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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 private foundations)

OMB No 1545-0047

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public. Open to Public Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change JESSICA BOLOGNANI SCHOLARSHIP FUND INC. Name change 90-0541708 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-P.O. BOX 944 802-423-5303 Amended return 24,804. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-JACKSONVILLE, VT 05342 H(a) Is this a group return pending F Name and address of principal officer DEBORAH L BOLOGNANI Yes X No for subordinates? PO BOX 155 WEST HILL DRIVE, READSBORO, VT 0 H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2010 M State of legal domicile: VT Part I Summary Briefly describe the organization's mission or most significant activities. SUPPORT THE COMMUNITY'S Governance UNDERPRIVILEGED YOUTH Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 12,510. 7.286. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,098. 17.518. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,608 24,804. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,477. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,275 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines.5:10)-0. 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11RECEIVED ပ<u>)</u> b Total fundraising expenses (Part IX, column (D), Ine 25) RS-09(21,821 17,108. 17 Other expenses (Part IX, column (A), lines 11a-11 dol11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part scolumn (A), fine 25) 14 23,096. 18,585. Revenue less expenses. Subtract line 18 from line 12 9,512. 6,219. OGDEN, UT Beginning of Current Year End of Year 29,847. 23,628. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) n 628. 847. Net assets or fund balances. Subtract line 21 from line 20

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

\geq	
Sign	
LiHere	
- T	

Preparer

Use Only

DEBORAH L BOLOGNANI, PRESIDENT

Type or print name and title

Signature of officer

Print/Type preparer's name Preparer's signature JOHN MCCLUSKEY

Firm's name MCCLUSKEY AND CO. Firm's address PO BOX 188

e on much

Date 7-11-14 Firm's EIN

Date

PTIN Check $|\mathbf{x}|$ P01317124 sett-employed

Phone no. 802 464 0551

03-0335336

WEST DOVER, VT 05356 May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes Form **990** (2013)

	n 990 (2013) JESSICA BOLOGNANI SCHOLARSHIP FUND INC. 90-054	1708	Page 2
Pa	rt III Statement of Program Service Accomplishments	, , , , , , ,	
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•		10 500	
	PROVIDE USED AND RECYCLED DRESS CLOTHING TO LOW INCOME STUDENT		
	FORMAL EVENTS (IE PROM, ETC.), AND ATHELITIC CLOTHING AND EQUI	.PMENT	TO
	YOUNG TEENS IN THE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
-			X No
	the prior Form 990 or 990-EZ?	res	NO LAL
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	X No
	If "Yes," describe these changes on Schedule Q.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	v expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of		nd
		,,,po11000, u	
<u> </u>	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$18,585. including grants of \$1,477.) (Revenue \$)
	PROVIDE ATHELETIC AND OTHER CLOTHING TO UNDERPRIVELAGED YOUTH	IN	
	COMMUNITY		
		-	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		···	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
	Other program conveces (Decembe in Schodule O.)		
4d	Other program services (Describe in Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 18,585.		
		Form 9 9	90 (2013)

332002 10-29-13

			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	<u>X</u>	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	:	<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	444		v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	- ''-		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	'8-	A	
19		19		_X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		-
0	11 165 to line 20a, did the diganization attach a copy of its addited infancial statements to this feturit		000	(2013)

Form 990 (2013) JESSICA BOLOGNANI SCHOLARSHIP FUND INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete]		
	Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	ļ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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	<u></u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	,	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? 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, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1.		
	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	1		,.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		ŀ
	Note. All Form 990 filers are required to complete Schedule O	38	N OOO	(00:5
		Form		· JI 17 7

<u>rom 990</u>			OFPOIL							
Part V	Sta	tements	Regarding	Other	IRS F	ilings	and Ta	x Comp	lianc	е

