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## Fôrm 990

## **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)

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

OMB No 1545-0047

<b>300575</b>	2067-51.013	4.7.C.C.2.7.5.W	કે પ્રતાવનો
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A	7.356.20	- 1-21 DOG 3	2-29
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	L OM	ne zuus calendar year,	or tax year beginni	ng	, ,	2009, an	na enain	g			,		
В	Check	if applicable	C Name of organization	on					D Emplo	yer Iden	tification Nu	mber	
		ddress change IRS label	ROSELLI FAM	ILY SCHO	LARSHIP				30-	6151	406		
	L N	or print or type	Number and street	(or PO box if ma	ail is not delivered to st	reet addr)	Room/s	uite	E Teleph	one nun	nber		
	∐ ln	see specific	c/o CFSG 31	6 N. MAI	N ST				(80	2) 4	79-064	45	
	Te	Instruc- ermination tions.	City, town or countr	ry		State ZIF	P code + 4						
	Aı	mended return	BARRE			VT 0	5641		G Gross	receipts	\$ 1,284	,609.	·
	A <sub>I</sub>	optication pending F Name	and address of principal of	officer				H(a) Is this a			filiates?	Yes	X No
		CFSG	316 NORT	TH MAIN ST	BARRE	VT 0	5641	H(b) Are all a	iffiliates inc ittach a list		structions)	Yes	∐ No
<u></u>	Tax	-exempt status X 50	1(c) (3 ) <b>√</b> (ı	nsert no )	4947(a)(1) (	or ]	527			(555	,		
<u>J</u>	We	bsite: ► N/A			· · · · · · ·			H(c) Group ex	xemption n	umber 1	<u> </u>		
K		of organization Corpor	ration X Trust	Association	Other ►	L Year	of Format	ion 2007	M :	State of	legal domicil	e VT	
Pâ	THE ST				- <u>-</u>		<u> </u>						
	1	Briefly describe the org	ganızatıon's mıssıor	or most sign	nificant activities	MOST	r_sigi	NIFICAN	T ACT	LIVI	Y & M	<u>ssio</u>	N_IS
ø		TO HOLD, MANAG	E, ADMINISTE	R AND DI	STRIBUTE SC	HOLAR	SHIP	FUNDS 7	CO BEN	<u>iefi</u>	r_srudi	ENTS _	THAT
and		ARE RESIDENTS	OF THE CITY OF	MONTPEL	IER AND HAVE	GRADI	UATED	FROM IT	rs des	IGNA	TED HI	<u>ен вс</u>	HOOL
Activities & Governance													. <b>_</b>
ĝ		Check this box ►	_		•	lisposec	d of mor	e than 25%	of its a		1-		
ø		Number of voting mem Number of independent	•	- , ,		me 1h)				4	0		
ties	1	Total number of emplo		_	ig body (i ait vi,	110				5	<u> </u>		
¥	6	Total number of volunt						•		6	0		
¥	ı	Total gross unrelated b			Icolumn (C), ine 1	2				7 a			0.
	b	Net unrelated business	taxable income fro	m Form 990-	T, line 34	_				7b			
								Pr	ior Year		Curi	ent Yea	ar
41	8	Contributions and gran	its (Part VIII, line 11	1)								······································	
Revenue	1	Program service reven											
eve	10	Investment income (Pa			193,4	180.		-9,	979.				
α	11	Other revenue (Part VI	II, column (A), lines	5, 6d, 8c, 9d	c, 10c, and 11e)								165.
_	12	Total revenue - add In	nes 8 through 11 (m	iust equal Pa	rt VIII, column (A)	, line 12	2)	=	193,4	180.		-8,	<u>814.</u>
2010	13	Grants and similar am	ounts paid (Part IX,	column (A),	lines 1-3)				28,1	193.		48,	<u>558.</u>
7	14	Benefits paid to or for	members (Part IX,	column (A), li	ne 4)							<del></del>	
e.	15	Salaries, other comper	nsation, employee b	enefits (Part	IX, column (A), lu	nes 5-10	0)			0.			
.√§	16a	Professional fundraising	ig fees (Part IX, col	umn (A), lıne	11e)								
Expenses	ь	Total fundraising exper	nses (Part IX, colun	nn (D), line 2	5) ►		0.						
<del>_</del> ₽		Other expenses (Part I	•						36,0	)51.		21.	416.
	18	Total expenses Add In				)			64,2				974.
堳	19	Revenue less expense		_					257,7			-78,	
AMINEO			<u> </u>		RECEIVE				ning of Y		End	of Yea	
A lanc	20	Total assets (Part X, II	ne 16)	<i> </i> _	LUEIVE	7	_		293,9			215,	
	21	Total liabilities (Part X	•	182/	144		/		233,3				
Fund	l	Net assets or fund bala	•	21 trhm line	MAY 17 2016	78	/د	3	293,9	50	3	215,	162
	HILL			21 lipitifile	20 2011	<del>/ /</del> ő	<del>}/</del>	,	233,3	, , , , ,	,	213,	102.
1,342	λ .	Linder appoints of parties	I declare that I have ever		GDE		or and sta	laments and I	to the best	of my kr	owlodge and	haliaf it	ie.
		Under penalties of perjury, true, correct, and complete	Declaration of preparer	(other than office	r) To based bit all history	ation of w	hich prepa	rer has any k	nowledge	J. 111.y A.	/	z benen, n	13
Sig	ın	> X / loan	RPROUS.	_	FFEER	AFS		C 1x	0	5//:	1201	1	
He		Signatury of officer	VI TOSTY,	7 7 2 3	1		<u> </u>	Date		7.12	<i>y//</i>		
		► JOSEPH P.	PREDDY										
		Type or print name an				_							
_					7	Date		Che	ck if	P	reparer's idei	ntifying no	ımber
Pai	id		1001	1301	^	سر ا	-/11/2	self	oloyed ►		ee mstructio	115)	
Pre		Preparer's signature Tho	mas A. Babic	CPA		J	/"/		,	7	10016	951	/
pa	rer's		VADOR AND BA		7.						I V		
Üs		yours if self-	BOX 593		<u>-</u>			EIN	· C	3-6	2758	888	
On	ııy	employed), address, and ZIP + 4			VT 0!	5641				(80		-867	3
May	the I	RS discuss this return v		own above?						, 5 0	X Ye		No
_		Privacy Act and Paper				ructions	 s.		TEEA0101	07/20		rm <b>990</b>	
-7				,									

