete Part II if you were not already granted an automatic 3-month exter	nsion on a previously f	iled Fort	n 8868.	
	oks are in care of ► RITA MARCOTTE				
Telepho	one No. ► 401 944-1067 FAX No ►				
• If the or	ganization does not have an office or place of business in the United States, ct	heck this box			▶ □
 If this is 	for a Group Return, enter the organization's four digit Group Exemption Numb	er (GEN)		If this is f	for the
whole group	o, check this box $ ightharpoonup$. If it is for part of the group, check this box $ ightharpoonup$ $ ightharpoonup$	and attach a list with the	e names	and EINs of all	
members th	ne extension is for				
4 I requ	est an additional 3-month extension of time until $\frac{5}{15}$, 20 $\frac{10}{10}$	0			
5 For ca	elendar year , or other tax year beginning $\frac{7}{01}$, 20 (08, and ending 6/3	30	, 20 09	
		Final return			eriod
7 State	in detail why you need the extension Taxpayer respectfully	requests addit	ional	time to	
gat:	her information necessary to file a complete and	accurate tax r	eturn		
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentativ	e tax. less anv			
nonre	fundable credits. See instructions		8a \$	<u> </u>	
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cred	dits and estimated tax			
payme with F	ents made. Include any prior year overpayment allowed as a credit and any amount 8868.	ount paid previously	8ь \$	3	
			+ 5517	,	
c Balana With F	ee Due. Subtract line 8b from line 8a. Include your payment with this form, or, it TD coupon by, if required by using EFTPS (Electronic Federal Tax Payment Sy	r requirea, aeposit /stem) See instrs	80 \$;	
7	Signature and Verification				
Under penalties	of perjury I deglare that I have examined this form, including accompanying schedules and statements, including accompanying schedules and statements, including accompanying schedules and statements, including accompanying schedules and statements.		edge and b	elief, it is true,	1
correct, and cor	npiete, and than am authorized of premare this lorm				0/1
Signature	Title >		Date	<u>, > 2/8</u>	5/10
7	\checkmark 1			7-	

Certified Mail # 7006 0810 0002 7148 4952

FIFZ0502L 03/11/09

Form **8868** (Rev 4-2009)