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response or note to any line in this Part V			
to Enter the number reported in Box 3 of Form 1096, Enter -0 - find applicable b Enter the number of Forms W-2G included in line 1s. Enter -0 - find applicable c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (garaching) withings to prize without or complete gaming (garaching) withings to prize withings and the property of the organization and property of the organization and property of the organization of the property of the property of the organization of the property of the property of the organization of the property of the organization of the property of the property of the organization of the property		<u> </u>		Yes	No
be Enter the number of Forms W.SG included in line 1s. Enter 0-if not applicable Did the organization comply with backpu withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Count the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without some without the vent covered by this returns? 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have united business gross income of \$1,000 or more dumpt he year? 3 If Yes, "has at filed a Form 990." for this year? If "No," to line 3b, provide an explanation in Schedule O 3 If Yes, "has at filed a Form 990." for this year? If "No," to line 3b, provide an explanation in Schedule O 3 If "Yes," and the dumpt the calendary are, did the organization have an explanation in Schedule O 3 If "Yes," and the filed and the foreign country (such as a bank account, securities account, or other financial account; a financial account; and the filed of the schedule of the sche		· 1 1			
(gambling) winnings to prize winners. £ Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return £ It all teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) \$ D it was not expended in the 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) \$ D it "Yes," and it file a form 900 Trof this year? If "Not," for the 3b, rowce an explanation in Schedule 0 4 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, and the sum of the foreign country (such as a bank account, securities account, or other financial account)? 5 If "Yes," ender the name of the foreign country Note See instructions for filing requirements for Form 10 Foreign Bank and Financial Accounts. 5 Was the organization sparty to a prohibred tax shelter transaction at any time during the tax year? 5 If "Yes," other 5 acr 55, did the organization that it was or is a party to a prohibred tax shelter transaction at any time during the tax year? 5 If "Yes," did the organization in the organization the Form 88967. 5 If "Yes," did the organization in the organization the form 88967. 5 If "Yes," did the organization in the organization that was or is a party to a prohibred tax shelter transaction at any contributions that were not tax deductibles a charitable contributions? 7 If "Yes," did the organization in the organization number of the value of the globe or services provided? 5 If "Yes," and the organization number of Forms 88828 filed during the year. 9 If "Yes," and cale the or		· · · · · · · · · · · · · · · · · · ·			
filed for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) Note. If we sum of the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) Note. If we sum of the sum of the sum of the sum of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounty? If we sum of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounty. See instructions for filing requirements for Form TD = 902.21, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD = 902.21, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements of Form B886.77 Do see the organization have annual gross receipts that are normally greater than 510,000, and did the organization soloid any contributions that were not tax deductible? If we so, if we sum of the sum of the development of the sum of	•		1c		
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If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, if the sum of lines 1a and 2a is greater than 250, you may be required to ref. (see maturoticins) 3a X 3b Vers, has it fled a Form 990-Tfor this year? 17 No. is line 3b, provide an explanation in Schedule O 4d at my time during the calendary year, of the organization have unrelated business gross income of \$1,000 or more during the year? 3b Vers, has it fled a Form 990-Tfor this year? 17 No. is line 3b, provide an explanation in Schedule O 4d At any time during the calendary year, of the organization of the organization of the foreign country (such as a bank account, or other financial account)? 4g X X Vers, if the time of the foreign country (such as a bank account, or other financial account)? 4g X X Vers, if the organization party to a prohibited tax shelter transaction? 5a X Did any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction? 5a X Did any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction? 5a X Vers, if to line 5a or 5b, did the organization half it was or as a party to a prohibited tax shelter transaction? 5a X Vers, if to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization an express statement that such contributions or gifts were not tax deductible? Organization notify the donor of the value of the goods or services provided? Organization notify the donor of the value of the goods or services provided? Organization and the property of the organization received a pyremium or a personal benefit contract? Organization and the property of the organization received a contribution of the value of the goods or services provided? Organization received a contribution of qualified intellectual prope		1 1			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3	b		2b_		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11c Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11c 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	٥		8		
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		140		Y
					A
	D	ii res, nas it illeu a runni 720 tu report triese payments (ii ivu, provide an explanation in schedule O		990	(2013)