	n 990 (2009) ROSELLI FAMILY SCHOLARSHIP	30-6	15140	6		Page 2
Pai	後間後 Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
	TO HOLD, MANAGE, ADMINISTER AND DISTRIBUTE SCHOLARSHIP FUNDS TO	BENEFI'	r·			
	STUDENTS THAT ARE RESIDENTS OF THE CITY OF MONTPELIER AND HAVE					
	GRADUATED FROM ITS HIGH SCHOOL.					
	<del></del>					
	Did the organization undertake any significant program services during the year which were not listed on t	he prior				
_	Form 990 or 990-EZ?	ne phoi	П	Yes	х	No
	If 'Yes,' describe these new services on Schedule O.			163	<u>r</u>	110
3		2		V	₩.	Ma
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces	ليا	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 that and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	oy expense	to other	on 50 's the	≀(C)(3 -total	9)
	expenses, and revenue, if any, for each program service reported.		10 011101	0, 1.10	1010.	
4 a	(Code) (Expenses \$ 48,558. including grants of \$ 48,558.) (F		\$			0.)
	THROUGH LOCAL HIGH SCHOOL, DISTRIBUTED FIRST INSTALLMENT OF MULT					
	SCHOLARSHIPS TO 10 STUDENTS, DISTRIBUTED SECOND INSTALLMENT TO 7					
	AND DISTRIBUTED THIRD INSTALLMENT TO 3 STUDENTS TO ATTEND VARIOUS	S POST				. <b></b> _
	SECONDARY EDUCATIONAL INSITUTIONS	~			<del>-</del>	
	~~					
						<del></del>
4 b	(Code) (Expenses \$ including grants of \$) (F	Revenue	\$			)
				·		
					~	
					~	
4 c	: (Code) (Expenses \$ including grants of \$) (F	Revenue	\$		_	)
				. – – .		
				·		
				. <del></del>		
		<del></del>			<del>-</del>	
		<del></del>			<u>.</u>	
4 d	Other program services. (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$					
4e	Total program service expenses ► 48,558.					

• •

Form 990 (2009) ROSELLI FAMILY SCHOLARSHIP ParkIVE Checklist of Required Schedules

			res	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?	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		х
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 similar funds or 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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
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		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If $Yes$ , complete Schedule D, Part $V$ .	10		x
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	(de liganse	X
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			
•	PDID the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.			
•	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? If'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	495, 12 <u>9</u> 2	X
12A	Was the organization included in consolidated, independent audited financial statement for the tax  Yes No  year? If 'Yes' completing Schedule D. Parts XI, XII, and XIII is optional.			
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	*C345.48*	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		_x_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
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	17		<u>x</u>
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		<u>x</u>
	complete Schedule G, Part III .	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>

Page 4

_	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
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? <i>If 'Yes,' complete Schedule J</i>	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
١	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		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	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		<u>x</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		_x_
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	х	
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х_
•	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		<u> </u>
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		_ <u>x</u> _
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		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197  Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

Form **990** (2009)

<b>2</b> (3)	Medical Statements regarding Other Into I mings and Tax Compliance			
1:	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		Yes	No
	Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
28	a 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			
2 t	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	S-100-01-01-01	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 8	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 8	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		x
Ŀ	olf 'Yes,' enter the name of the foreign country.		孫統	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5 a		х
ŧ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6 a	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?	6a		х
t	if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
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?	7a		X
b	of Yes, did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7c		х
c	I If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d	超超		
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 f		Х
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 g		
ŀ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	essale cas	endered had
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	- Cartle Main	X
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		х
	Section 501(c)(7) organizations. Enter		263	
	Initiation fees and capital contributions included on Part VIII, line 12			
t	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
ā	Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Cartain	AND 24
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA Form 990 (2009)

