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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 private foundation)  
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total 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

OMB No 1545-1150  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011**

|   |  |   |
|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>MAKE THE GRADE FOUNDATION   | <b>D</b> Employer identification number<br>14-1909228 |
|   | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>244 MADISON AVE | <b>E</b> Telephone number<br>(718) 541-5250           |
|   | City or town, state or country, and ZIP + 4<br>NEW YORK, NY 10016  | <b>F</b> Group Exemption Number                       |

**G** Accounting method  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** WWW.MAKETHEGRADE.ORG

**J Tax-Exempt status** (check only one)  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

**L** 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 68,151**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

|   |  |           |         |
|---|--|-----------|---------|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  | 24,275  |
|   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  |         |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>  |         |
|   | <b>4</b> Investment income   | <b>4</b>  |         |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b> |         |
|   | <b>b</b> Less cost or other basis and sales expenses   | <b>5b</b> |         |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b> |         |
|   | <b>6</b> Gaming and fundraising events   |           |         |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)   | <b>6a</b> |         |
| <b>b</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 gross income and contributions exceeds \$15,000) | <b>6b</b>  | 43,876    |         |
| <b>c</b> Less direct expenses from gaming and fundraising events  | <b>6c</b>  | 33,918    |         |
| <b>d</b> Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)   | <b>6d</b>  | 9,958     |         |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b>  |           |         |
| <b>b</b> Less cost of goods sold  | <b>7b</b>  |           |         |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b>  |           |         |
| <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>   |           |         |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>   | 34,233    |         |
| Expenses  | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | <b>10</b> | 1,000   |
|   | <b>11</b> Benefits paid to or for members  | <b>11</b> |         |
|   | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b> |         |
|   | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b> | 5,770   |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b> | 5,100   |
|   | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b> | 967     |
|   | <b>16</b> Other expenses (describe in Schedule O)  | <b>16</b> | 38,507  |
| <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b>  | 51,344    |         |
| Net Assets  | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | -17,111 |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b> | 43,981  |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b> | 0       |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b> | 26,870  |

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

|  | (A) Beginning of year |           | (B) End of year |
|--|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 31,286                | <b>22</b> | 15,929          |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b> |                 |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  | 24,640                | <b>24</b> | 19,540          |
| <b>25 Total assets</b> . . . . .   | 55,926                | <b>25</b> | 35,469          |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   | 11,945                | <b>26</b> | 8,599           |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 43,981                | <b>27</b> | 26,870          |

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

MAKE THE GRADE FOUNDATION IS A 501(C)(3) NON-PROFIT ORGANIZATION THAT FACILITATES AND ENCOURAGES ACADEMIC ACHIEVEMENT BY IMPLEMENTING PROGRAMS TO TUTOR, MENTOR AND MOTIVATE STUDENTS, AND PROVIDING INCENTIVES AND FUNDING THE ORGANIZATION ENHANCES THE EDUCATIONAL EXPERIENCE OF YOUNG PEOPLE THROUGH COLLABORATION WITH STUDENTS, PARENTS, EDUCATORS, CLERGY AND THE COMMUNITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|  |            |       |
|--|------------|-------|
| <b>28</b> MAKE THE GRADE FOUNDATION IS AN ORGANIZATION THAT FACILITATES AND ENCOURAGES ACADEMIC ACHIEVEMENT BY IMPLEMENTING PROGRAMS TO TUTOR, MENTOR AND MOTIVATE STUDENTS AND PROVIDING INCENTIVES AND FUNDING MAKE THE GRADE ENHANCES THE EDUCATIONAL EXPERIENCE OF YOUNG PEOPLE THROUGH COLLABORATION WITH STUDENTS, PARENTS, EDUCATORS, CLERGY AND THE COMMUNITY<br>(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>28a</b> | 500   |
| <b>29</b> MENTORING AND TUTORING PROGRAMS, THIS PROGRAM WILL PARTNER WITH SCHOOL GUIDANCE COUNSELORS, TEACHERS AND PARENTS TO IDENTIFY STUDENTS IN NEED OF ROLE MODELS AND/OR ONE ON ONE HELP WITH ACADEMIC SUBJECTS THE PROGRAM WILL RECRUIT EDUCATORS, COLLEGE STUDENTS, SCHOOL ADMINISTRATORS, MEMBERS OF THE BUSINESS COMMUNITY AND QUALIFIED VOLUNTEERS TO MENTOR AND/OR TUTOR STUDENTS MENTORS WILL ALSO ASSIST IN SECURING SUMMER JOBS AND INTERNSHIP/APPRENTICESHIPS FOR MENTEES WITH INTERESTS OF SKILLS IN PARTICULAR AREAS<br>(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>29a</b> | 500   |
| <b>30</b> COLLEGE SCHOLARSHIP PROGRAM, THE ORGANIZATION'S LONG TERM GOAL IS TO RAISE FUNDS TO PROVIDE ANNUAL MONETARY COLLEGE SCHOLARSHIPS TO STUDENTS WHO HAVE SHOWN SIGNIFICANT ACADEMIC COMMITMENT, PROGRESS OR GROWTH IN HIGH SCHOOL AND COMMUNITY INVOLVEMENT<br>(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b> | 0     |
| <b>31</b> Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>31a</b> |       |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .   | <b>32</b>  | 1,000 |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address      | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes No