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}						
Sec	tion A. Governing Body and Management	_								
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 2									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		[
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		<u>X</u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	İ								
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	_X_							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X_							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a		12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.5							
	in Schedule O how this was done	12c	Х	37						
13	Did the organization have a written whistleblower policy?	13	37	<u> </u>						
14	Did the organization have a written document retention and destruction policy?	14_	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	1								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v						
a	The organization's CEO, Executive Director, or top management official	15a	 	X						
þ	Other officers or key employees of the organization	15b								
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1								
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		х						
	taxable entity during the year?	16a								
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b								
500	exempt status with respect to such arrangements?tion C. Disclosure	IOD								
	List the states with which a copy of this Form 990 is required to be filed NONE									
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah								
10		avanac	,,,,							
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)									
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial							
19	statements available to the public during the tax year	u midi	icial							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion 🕨	•							
20	DEBORAH L BOLOGNANI									
	155 WEST HILL ROAD, READSBORO, VT 05350									
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

X Check this box if neither the organiz		orga	nıza			mpei	nsat			T	
(A)	(B)	. Da-dian						(D)	(E)	(F)	
Name and Title	Average	(do not check more than one box, unless person is both an			than	one	Reportable	Reportable	Estimated amount of		
	hours per week	offi	, unle cer ar	ss pe id a d	rson irecto	ıs bot or/trus	h an tee)	compensation from	compensation from related	other	
	1	-	1			Π	Ė	the	organizations	compensation	
	(list any hours for	를			İ	_	ł	organization	(W-2/1099-MISC)	from the	
	related	5	寶			캻		(W·2/1099-MISC)	(***27**055*****100)	organization	
	organizations	탏	를		뫓	퉏		(44-27 1033-141100)		and related	
	below	, g	멸	ĺ	ള	15 g	L			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or gameanone	
(1) DEBORAH L. BOLOGNANI	10.00	 =	=-		-						
DIRECTOR		X		X				0.	0.	0	
(2) STEPHEN J. BOLOGNANI	5.00										
DIRECTOR		X		X		<u> </u>		0.	0.	00	
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Form 990 (2013)

Form 990 (2013)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

		Check if Schedule O conf	ania a response	Or mote to any min	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t ts 1	a	Federated campaigns	1a					
	b	Membership dues	1b			1		
A E	С	Fundraising events	1c					ł
	d	Related organizations	1d					İ
<u>ကို E</u>	е	Government grants (contribut	ions) 1e			1		
P S		All other contributions, gifts, gran						
돌		similar amounts not included abo		7,286.				
	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Giffs, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			7,286.			
	-			Business Code				
စ္ပ 2	a							
اہ چَ	b							
% <u>5</u>	С							
e all	d							
Program Service Revenue	е							
<u> </u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•				
3	3	Investment income (including	dividends, inter-	est, and		,		
		other similar amounts)		>				
4	1	Income from investment of ta	x-exempt bond ;	oroceeds 🕨				
5	,	Royalties						
			(i) Real	(ii) Personal		1		
6	a	Gross rents				ļ		
	b	Less rental expenses						
	C	Rental income or (loss)		L				
	ď	Net rental income or (loss)		>				
7	a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
Ì	С	Gain or (loss)		L				
	d	Net gain or (loss)						
Other Revenue	3 a	Gross income from fundraisin including \$	g events (not					
<u>چ</u>		contributions reported on line	1c) See					i
in lie		Part IV, line 18	а					
		Less direct expenses	b	0.				1
Ĭ		Net income or (loss) from fund	-	>	17,518.			17,518.
9	Э а	Gross income from gaming a	ctivities. See			1		
1		Part IV, line 19	а					
- 1		Less. direct expenses	b	· L		}		}
		Net income or (loss) from gan	_	_				
10) a	Gross sales of inventory, less	returns					
1		and allowances	а					ļ
- }		Less: cost of goods sold	. b					1
<u> </u>	С	Net income or (loss) from sale		_				
<u> </u>		Miscellaneous Revenu	16	Business Code				
11	l a							
	b					ļ		
	C							
	d	All other revenue						
- 1		Total. Add lines 11a-11d			24,804.	0.	0.	17,518.
12		Total revenue. See instructions.			// XII/		11	/ ^1 X