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

Sec	tion A. Governing Body and Management				
		, ,	F:7==	Yes	No
1 a	Enter the number of voting members of the governing body .	1a 1			<b>新聞</b>
b	Enter the number of voting members that are independent .	1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee or key employee?	lationship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or up of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		x
4	Did the organization make any significant changes to its organizational documents		4		x
•	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		x
6	Does the organization have members or stockholders?		6		x
7 a	Does the organization have members, stockholders, or other persons who may elect one or magoverning body?	nore members of the	7a		х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or off	ner persons?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions under	•			
	the following:				
	The governing body?	•	8a	Х	<del></del>
Ь	Each committee with authority to act on behalf of the governing body?		8b	Х	İ
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	not be reached at the	9		х
Sec	tion B. Policies (This Section B requests information about policies not	required by the Interna	ıl		
Reve	nue Code )				
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	•	10a		<u> </u>
b	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10Ь		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing the form?	11	х	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			部設置	
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	•	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests t to conflicts?	that could give rise	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the pol Schedule O how this is done	ıcy? If 'Yes,' describe in	12c		
13	Does the organization have a written whistleblower policy?		13		Х
14	Does the organization have a written document retention and destruction policy?		14		х
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent ision?			
а	The organization's CEO, Executive Director, or top management official		15a		Х
	Other officers of key employees of the organization		15b		х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			短瓣	<b>深調</b>
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		X X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec	tion C. Disclosures		1.557		
	List the states with which a copy of this Form 990 is required to be filed >				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar inspection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	for pu	blic
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documstatements available to the public	ents, conflict of interest polic	y, and	financ	ıal
	State the name, physical address, and telephone number of the person who possesses the boundaries of the person who p		nization 3 <u>02)_4</u>		3 <u>673</u>

# Rart VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

Check this box if the organization did not	compens	ate ar	ту с	urre	nt o	fficer,	dire	ctor, or trustee		
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours				k ali	that app		Reportable	Reportable	Estimated amount of other
	per week	जवीशांदी ज्ञे रियन्स्स्र	anstitutional foistee	Officer	Key employee	Hig) est coindensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
COMMUNITY FINANCIAL SERVICES GROUP										
(CFSG) TRUSTEE	1.50		x		ļ			) o.	18,761.	0.

Partivil Section A. Officers, Directors, Trust	tees, k	(ey	Em	ple	oye	es,	an	d Highest Cor	npensated Em	ployees (cont.)
· (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		tion (					Reportable compensation from	Reportable compensation from	Estimated amount of other
•	per week	or di	ıtısı	Officer	ξe <sub>y</sub>	Highest co	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		Individual trustee or director	Institutional trustee	ĕ	employee	loyes		(11 2 1033 111100)	( 2.103300)	organization and related
		מַ בַּי	nal t		loye	i i i				organizations
		stee	ruste		"	compensated				
	ļ		ñ			ied				
	ļ <u> </u>	$\vdash$	-		-	$\vdash$	-		<u>.</u>	<del>                                     </del>
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						ŀ				
1 b Total					<u>.                                    </u>		<b>&gt;</b>	0.	18,761	
2 Total number of individuals (including but not limited	to those	e list	ed a	ode	/е) v	who	rece	eived more than \$	100,000 in reportal	ole compensation
from the organization										For I ai
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	r truste	e, ke	ey e	mpl	oye	e, or	hig	hest compensated	l employee	3 X
4 For any individual listed on line 1a, is the sum of rep		com	nen	satu	on a	and (	othe	r compensation fro	om.	
the organization and related organizations greater the	an \$150	,000	? If	'Ye	s'c	omp	lete	Schedule J for su	ch	4 X
individual .										
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa edule J f	ition for si	fror uch	n ar <i>pers</i>	าy น s <i>on</i>	nrel	ated	l organization for s	services	. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate	d indep	ende	nt c	onti	ract	ors 1	that	received more tha	п \$100,000 of	
compensation from the organization.								[		
(A) Name and business address								(B) Description (	) of Services	(C) Compensation
Traine and past load doubted	-							=,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			<u> </u>			1			VOL	
2 Total number of independent contractors (including b	out not li	mite	a to	เทอ	se I	ıste	u ab	ove) wno received	more than	

