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Form 990-EZ Department of the Treasury

Internal Revenue Service

Short Form 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

OMB No 1545-1150

Open to Public inspection

Under section 501(c), 527, or 494/(a)(1) or the internal more private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling sponsoring organizations of donor advised funds, organizations with gross receipts less than \$200,000 and total the vear may use this form anizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$200,000 and assets less than \$500,000 at the end of the year may use this form

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

For the 2010 calendar year, or tax year beginning and ending Check if applicable В C Name of organization D Employer identification number FRIENDS OF DRESDEN MUSIC FOUNDATION 01-0623734 C/O EDWIN G. FISCHER Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 8 HALIDON AVENUE (401)847-0211 Terminated City or town, state or country, and ZIP + 4 F Group Exemption NEWPORT, RI 02840 Number > Application pending X Cash H Check ► X If the organization is not Accrual Accounting Method: Other (specify) required to attach Schedule B Website: ► N/A Tax-exempt status (check only one) $- \bot X \bot 501(c)(3) \bot$ ___ 501(c) () **◄**(insert no.) L 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 33,251. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part 1 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts Membership dues and assessments investment income 3 3 69. SEE SCHEDULE O 4 amount from sale of assets other than inventory 5a 5a Gross cast or other pasis and sales expenses 5b b Less: Ploss) from sale of assets other-than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events U Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 33,082. gross income and contributions exceeds \$15,000) 6b 46,629. c Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <13,547.> 6d 7a 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c SEE SCHEDULE O 100. Other revenue (describe in Schedule O) 8 8 .3,378.> Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 SEE SCHEDULE O 1,000. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 SEE SCHEDULE O 154 16 Other expenses (describe in Schedule 0) 16 154. 17 Total expenses Add lines 10 through 16 17 <14,532.> Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets **†19** Net assets or fund balances at beginning of year (from line 27, column (A)) 45.924. (must agree with end-of-year figure reported on prior year's return) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 392. Net assets or fund balances at end of year. Combine lines 18 through 20 21

Form **990-EZ** (2010)

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010) C/O EDWIN G. FISCHER

22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? SEE SCHEDULE O	31,392. 31,392. 31,392. 0. 31,392. Expenses Irred for section (3)(3) and 501(c)(4) Izations and section (a)(1) trusts; optional hers.)
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01-0623734 Page 3