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	····
	Check if Schedule O contains a respon-		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	50.	50.		
2	Grants and other assistance to individuals in		4 400		
	the United States. See Part IV, line 22	1,427.	1,427.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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 accruals and contributions (include		ĺ		
_	section 401(k) and 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	Management	· · · · · · · · · · · · · · · · · · ·			
b	LegalAccounting	175.	175.		
d	Lobbying	1/3.	1/3.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				·
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)		•		
12	Advertising and promotion	30.	30.		
13	Office expenses	350.	350.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	585.	585.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				<u> </u>
21	Payments to affiliates			 _	
22	Depreciation, depletion, and amortization				
23	Insurance	431.	431.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			i	
а	Desarra	4,800.	4,800.		
b	FUNDRAISING EXPENSE	4,774.	4,774.		
С	DRY CLEANING	3,970.	3,970.		
d	UTILITIES	1,017.	1,017.		
е		976.	976.		
25	Total functional expenses. Add lines 1 through 24e	18,585.	18,585.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 23,628. 29,847. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10c b Less. accumulated depreciation 10b Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 29.847 23,628 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0. 0 26 Total liabilities. Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 0. 0 30 Capital stock or trust principal, or current funds 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 29,847. 23,628. 32 Retained earnings, endowment, accumulated income, or other funds 32 29,847. 23,628. 33 Total net assets or fund balances 29,847. 23,628 Total liabilities and net assets/fund balances

Form 990 (2013)

	990 (2013) JESSICA BOLOGNANI SCHOLARSHIP FUND INC.	90-0541	708	Page '	12
Pa	rt XI Reconciliation of Net Assets			_	_
	Check if Schedule O contains a response or note to any line in this Part XI				
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,804	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,585	
3	Revenue less expenses. Subtract line 2 from line 1	3		,219	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4	<u>23</u>	,628	<u>.</u>
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	İ			
	column (B))	10	<u>29</u>	<u>,847</u>	<u>.</u>
Pai	t XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990. X Cash Accrual Other		<u></u>	es N	<u>-</u>
1			1 1	- 1	
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	U		.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	- ^	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ron a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis] _]		,
þ	Were the organization's financial statements audited by an independent accountant?		2b	^	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both.		1		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		_
			Form 9	90 (20 ⁻	13)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

taille Oi	the organizati	on						-	mpioyei	identificati	on nu	mber
			BOLOGNANI S						9	<u>0-0541</u>	<u>708</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions				
he orga	nization is not a	a private foundation	because it is: (For lines	1 through 1	11, check	only one b	ox)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(i)) .				
2	A school des	cribed in section 17	/0(b)(1)(A)((ii), (Attach Sc	hedule E.)								
3	A hospital or	a cooperative hosp	ital service organization (described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ribed ın se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	's nam	ne,
	city, and stat	ө										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(ıv). (Compl	ete Part II)									
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	=	b)(1)(A)(vi), (Comple	•	• • •								
8	1		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	1		eives: (1) more than 33	-		rom contri	butions, m	nembershi	p fees. ai	nd aross red	ceipts	from
	•	•	nctions - subject to certa							=		
			axable income (less sect									
		509(a)(2). (Complete	,		,		•	, ,				
10	1		perated exclusively to te	st for publ	c safety. S	See sect io	n 509(a)(4	I).				
11 🗀			perated exclusively for th						y out the	purposes o	f one	or
			ations described in secti									
	•	• • •	organization and compl		•		•	•				
	a Type I	ь 🗀 т	ype II c T	ype III - Fui	nctionally	integrated	c	і 🔲 Тур	e III - Nor	n-functionall	y integ	grated
е 🔙			at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons oth	er tha	ın
	_		han one or more publicly									
f		=	tten determination from t									
	•	rganization, check ti			_		• •					
g		•	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
•			lirectly controls, either al							1	Yes	No
	-	•	upported organization?	_						11g(i)		
	(ii) A family	member of a perso	n described in (i) above?	•						11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)		
h	Provide the fe	ollowing information	about the supported or	ganization	(s)							
		Ū	•••		•							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amount	of mo	netarv
	ganization	(11) 2.11	(described on lines 1-9	in col. (i) h	sted in your	organizat	ion in col.	organizátic (i) organiz	on in col. ed in the		port	,,,,,,
	3		above or IRC section	governing	document?	(i) of your	support?	U.S	.?	•	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					1							
			L		_		ļ		İi			
						}						
			<u></u>						<u> </u>	 		
												