Pai	t V	III Statement of Re	evenue				<del>,</del>	<del></del>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1 a	Federated campaigns		1 a					
A P	b	Membership dues		1 b					
S, G	C	Fundraising events		1 c	·,·· · ·				
FR	d	Related organizations		1 d					
NS, C	е	Government grants (contribut	ons)	1 e					
<b>E</b> .E.	f	All other contributions, gifts, g similar amounts not included	grants, and						
틢				1f					
N S	_	Noncash contribus included in	Ins 1a-1f	\$_					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	<u>h</u>	Total. Add lines 1a-1f		- 1	Business Code	HER SHAPE AND A STREET		120 120 120 120 120 120 120 120 120 120	
S	2a			- 1	Business Code				
Ĕ	b			+					
걸	c				······	<del> </del>		1	
[ [	d								
¥ N	е								
gg	f	All other program service	e revenue	[					
- 8	9	Total. Add lines 2a-2f				•			
ĺ	3	Investment income (incl		dends,	, interest and	00 621	2 302	0.	00 220
	4	other similar amounts) Income from investment	t of tou ou	, romnt b	•	90,621.	2,382.	0.	88,239.
1	5	Royalties .	t or tax-ex	empt t	oona proceeus				
]	,	rioyanics .	(ı) Rı	eal	(II) Personal		44.00 (10 to 2.0 (10 t		NETS EGANT
	6a	Gross Rents							
	b	Less rental expenses					100		
Ì		Rental income or (loss)							
1		Net rental income or (lo	ss)		<u> </u>				
Ì	7a	Gross amount from sales of	(ı) Secu	irities	(ii) Other				
			1,192,	813.	. 10.				
	b	Less cost or other basis							COLOR PROPERTY
		and sales expenses	1,293,						
l		Gain or (loss)	-100,	610.	.] 10.	-100,600.	0.	0.	-100,600.
		Net gain or (loss) .				-100,000.			-100,800.
핅	8a	Gross income from fund (not including \$	traising ev	ents/					
OTHER REVENU		of contributions reported	d on line 1	c).					
22		See Part IV, line 18		a	<u>,                                    </u>				
뮡	b	Less: direct expenses		b					
°	c	Net income or (loss) fro	m fundrai	sıng ev	vents . ▶				
1	9a	Gross income from gam See Part IV, line 19	ing activit	ties	1				
ŀ				a	·				
		Less: direct expenses .		. b	<u> </u>				
		Net income or (loss) fro			iles				
	10 a	Gross sales of inventory and allowances	/, less reti	urns a					
ŀ	h	Less: cost of goods sold		b					
Ì		Net income or (loss) fro					THE PERSON OF TH	327 77-31 77-31-31-31-31-31-31-31-31-31-31-31-31-31-	PARTIE NAME OF THE PARTIES OF THE PA
į		Miscellaneous Reven			Business Code				
	11 a								
ļ	b			[					
Í	С				<del></del>				
		All other revenue		۔ لے		1,165.	0.	0.	1,165.
		Total. Add lines 11a-11d					2 303		
	12	Total revenue. See insti	ructions		······························	-8,814.	2,382.	0.	-11,196.

Randix 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).

Do 1 6b,	ot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	40 550	48,558.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	48,558.	40,550.		THE PASSESS OF THE PASSES OF THE PASSESS OF THE PASSESS OF THE PASSESS OF THE PASSES OF THE P
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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)				
	Management				
	Legal				
	: Accounting	2,062.	0.	2,062.	0.
	Lobbying	2,0020			
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees	18,761.	0.	18,761.	0.
	Other	18,701.		10,701.	<del>.</del>
_	Advertising and promotion				<del></del>
	Office expenses			<del></del> .	
14	Information technology .				
15	Royalties .				
16	Occupancy				<del></del>
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				-
20	Interest			<u> </u>	<del></del>
21	Doumants to efficience				
	Depreciation, depletion, and amortization .				
23				<del></del>	<del></del> -
	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.)				
а	TAX EXPENSE	593.	0.	593.	0.
b	MISC EXPENSE	0.	0.	0.	<u> </u>
c	:				
d					
е					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	69,974.	48,558.	21,416.	0.
	Joint costs. Check here ► 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		<u> </u>	·	<del></del>	Form <b>990</b> (2009)

		•	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing .	[	1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net .		3	
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis   10a		ACPIES	
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments – publicly-traded securities	3,293,950.	11	3,215,162.
	12	Investments – other securities See Part IV, line 11		12	
	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)	3,293,950.	16	3,215,162.
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue .		19	
Ļ	20	Tax-exempt bond liabilities .		20	
À	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
AB-L-F-	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
ZET		Organizations that follow SFAS 117, check here ► and complete lines			
Ť		27 through 29 and lines 33 and 34.			
ASSET	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets .		29	
R		Organizations that do not follow SFAS 117, check here   X and complete			
סבכיו		lines 30 through 34.			
Ď	30	Capital stock or trust principal, or current funds .		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund .		31	
Į.	32	Retained earnings, endowment, accumulated income, or other funds	3,293,950.	32	3,215,162.
BALANCES	33	Total net assets or fund balances.	3,293,950.	33	3,215,162.
	34	Total liabilities and net assets/fund balances	3,293,950.	34	3,215,162.
BA	4				Form <b>990</b> (2009)

3Ь

Partxl设'Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2b b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2 c If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Both consolidated and separate basis Separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 3a X Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

BAA Form 990 (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

**Public Charity Status and Public Support** 

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

4947(a¥1)