Shedule of any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule of 4. Were any significant changes made to the organization of governing documents? If "Yes," provide a detailed description of each activity in Schedule of the organization is raine of the organization is a more of the organization is a more of the organization is an expected on lines 2, 6a, and 7a (among others), but not reported in one of more 90-1. If the organization had oncome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported or not more 90-1. Expert and organization subject to section 603(e) notices, reporting, and proxy tax requirements? If Yes, has it filed a tax return on Form 990-17 to this year? If Yes, has it filed a tax return on Form 990-17 to this year? If Yes, and the organization subject to section 603(e) notices, reporting, and proxy tax requirements? If Yes, and the organization subject to section 603(e) notices, reporting, and proxy tax requirements? If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete subjects be parts of Schedule N If Yes, complete su	Pa	TT V Utner Information (Note the statement requirements in the instructions for Part V) Check if the organization used Schedule 0 to respond to any question in this Part V			X
33 Dut the organization engage in any activity not previously reported to the IRS? If "es," strach a detailed description of each activity in Schedule 0. 34 Were any significant changes made to the organization is name. Otherwise, optain the change on Schedule 0 (see instructions). 35 If the organization had incrine the organization is name. Otherwise, optain the change on Schedule 0 (see instructions). 36 If the organization had incrine the organization is name. Otherwise, optain the change on Schedule 0 (see instructions). 36 If the organization had incrine the observes such as those reported on lines 2, 6, and 7 a tempor others, but not reported on Form 1990-1. 37 If the organization had incrine the observes such as those reported on lines 2, 6, and 7 a tempor others, but not reported on Form 1990-1. 38 Dut the organization had incrine the observes such as the organization of the report the incrine or 'ost at a section 501(c)(4), 501(c)(5), organization subject to section 603(c) order, reporting, and proxy tax requirements? 38 If "Yes," complete against before 18 feet on the report the incrine or 'ost at a section 501(c)(4), 501(c)(5), organization is ubject to section 603(c)(4) organization, or significant disposition of net assess during the year? If "Yes," complete againstance the Form 11 Feb-01. In this year? 39 Dut the organization the Form 11 Feb-01. In this year? 30 Dut the organization the Form 11 Feb-01. In this year? 30 Dut the organization the Form 11 Feb-01. In this year? 31 Prives, complete Schedule, I. part I and entire the total amount in twived 32 Dut the organization the Form 11 Feb-01. In this year? 33 Dut YA 34 Section 501(c)(3) organizations. Enter amount of tax or in moved of the cryption of		Check if the organization used Schedule 0 to respond to any question in this Part V		Yes	
Schedule O Were any appreciant changes made to the organization or governing documents? If "Yes," statch a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6s, and 7 a (among others), but not reported in organization had income from business activities, such as those reported on lines 2, 6s, and 7 a (among others), but not reported on the organization had one organization and organization subject to its organization and organization of the organization and one of profit 90-7. If the organization subject to section 693(3) or horge port was the organization of organization or make any loans to, and so that organization organization or make any loans to, and still outstanding at the end of the tax year covered by this return? If the organization organization organization or make any loans to, and still outstanding at the end of the tax year covered by this return? If the organization organization organization organization during the year unders. If the organization organization organization organization during the year unders. If the organization organization organization organization during the year unders. If the organization organization organization organization during the year unders. If the organization organization organization organization during the year unders. If the organization organization organization organization organization during the year unders excluded or line 9 If yes, complete Schedule, Part II and enter the total amount involved Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization organization organization organization organizati	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes." provide a detailed description of each activity in		- 00	110
44 Were any significant changes made to the organization or governing documents? If Yes, attach a conformed copy of the amended documents of they reflect a change to the organization is name. Otherwise, such as those reported on lines 2, 6s, and 7s (among others), but not reported on Form 990-T, explain in Schedule 0 (why the organization of not report the income on Form 990-T. 35 If the organization have directed becauses gross owner of \$1,000 or more or was it a section 51(0)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(s)(4) ordines, reporting, and proxy tax requirements? 36 If Yes, fixed the data return on fine 990-T for this year? 37 If Yes, fixed the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete optical expenditures, direct or indirect, as described in the instructions. 38 If Yes, fixed the organization in the firm 120-P01 of this year? 39 Did the organization broken from 120-P01 of this year? 30 Did the organization broken from 120-P01 of this year? 39 Section 501(c)(7) organizations. Enter around of this tax year covered by this return? 39 Section 501(c)(7) organizations. Enter around of the tax year covered by this return? 40 If Yes, complete Schedule, I, Part II and enter the told almount involved 41 Section 501(c)(3) and 501(c)(4) organizations. Enter around of lax mit posed on organization during the year unders. Section 4915 to 400 (3) and 501(c)(4) organizations. Enter around of lax with posed on organization managers or disqualted persons during the year unders section 4915 to 400 (3) and 501(c)(3) and 501(c)(4) organizations. Enter around of the organization managers or disqualted persons during the year unders section 4915 to 400 (4) organizations. Enter around of the complete section 4915 to 400 (4) organizations. Enter around of the crembursed by the organization managers or disqualted persons during the year undersection of the foreign country; Implication of the organizat	•		33		Х
documents if they relieful a change to the organization's name. Otherwise, explain the change on Schedulio (Jese instructions) If the organization had income from business activities, such as those reported on lines 2, 68, and 72 (among others), but not reported on form 990-T, explain in Schedule O with the organization on lines 2, 68, and 72 (among others), but not reported on form 990-T, explain in Schedule O with the organization of the total production of the composition of the	34				
35. If the organization had neome from business activities, such as those reported on hims 2, 6a, and 7a (among others), but not report the mome on Form 990-T. 1. Did the organization save smretsled business gross income of \$1,000 or more or was at a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section \$03(c) incles, reporting, and proxy tax requirements? 2. Bit If Yes', its at filed a tax return or Form 990-T for the year? 3. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule IN 3. Enter amount of political expenditures, direct or indirect, as described in the instructions. 3. Did the organization before from, or make any losses to, any officer, director, frustes, or key employee or were any such losins made in a prior year and still outstanding at the end of the tax year covered by this return? 3. Election 501(c)(7) organizations. Enter and of the tax year covered by this return? 3. Section 501(c)(7) organizations. Enter and or the tax year covered by this return? 3. Section 501(c)(3) and 501(c)(4) organizations. Enter and or the tax year covered by this return? 3. Section 501(c)(3) organizations. Enter and or the tax with properties of the organization during the year under section 501(c)(3) organizations. Enter and or the compaction or the organization during the year under section 501(c)(3) organizations. Enter and or the tax imposed on the organization during the year under section 501(c)(3) organizations. Enter and or the tax imposed on the organization during the year under section 501(c)(3) organizations as benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule I, Part I 3. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations and the prior section 4912, 4955, and 4958 4. Section 501(c)(3) and 501(c)(4) organization	•		34		x