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otal						1	1	1				

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

				and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		···	<u>,</u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	1	1				
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf	1	ł	}	1		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			}	1		
4	Total, Add lines 1 through 3		 				
5	The portion of total contributions			 	 		
_	by each person (other than a						
	governmental unit or publicly		1	ļ	j		
	supported organization) included						
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,						
	column (f)			1			
6	··· }					 	
	Public support. Subtract line 5 from line 4 ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	L		<u> </u>	1	
	······································	(-) 2000	(h) 2010	(2) 2011	(4) 2012	(=) 2012	(6) Total
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
					 	+	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources		ļ ———	 	 	+	
9	Net income from unrelated business						
	activities, whether or not the				1		
	business is regularly carried on						
10	Other income Do not include gain	1					
	or loss from the sale of capital	1					
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	 	<u>L., </u>	L	l	 	L
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stop						<u></u>
Sec	ction C. Computation of Publ	c Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) a	livided by line 11,	column (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the o	rganization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		_				▶∟_
b	33 1/3% support test - 2012. If the c	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	nis box
	and stop here. The organization quali	fies as a publicly	supported organia	ation			
17a	10% -facts-and-circumstances test	t - 2013. If the orc	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop l	here. Explain in Pa	art IV how the orgai	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances test	t - 2012. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	าย "facts-and-circi	ımstances" test, o	heck this box and	stop here. Expla	in in Part IV how the	•
	organization meets the "facts-and-circ						ightharpoons
<u>18</u>	Private foundation. If the organizatio		=				s >

Schedule A (Form 990 or 990 EZ) 2013 JESSICA BOLOGNANI SCHOLARSHIP FUND INC. 90-0541708 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			1			
include any "unusual grants.")		23,613.	5,784.	12,510.		41,907.
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						1
organization's tax-exempt purpose			13,492.	20,098.		33,590.
3 Gross receipts from activities that						
are not an unrelated trade or bus-			j			}
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						1
or expended on its behalf		1				
5 The value of services or facilities						
furnished by a governmental unit to			1			
the organization without charge					:	
6 Total. Add lines 1 through 5		23,613.	19,276.	32,608.		75,497.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received		<u> </u>				
from other than disqualified persons that			İ			
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)		i				75,497.
Section B. Total Support		<u> </u>				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		23,613.	19,276.	32,608.		75,497.
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources		11.	17.			28.
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b		11.	17.			28.
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain				·		
or loss from the sale of capital			1			
assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12)	· · · · · ·	23,624.	19,293.	32,608.	· 	75,525.
14 First five years. If the Form 990 is for t	the organization'				n 501(c)(3) organi	
check this box and stop here	.110 Organization	3 m3t, 30cond, time	2, 100/til, 01 llitil ta.	x your as a soono	ii sor(o)(o) organi	▶ □
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2013 (lin			olumn (fl)		15	99.96 %
16 Public support percentage from 2012 S	• • • • • • • • • • • • • • • • • • • •		oldinii (i))		16	99.93 %
Section D. Computation of Invest						
17 Investment income percentage for 201			e 13. column (fl)		17	.04 %
18 Investment income percentage from 20			6 15, Coldinii (1 <i>))</i>		18	.07 %
19a 33 1/3% support tests - 2013. If the o			 In line 14 and line	15 is more than 3		
						→X
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2012. If the o						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	uid HUL CHECK A	DOX OIT III 14, 198	i, or Tab, Check thi			90 or 990-EZ) 201