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number

Name of the organization

ROSELLT FAMILY SCHOLARSHIE

Partis Reason for Public Charity Status (All organizations must complete this part.) See instructions												
閉節	Reason for Pu	blic Charity Statu	ıs (All organizatıons	must (	comple	ete this	part.	) See	instruc	tions		
orga	nization is not a priv	ate foundation becau	se it is: (For lines 1 throu	igh 11, c	heck on	ly one b	ox)					
	A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	)(A)(i).					
Ц	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	i.)								
Ш	A hospital or coope	rative hospital service	e organization described i	ın sectio	n 170(b)	<b>)</b> (1)(A)(ii	i).					
	A medical research	organization operate	d in conjunction with a ho	ospital d	escribed	ın secti	ion 170(	(b)(1)(A)	(iii) Ente	er the hospi	tal's	
_									<b>- -</b>		<b></b>	<b></b> -
	An organization open 170(b)(1)(A)(iv). (C	erated for the benefit omplete Part II)	of a college or university	owned c	r operat	ted by a	govern	mental ι	ınıt desc	ribed in <b>sec</b>	tion	
Ц		~										
	ın section 170(b)(1)	<b>(A)(vi).</b> (Complete Pa	art II )	•	J	ernmen	tal unit	or from	the gene	ral public de	escribe	eď
片	-				•							
	from activities relat investment income	ed to its exempt funct and unrelated busine	ions – subject to certain ss taxable income (less s	exception	ns, and	(2) no r	nore tha	an 33-1/	3 % of it	s support from	om gro	SS
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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							or at					
_					_	_			d []			
	By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	ganization is not controlle n one or more publicly su	ed directi pported	y or indi organiza	irectly by ations de	y one or escribed	r more d I in sect	lisqualific ion 509(a	ed persons a)(1) or sect	other tion	
	If the organization recheck this box	eceived a written dete	ermination from the IRS t	hat is a	Type I, 1	Type II o	r Type	III suppo	orting org	janization,		
	Since August 17, 20	006, has the organization	tion accepted any gift or	contribu	tion fror	n any of	the foll	lowing p	ersons?	_		
											Yes	No
				ogether \ 	with pers	sons des	scribed	ın (ıı) ar	nd (III)	11 g (i)		
	(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) a 35% control	led entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	1	
	Provide the following	g information about th	ne supported organization	ıs.								
((	) Name of Supported Organization	(II) EIN	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	ion in col	the organ	uzation în (i) of	organizat	s the ion in col zed in the S ?	(vli) Amount	t of Supp	ort
document?							No	Yes	No			
document?												
ONT	PELIER HIGH SCHOOL	03-6000578	MONTPELIER HIGH SCHOOL 03-6000578 501(c)(3) X X X 48,543						43.			
ONT	PELIER HIGH SCHOOL	03-6000578	501(c)(3)	х		х		х			48,5	43.
		A school described A hospital or coope A medical research name, city, and sta An organization ope 170(b)(1)(A)(iv). (C) A federal, state, or An organization tha in section 170(b)(1) A community trust of An organization tha from activities relate investment income June 30, 1975 See An organization org Man organization org more publicly support describes the type a Type I By checking this bo than foundation ma 509(a)(2) If the organization re check this box Since August 17, 20  (i) a person who below, the gov (ii) a family memi (iii) a 35% control Provide the followin	A school described in section 170(b)(1)(A) A hospital or cooperative hospital service A medical research organization operate name, city, and state:  An organization operated for the benefit 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or of the aim section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 1  An organization that normally receives of from activities related to its exempt function investment income and unrelated busine June 30, 1975. See section 509(a)(2). (C)  An organization organized and operated more publicly supported organizations of describes the type of supporting organization at the type of supporting organization for the following this box, I certify that the organization managers and other than 509(a)(2). If the organization received a written detecheck this box.  Since August 17, 2006, has the organization of the second of the s	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E A hospital or cooperative hospital service organization described A medical research organization operated in conjunction with a honame, city, and state:  An organization operated for the benefit of a college or university 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit describ An organization that normally receives a substantial part of its surin section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III)  An organization that normally receives: (1) more than 33-1/3 % of from activities related to its exempt functions — subject to certain investment income and unrelated business taxable income (less subject organization organization organized and operated exclusively to test for put An organization organized and operated exclusively to test for put An organization organized and operated exclusively for the benefit more publicly supported organizations described in section 509(a) describes the type of supporting organization and complete lines a Type II b Type II c X Type II By checking this box, I certify that the organization is not controlled than foundation managers and other than one or more publicly supported organization received a written determination from the IRS to check this box  Since August 17, 2006, has the organization accepted any gift or below, the governing body of the supported organization?  (i) a person who directly or indirectly controls, either alone or to below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) ab Provide the following information about the supported organization (described on lines 1-9)	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section. A medical research organization operated in conjunction with a hospital dename, city, and state:  An organization operated for the benefit of a college or university owned of 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33-1/3 % of its support from activities related to its exempt functions – subject to certain exception investment income and unrelated business taxable income (less section 50 June 30, 1975. See section 599(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safet X. An organization organized and operated exclusively to the benefit of, to promore publicly supported organizations described in section 509(a)(1) or secure than foundation managers and other than one or more publicly supported 509(a)(2). (If the organization received a written determination from the IRS that is a check this box.  Since August 17, 2006, has the organization accepted any gift or contribution a family member of a person described in (i) above?  (ii) a person who directly or indirectly controls, either alone or together where the following information about the supported organizations.  (iv) EIN. (vii) Type of organizations.  (viii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organizations.	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)  A medical research organization operated in conjunction with a hospital described name, city, and state:  An organization operated for the benefit of a college or university owned or opera 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 17  An organization that normally receives a substantial part of its support from a govin section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives: (1) more than 33-1/3 % of its support from from activities related to its exempt functions — subject to certain exceptions, and investment income and unrelated business taxable income (less section 511 tax). June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See some publicly supported organizations described in section 509(a)(1) or section 5 describes the type of supporting organization and complete lines 11e through 11f a	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section ame, city, and state:  An organization operated for the benefit of a college or university owned or operated by a 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part III)  An organization that normally receives a substantial part of its support from a governmen in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33-1/3 % of its support from contrib from activities related to its exempt functions — subject to certain exceptions, and (2) nor investment income and unrelated business taxable income (less section 511 tax) from business taxable	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a govern 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, from activities related to its exempt functions – subject to certain exceptions, and (2) no more thinvestment income and unrelated business taxable income (less section 511 tax) from businesses. June 30, 1975 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (X)  An organization organized and operated exclusively for the benefit of, to perform the functions of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section section 509(a)(1) or section 509(a)(2). See section section 509(a)(2) in section 509(a)(2). See section section section 509(a)(2). See section section section section 509(a)(2). See section section for section section for section for section section for	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)  name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental to 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, member from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/1 investment income and unrelated business taxable income (less section 511 tax) from businesses acquirilly and 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or carmore publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entiname, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the gene in section 170(b)(1)(A)(v). (Complete Part II)  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fee from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organization and complete lines 11e through 11h  a Type I b Type II c Type II c Type III – Functionally integrated  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualifit than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). (In the organization received a written determination from the IRS that is a Type II or Type III supporting organization organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization organization organization organization organization organization in collection lines 1.9  (i	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospiname, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public distribution in section 170(b)(1)(A)(v)). (Complete Part III)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public distribution in section 170(b)(1)(A)(v)). (Complete Part III)  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions.  An organization organization departed exclusively for the benefit of, to perform the functions of, or carry out the purposes of more publicly supported organization described in section 509(a)(2). See section 509(a)(3). Check the describes the type of supporting organization and complete lines 11e through 11h  By checking this box, I certify that the organization is not controlled directly or indirectly b	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(A)(A)(v)). (Complete Part III.)  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receir from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from grainvestment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(3)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one of more publicly supported organizations described in section 509(a)(1) resection 509(a)(2). See section 509(a)(3). Check the box the describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c E Type III – Functionally integrated d Type III – Other 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 (ii) a family member of a person described in (i) above?  (ii) a family member