reported on Form 890-T. Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$501(c)(5) organization subject to section 603(6) notice, reporting, and proxy fax requirements? 355	35				
a Dut the organization silve unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), or \$501(c)(6) organization subject to section \$603(c) incloic, reporting, and proxy tax requirements? 50 If If yes, has it field a tax return on Form 990-T for this year? 80 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 91 Ferral amount of political oxpenditures, direct or indirect, as described in the instructions. 92 If Yes is a proper organization borrow from, or make any loans to, any officer, director, fusited, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 93 Section 501(c)(7) organizations. Enter: 94 If Yes, complete Schedule I, Part II and enter the total amount involved 95 Cross recepts, included on him 95, for public use of club facilities. 96 Cross recepts, included on him 95, for public use of club facilities. 97 If Yes, complete Schedule I, Part II and enter the total amount involved. 98 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year unders: 99			1		-
551 ((x)6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 551 If Yes,* has it filed a tax return on Form 990-T for this year? 552 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 752 Enter amount of policial expenditures, direct or indirect, as described in the instructions. 553 N/B 753 Did the organization before when, or make any lorise to, any officer, director, trustee, or key employee or were any such loans made in a prior year and stifl outstanding at the end of the tax year covered by this return? 553 If Yes,* complete Schedule I, Part II and either the total amount involved 554 Section 501(c)(7) organizations. Enter: 555 a manual trusted or the specific organization specific organization specific organization design and specific organization specific organization. Schedule II, Part II and either the total amount involved 555 Section 501(c)(3) and 501(c)(4) organizations. Briter: 555 Section 501(c)(3) and 501(c)(4) organizations. Briter amount of tax imposed on the organization design and specific organization. Specific organization and specific organization or discounts of the specific organization or discounts of the organization or prior year, that has not been reported on any of rist prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part II and expense organization organization managers or disqualited persons during the tax year, was the organization aparty to a prohibited tax sheller transaction? If Yes, complete Form 8886-T 556 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the tax year, was the organization aparty to a prohibited tax sheller transaction? If Yes, complete Form 8886-T 557 At any time during the calendary year, did the organization of this returns inclined. 558 NONE 559 NONE 550 NONE 550 NONE 550 NONE 550 NONE 55	а				
b If Yes,* has it filled a tax return on Form 990-T for this year? 5 Did the organization undergo a fleudation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 73 Earlier amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			35a		х
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 77 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0. ▶ Did the organization file Form 1120-POL for this year? 38 a Did the organization for form, or make any loans fo, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ▶ If "Yes," complete Schedule L, Part II and enter the total amount involved \$ Section 501(c)(S) organizations. Enter: a intilation fees and capital contributions included on line 9 • Gross receipts, included on line 9, for public use of club facilities a thintation fees and capital contributions included on line 9 • Gross receipts, included on line 9, for public use of club facilities • Section 4911 ▶ 0. • Section 501(c)(S) organizations. Enter: a thintation fees and capital contributions included on line 9 • Gross receipts, included on line 9, for public use of club facilities • Section 4910(c)(S) and 501(c)(4) organizations and the organization during the year under: • Section 4911 ▶ 0. • Section 501(c)(S) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • Section 501(c)(S) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • Section 501(c)(S) and 501(c)(A) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year wider sections 4912, 4955, and 4958 • Section 501(c)(S) and 501(c)(A) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year wider sections 4912, 4955, and 4958 • Section 501(c)(S) and 501(c)(A) organ	ь			N/	
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			36		х
b Did the organization file Form 1120-POL for this year?* 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule I., Part II and enter the total amount involved 38b N/A 38	37 a				
38a Dit the organization borrow from, or make any loans to, any officer, director, fusible, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38c N/A 38c N/A 38c N/A 38b N/A 38c N/A 3			7		х
a na prior year and still outstanding at the end of the tax year covered by this return?					
b If Yes,* complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Intilation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 4911 ▶ 0.; section 4915 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes,* complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 40e X 1 List the states with which a copy of this return is filed. ► NONE 1 To organization's books are in care of ► EDWIN G. FISCHER Telephone no. ► (401) 847-0211 Located at ► 8 HALIDON AVENUE, NEWPORT, RI ZIP +4 ► 02840 b 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; ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes, 'enter the name of the foreign country; ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Yes IV 42c X			38a		х
39 Section 501(c)(7) organizations. Enter: a Inhiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0_c; section 4912 ▶ 0_c; section 4955 ▶ 0_c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 secess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ellal organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at ▶ 8 HALIDON AVENUE, NEWPORT, RI Located at ▶ 8 HALIDON AVENUE, NEWPORT, RI 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; ▶ See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country; ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes N Yes N Yes N Yes N O the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization pecale one or more hospital facilities durin	ь				
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Section 4911 ▶ 0.; section 4912 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE 12. List the states with which a copy of this return is filed. ▶ NONE 12. Located at ▶ 8 HALIDON AVENUE, NEWPORT, RI Located at ▶ 8 HALIDON AVENUE, NEWPORT, RI Did the organization to a foreign country (such as a bank account, securities account, or other financial accounts) 13. Yes N 14. Yes, enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 14. Alary time during the calendar year, did the organization maintain an office outside of the U.S.? 14. Yes, enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amne of the foreign country: ▶ 15. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amne of the foreign country: ▶ 16. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 16. Did the organization operate one or more hospital facilities during the year?	40 a] '		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "yes," complete Form 8886-T 1 List the states with which a copy of this return is filed. ► NONE 142a The organization's books are in care of ► EDWIN G • FISCHER 1 Located at ► 8 HALIDON AVENUE, NEWPORT, RI 1 Located at ► 8 HALIDON AVENUE, NEWPORT, RI 2 Located at ► 8 HALIDON AVENUE, NEWPORT, RI 2 Located at ► 9 ENALUMENT (such as a bank account, securities account, or other financial account in a foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendary ear, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization precise any payments for indoor tanning services during the year? 44b					
year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filled. NONE 1 Telephone no. (401) 847-0211 Located at > 8 HALIDON AVENUE, NEWPORT, RI Located at > 8 HALIDON AVENUE, NEWPORT, RI ZIP + 4 D 2840 b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization preceive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ in lieu of Form 1041 - Check h	b				l
If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed. MONE 1 List the states with which a copy of this return is filed. MONE 1 Located at Mean and the state of Mone and 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 in a foreign country (such as a bank account, securities account, or other financial accounts are financial account in a foreign country: See the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 July the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No,				,	1
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Form 990-EZ (201		ın Schedule O	44d		
			Form 9	90-EZ	(2010