Schedule A	(Form 990 or 990-E	Z) 2013 JESSIC	A BOLOGNAL	NI SCHOLAI	RSHIP FUN	D INC. 90	-0541708 Page 4 and Part III. line 12.
rait IV					rt II, line 10; Part I	I, line 17a or 17b;	and Part III, line 12.
	Also complete this	s part for any addition	nai information (See	instructions).			
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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

2013

OMB No. 1545-0047

Open To Public

Internal Revenue Service Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990 Name of the organization Employer identification number 90-0541708 JESSICA BOLOGNANI SCHOLARSHIP FUND Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations e l Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes _] No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual to (or retained by) (iv) Gross receipts to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 JESSICA BOLOGNANI SCHOLARSHIP FUND INC. 90-0541708 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events SOFTBALL BLUEBERRY NONE (add col. (a) through BALL TOURNAMENT col. (c)) (total number) (event type) (event type) 9,686 13,636. 3,950 Gross receipts 2 Less Contributions 9,686 Gross income (line 1 minus line 2) 3.950 13,636. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) ightharpoonup13,636 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization operates gaming activities. a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:	Yes No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during b If "Yes," explain	the tax year? Yes No
332082 09-12-13	Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990 EZ) 2013 JESSICA BOLOGNANI SCHOLARSHIP FUND INC. 90-0	541708	Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity operated in.		
a The organization's facility	13a	%
b An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party >\$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address ▶		
16 Gaming manager information.		
Carning manager information.		
Name ►	· · · ·	
Garning manager compensation ▶ \$		
Description of conjugate executed .		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state garning license?	Yes	└─ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), a	ies 9, 9b, 10	0b, 15b,
15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)		
		
332083 09-12-13 Schedule G (Form	990 or 990	-EZ) 2013

Schedule C	G (Form 990 or 990-EZ) Supplemental Infor	JESSICA	BOLOGNANI	SCHOLARSHIP	FUND	INC.	90-0541708	Page 4
Part IV	Supplemental Infor	mation (continu	ued)	·				
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			<u> </u>		<u> </u>			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047 Open to Public

Inspection

Name of the organization	JESSICA BOLOGNANI SCHOLARSHIP FUND INC.	Employer identification number 90-0541708
FORM 990, PART	VI, SECTION A, LINE 2:	
EXPLANATION: AL	L CURRENT DIRECTORS ARE FAMILY MEMBERS WH	OM FOUNDED THE
ORGANIZATION IN	THE MEMORY OF THEIR DAUGHTER AND SISTER.	<u>.</u>
FORM 990, PART	VI, SECTION B, LINE 11:	
EXPLANATION: AL	L MEMBERS OF THE GOVERNING BODY REVIEW TH	E FORM 990 BEFORE
IT IS FILED.		
FORM 990, PART	VI, SECTION B, LINE 12C:	
EXPLANATION: TH	E ORGANIZATION REVIEWS ALL POSSIBLE CONFL	ICTS OF INTEREST ON
AN ANNUAL BASIS	<u> </u>	
FORM 990, PART	VI, SECTION C, LINE 19:	
EXPLANATION: TH	E ORGANZATION MAKES ITS GOVERNING DOCUMEN	TS, CONFLICT OF
INTEREST POLICY	AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REQUEST.		
	<u></u>	