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

Schedule A (Form 990 or 990-EZ) 2009

48,543.

	dule A (Form 990 or 990-EZ) 200					30-615140	
Pa	Support Schedule for (Gomplete only if you checke				(b)(1)(A)(ıv) ar	id 170(b)(1)(A)	(vi)
Sec	tion A. Public Support	ed the box on line	5, 7, 01 8 01 1- art	1)			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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-through 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			<u> </u>			<del> </del>
	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
17	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, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>►</b> □
Sec	tion C. Computation of Pu	blic Support P	'ercentage				
14 15	Public support percentage for 20 Public support percentage from 2	, ,	``	: 11, column (f)		. 14 15	<u>%</u> %
16 a	33-1/3 support test – 2009. If the	e organization did	not check the box	on line 13, and t	the line 14 is 33-1.	/3 % or more, che	ck this box
Ł	33-1/3 support test — 2008. 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 more, che	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization if the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	how
t	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	5 is 10% how the
18_	Private foundation. If the organiz				or 17b, check this	box and see instr	
BAA					Sc	nedule A (Form 99	90 or 990·EZ) 2009

# Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	Red the box on in	ie 9 of Larti)	<del></del>	·		
		(2) 2005	(h) 2006	(6) 2007	(4) 2000	(0) 2000	(A T-1-1
1	ndar year (or fiscal yr beginning in) F Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line	NAME OF THE PARTY			を記るのでは	<b>对理想到</b>	
	7c from line 6)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		100 March 1980			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)	TY WE THE	PER SERVICE SE				<del></del>
14	First five years. If the Form 990 is organization, check this box and	s for the organizat	ion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul			<del></del>		_ <del> </del>	
	Public support percentage for 200			13 column (f)		15	%
15 16		•	• •	: 13, COIDHHI (I))		16	%
16 Sec	Public support percentage from 2 tion D. Computation of Inv					1 10	
					n (f))	. 17	
17	Investment income percentage for		• •		U (I))	. 18	
18	Investment income percentage from 33-1/3 support tests — 2009. If the		•		line 15 is more th	<u> </u>	
ıya	more than 33-1/3%, check this bo	e organization did ox and stop here.	The organization	qualifies as a publ	licly supported org	an 33-17376, and in janization .	►
b	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	e organization did this box and <b>stop</b>	not check a box here. The organiz	on line 14 or 19a, zation qualifies as	and line 16 is mo a publicly support	re than 33-1/3%, a ed organization	nd line 18
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	4, 19a, or 19b, che	ck this box and s	ee instructions	