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SUITE

032174 03-04-11 Firm's address ► 117 METRO CENTER BLVD.,

May the IRS discuss this return with the preparer shown above? See instructions

-WARWICK, RI 02886

Phone no.

3000

(401)921-2050

X Yes

Form 990-EZ (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

201

Open to Public

No

11g(i)

11q(ii)

11g(iii)

Schedule A (Form 990 or 990-EZ) 2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

FRIENDS OF DRESDEN MUSIC FOUNDATION

Employer identification number

01-0623734 C/O EDWIN G. FISCHER Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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 general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h _ Type I b ____ Type II c ____ Type III - Functionally integrated 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 section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	e of (iv) Is the organization in col. (i) listed in your organization in col. (i) listed in your organization in col. governing document? (i) of your support?		(i) organized in the		(vii) Amount of support		
		(see instructions))	Yes	No	Yes	No	Yes	No	
	rate a rate i	•	· · · · · · · · · ·	2				•••	, ,
Total									

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

the governing body of the supported organization?

A family member of a person described in (i) above?

LHA For Paperwork Reduction Act Notice, see the Instructions for

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

032021 12-21-10

Form-990 or-990-EZ. --

h

Schedule A (Form 990 or 990-EZ) 2010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 Section B. Total Support **(b)** 2007 Calendar year (or fiscal year beginning in) (a) 2006 (c) 2008(d) 2009(e) 2010 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from 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) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2010