Schedule A	(Form 990 or	990-EZ) 2009	ROSELLI	FAMILY	SCHOLARSHI	P	30-6151406	Page 4
Part IV	Suppleme	ntal Informa	tion. Comple	ete this p	art to provide	the explanations required	30-6151406 uired by Part II, line 1 mation. See instructio	0;
	art ii, iiiic	778 01 175	, and rait in	, 1116 12.	1 TOVIGE arry	other additional infor	Tiation. See instruction	115.
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# SCHEDULE 1 (Form 990)

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

2009

OMB No 1545-0047

Employer identification number 30-6151406 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? Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990, ROSELLI FAMILY SCHOLARSHIP 限資限關 General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

Schedule I (Form 990) 2009	Schec	01/01/20	TEEA3901	r Form 990.	e the Instructions fo	ıction Act Notice, se	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
0						ons	3 Enter total number of other organizations
I	*. :				rganizations	3) and government or	
							3
-							
-							
SCHOLARSHIPS	N/A	0. N/A	0.	48,543.	501(C)(3)	03-6000578	MONTPELIER HIGH SCHOOL 5 HIGH SCHOOL DR MONTPELIER VT 05602
(h) Purpose of grant or assistance	(g) Description of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(a) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EiN	1 (a) Name and address of organization or government
<b>A</b>			•	peped	itional space is needed	Form 990) if add	Part IV and Schedule I-1 (Form 990) if additional
es' to Form 0. Use	tion answered 'Ye more than \$5,00	te if the organizar	ed States. Comple this box if no one r	nd Organizations in the United States. Complete if the organization answered 'Yes' to Form of more than \$5,000. Check this box if no one recipient received more than \$5,000. Use		nce to Governm	<b>限章时间 Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered 'Yes' to F 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
X Yes No			tates.	nt funds in the United S	. Ψι	e grants or assistant procedures for mon	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.
_	ğ	giaills of assistance,	of the grants of assistance, the grantees enginning for the grants of assistance, and	is or assistance, the yra	aillouin oi me giail	וופוווופופוחוופוב ווופ	יוסספן וויסטווים חוושמוווים חוושמווים וויסטווים וויסספווים וויסספווים וויסטווים וויסטווים וויסטווים וויסטווים

Schedule 1 (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 **限就側腦 Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance **認識的 Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information. 30-6151406 (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY TELEPHONE AND CORRESPONDENCE FOLLOWUP FOR EACH SCHOLARSHIP RECIPIENT AND IT KEEPS CONTEMPORANEOUS RECORDS OF ALL ACTIVITIES (d) Amount of non-cash assistance (c) Amount of cash grant ROSELLI FAMILY SCHOLARSHIP (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt\_I Line 2 Pt\_I\_Line\_2 Pt\_I Line 2 BAA

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number ROSELLI FAMILY SCHOLARSHIP 30-6151406 Parties Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Ś • Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Partil Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (f) Approved by board or committee? (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) In default? (g) Written agreement? Yes No То Yes Yes • Total Partelli國 Grants or Assistance Benefitting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (a) Name of interested person (c) Amount and type of assistance

Partival Business Transactions Involving Interested Persons. Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between (e) Sharing of (a) Name of interested person (c) Amount of transaction \$ (d) Description of transaction organization's revenues? interested person and the organization No INVESTMENT MANAGEMENT FEES X COMMUNITY FINANCIAL SERVICES GROUP CFSG PROVIDES INV MGMNT

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

Schedule L (Form 990 or 990-EZ) 2009

or 990-EZ.

# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer Identification number
ROSELLI FAMILY SCHOLARSHIP	30-6151406
Pt_VI-B, Line 11A THE ORGANIZATION'S TRUSTEE, COMMUNITY FINANCIAL	SERVICES
GROUP (CFSG), REVIEWED THE FULLY PREPARED FORM	990 BEFORE IT WAS
FILED WITH THE IRS. TRUST OFFICER JOSEPH PREDD	Y MET WITH FORM
990 PREPARERS ON MAY 11,2010 AND REVIEWED ALL A	SPECTS OF THE FORM
Pt VI-B, Line 15 THE ORGANIZATION'S CORPORATE TRUSTEE IS COMPENS	ATED WITH
AN ANNUAL ASSET FEE OF .6% - WHICH IS ON THE LO	W END OF
IT'S REGULAR FEE RANGE OF .5% TO 1.0%. NO STAF	F OF THE TRUSTEE
HAVE COMPENSATION WHICH IS DIRECTLY OR INDIRECT	LY_TIED_TO_THE
ORGANIZATION'S ACTIVITIES OR PERFORMANCE.	
Pt VI-C, Line 19 THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS	AVAILABLE
FOR PUBLIC INSPECTION AT THE OFFICE OF THE TRUS	TEE.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

2009

Employer Identification number

OMB No 1545 0047

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

(F)
Direct controlling
entity (F)
Direct controlling
entity Indestity of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had N/A 30-6151406 LINE 2 SCHOOL (E)
Public charity status (if section 501(c)(3)) (End-of-year assets **股對形態** Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**0)** Total income 501(c)(3)(C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) ţ SCHOOL EDUCATION (B) Primary activity PROVIDES HIGH (B) Primary activity one or more related tax-exempt organizations during the tax year.) 05602 (A) Name, address, and EIN of related organization (A)
Name, address, and EIN of disregarded entity 5 HIGH SCHOOL DRIVE, MONTPELIER VT MONTPELIER HIGH SCHOOL 03-6000578 ROSELLI FAMILY SCHOLARSHIP

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

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

Page 2

30-6151406

Schedule R (Form 990) 2009 ROSELLI FAMILY SCHOLARSHIP

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

	General or managing partner?	No						_		
Ĺ	Ger, pa	Yes								
	Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)								
ŀ	(H) Disproportionate allocations?	No								
	Dispration to the total	Yes							 _	
	( <b>G)</b> Share of end-of-year assets									
	Share of total income Share of end-of-year assets									
	Predominant income (related, unrelated, excluded from fax included	sections 512-514)								
	(C) (D) Legal Direct domicile controlling entity factors									
20.00		country)								
	(B) Primary Activity									
מכנים ביות פונים פונים ביות פרובים	(A) Name, address, and EIN of related organization				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		                     	 		

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization arisw Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cord organizations	rporation or Tr	<b>ust</b> (Complete or transported	of the organizations of the	<b>a Corporation or Trust</b> (Complete if the organization ariswered 'Yes' to Form 990, Part IV, tions treated as a corporation or trust during the tax year.)	s' to Form 990, Pa	1 IV,
(A) Name, address, and ElN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	Type of entity (C corp, S corp, or trust)	(C) (D) (D) Type of entity (C corp, S corp, country) (C corp, S corp, country) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership
# ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !							
\$							
ВАА		TEEA5002 02/05/10	01/02/10			Schedule <b>R</b> (Form 990) (2009)	(5002) (066

30-6151406

30-615140	izations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)
	'Yes' to
	answered
	nization a
	the orga
RSHIP	Complete If
SCHOLARSHIP	ations (C
FAMILY	Organiza
orm 990) 2009 ROSELLI F	ith Related
990) 2009	sactions With Relate
e R (Form	🖺 Trans
Schedul	Part

-11-1-17		\ <u>`</u>	Yes	ء
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		を表	11/4	
I buring the tax year aid the organization eligage in any or the tomowing training or the colorest organization and the controlled entity.		1a	×	<u>.</u>
a Receipt of () interest (ii) and interest (iii) to yattee (ii		1 9	×	١
<b>b</b> cart, gram, or capital contribution to other organization(s)	•	,	*	١
c Gift, grant, or capital contribution from other organization(s)		2 7	1	ا،
<b>d</b> Loans or loan guarantees to or for other organization(s)		<u>-</u>	×	ایر
e Loans or loan guarantees by other organization(s)		1e	×	
f Sala of accept to other organization(s)	٠	1.	×	ايد ا
		19	×	54
y caracter and assets		1 h	*	×
i Lease of facilities, equipment, or other assets to other organization(s)	:	11	X	ايد
j Lease of facilities, equipment, or other assets from other organization(s)		-	~	ایر
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	_	×
I Performance of services or membership or fundraising solicitations by other organization(s)	:	=	7	×
m Sharing of facilities, equipment, mailing lists, or other assets	•	E	~	×
n Sharing of paid employees	-	1n	X (5) (5) (5)	×
o Reimbursement paid to other organization for expenses		٥,		؛ إنه
p Reimbursement paid by other organization for expenses		d L		×
		0.000	N. C.	
q Other transfer of cash or property to other organization(s)			1	٠,
r Other transfer of cash or property from other organization(s)	-			اه
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	saction thresholds.			1
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	
(1)				
6	_			
(3)				
(4)			ŀ	-
(5)				
BAA TEEA5003 02/05/10	Schedule	Schedule R (Form 990) (2009)	90) (20	60

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Schedule R (Form 990) 2009 ROSELLI FAMILY SCHOLARSHIP

**Barrivial Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging
			Yes No		Yes No		Yes	No
ВАА		TEEA5004 02/05/10				Schedule R (Form 990) (2009)	(066 u	(2009)

## **Supporting Statement of:**

## Form 990 p 9/Sales of Securities

	Description	Amount
SHORT TERM		513,045.
LONG TERM		679,768.
Total		1,192,813.

## **Supporting Statement of:**

## Form 990 p 9/Gross Basis Amount

Description	Amount
SHORT TERM	435,756.
LONG TERM	857,667.
Total	

## **Supporting Statement of:**

## Form 990 p 9/Sales of Other Assets

Description	Amount
CAPITAL GAIN DIVIDEND	3.
CAPITAL GAIN DIVIDEND	7.
Total	10.