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 be 	elow, please comp	lete Part II)	····			
Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						1
	include any "unusual grants ")	3,890.	5,000.	3,000.			11,890
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,285.	18,817.	21,370.	48,510.	33,082.	138,064
-	Gross receipts from activities that are not an unrelated trade or bus-		ļ				
	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
-	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	20 155	22 01 5	24 252	40 510	22 000	140 051
	Total. Add lines 1 through 5	20,175.	23,817.	24,370.	48,510.	33,082.	149,954
	Amounts included on lines 1, 2, and	1 655	6 200	1 740	0 040	600	10 10-
	3 received from disqualified persons Amounts included on lines 2 and 3 received	1,655.	6,200.	1,740.	8,940.	600.	19,135
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year Add lines 7a and 7b	1,655.	6,200.	1,740.	8,940.	600.	19,135
-	Public support (Subtract line 7c from line 6)	1,000.	0,200.	1,740.	0,940.	000.	130,819
	tion B. Total Support		·	 			130,619
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	20,175.	23,817.	24,370.	48,510.	33,082.	149,954
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,063.	2,851.	593.	25.	169.	6,701
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,063.	2,851.	593.	25.	169.	6,701
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						7,33
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	23,238.	26,668.	24,963.	48,535.	33,251.	156,655
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3) organiz	ation,
	check this box and stop here	· · · · · · · · · · · · · · · · · · ·				<u> </u>	▶ _
<u>Sec</u>	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2010 (li	ne 8, column (f) div	vided by line 13, co	olumn (f))	<u> </u>	15	83.51
	Public support percentage from 2009				·	16	69.43
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	10 (line 10c, colum	ın (f) dıvıded by lını	e 13, column (f))		17	4.28
18	Investment income percentage from 2	2009 Schedule A, F	Part III, line 17		[-	18	3.12
19a	33 1/3% support tests - 2010. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2009. If the	nd stop here. The	organization qualif	ies as a publicly si	upported organizat	tion	ightharpoons x
	line 18 is not more than 33 1/3%, che	-		•		•	▶ .
	Private foundation. If the organization					_	

SCHEDULE G

(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF DRESDEN MUSIC FOUNDATION

Employer identification number 0.1 = 0.6.2.3.7.3.4

C/O EDW	TH G. PISCHER				01 0023	134
Fundraising Activities required to complete this par	Complete if the organization answert	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the following	g activ	/ities	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g X Special					
	g Laz, opeoid	ia.iai	ionig .	0.000		
d In-person solicitations 2 a Did the organization have a written of	or aral agreement with any individual	(molus	lina o	fficare directors true	etees or	
	art VII) or entity in connection with p					□ No
b If "Yes," list the ten highest paid ind	•					
		uani ii	ayıe	ements under which	the fullulaiser is to	Je
compensated at least \$5,000 by the	organization					
(i) Name and address of individual or entity (fundraiser)	I III ACTIVITY		Did aiser astody trol of ations?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						
			i			
					-	
		L				
otal 3 List all states in which the organization	on is registered or licensed to solicit	contrib	ution	s or has been notifie	it is exempt from re	gistration
or licensing						
RI.						
				•	1 Al-1-	

Schedule_G_(Form 990 or 990-EZ) 2010

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

FRIENDS OF DRESDEN MUSIC FOUNDATION Schedule G (Form 990 or 990-EZ) 2010 C/O EDWIN G. FISCHER 01-0623734 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 (a) Event #1 (b) Event #2 (c) Other events (d) Total events BOSTON MODEL ROOM NONE (add col. (a) through SYMPHONY ORCCONCERT SERI col (c)) (event type) (event type) (total number) 11,771. Gross receipts 21,311 33,082. 2 Less Charitable contributions 11,771. 21,311. Gross income (line 1 minus line 2) 33,082. 4 Cash prizes Noncash prizes Direct Expenses 5,783. Rent/facility costs 5,783. 9,252 9,252. Food and beverages 10,770. 19,710 30,480. 8 Entertainment 977. 1,114. Other direct expenses 46,629 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 <13,547.> 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 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 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

FRIENDS OF DRESDEN MUSIC FOUNDATION 01-0623734 Page 3 Schedule G (Form 990 or 990-EZ) 2010 C/O EDWIN G. FISCHER Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes No to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in 13a a The organization's facility 13b b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party Gaming manager information Gaming manager compensation > \$_____ Description of services provided Employee Independent contractor Director/officer 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FRIENDS OF DRESDEN MUSIC FOUNDATION

Employer identification number 01 – 0623734

C/O EDWIN G. FISCHER	<u> </u>	7023134
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT I	NCOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST INCOME		69.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
OTHER INCOME		100.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCA	TIONS:	
ACTIVITY CLASSIFICATION: SUPPORTING GRANT		
GRANTEE NAME: MORITZBURG FESTIVAL	··· , ·	
GRANTEE ADDRESS: MAXSTR.8 DRESDEN, GERMANY		
PROPERTY DESCRIPTION: CASH		
AMOUNT GIVEN:		1,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
MISC ADMINISTRATIVE EXPENSE		154.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANT OBLIGATIONS-BOSTON SYMPHONY ORCHESTRA	45,000.	0.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	TO FOSTER INTER	RNATIONAL
COOPERATION AND UNDERSTANDING THROUGH THE MEDIU		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2010)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

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.

2010
Open to Public Inspection

Internal Revenue Service FRIENDS OF DRESDEN MUSIC FOUNDATION Employer identification number Name of the organization 01-0623734 C/O EDWIN G. FISCHER MUSICAL ARTS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, THE ORGANIZATION DID NOT, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.