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**46** Yes No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

**47** 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

**47** Yes No

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**48** Yes No

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**49a** Yes No

**b** If "Yes," was the related organization a section 527 organization?

**49b** Yes No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

**Sign Here**  
 Signature of officer: \*\*\*\*\*  
 Date: 2012-11-09  
 Type or print name and title: JOHN R LEE PRESIDENT

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:   
 Preparer's taxpayer identification number (See instructions): P00259721  
 Firm's name (or yours if self-employed), address, and ZIP + 4: MBAF CPAS LLC  
 440 PARK AVE SOUTH 5TH FL  
 NEW YORK, NY 10016  
 EIN: 13-3842744  
 Phone no: (212) 576-1400

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MAKE THE GRADE FOUNDATION

Employer identification number

14-1909228

**Part I 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 )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 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).**
- 4  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
  
- 5  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 )
- 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 **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  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 )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  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  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
|                                       |             |   | Yes   | No | Yes  | No | Yes   | No |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
| <b>Total</b>                          |             |   |   |    |  |    |   |    |                             |

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 76,275   | 79,702   | 52,065   | 103,663  | 68,151   | 379,856   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 76,275   | 79,702   | 52,065   | 103,663  | 68,151   | 379,856   |
| <b>5</b> 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) |          |          |          |          |          | 58,555    |
| <b>6 Public Support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 321,301   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4  | 76,275   | 79,702   | 52,065   | 103,663  | 68,151    | 379,856   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |           |           |
| <b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets                                |          |          |          |          |           |           |
| <b>11 Total support</b> (Add lines 7 through 10)  |          |          |          |          |           | 379,856   |
| <b>12</b> Gross receipts from related activities, etc. (See instructions)   |          |          |          |          | <b>12</b> |           |

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | <b>14</b> | 84.580 % |
| <b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14                      | <b>15</b> | 86.930 % |

**16a 33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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 **17a 10%-facts-and-circumstances test—2011.** 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 meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** 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 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 IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6 )   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)   |          |          |          |          |          |           |
| <b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15                    | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17                      | <b>18</b> |  |

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

|                    |
|--------------------|
| <b>Explanation</b> |
|--------------------|

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 14-1909228  
**Name:** MAKE THE GRADE FOUNDATION

**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| <b>(A) Name and address</b>                                       | <b>(B) Title and average hours per week devoted to position</b> | <b>(C) Compensation (If not paid, enter -0-.)</b> | <b>(D) Contributions to employee benefit plans &amp; deferred compensation</b> | <b>(E) Expense account and other allowances</b> |
|---|---|---|--|---|
| JOHN R LEE<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016        | PRESIDENT 0 00  | 0   | 0  | 0   |
| KERNIE L ANDERSON<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016 | DIRECTOR 0 00   | 0   | 0  | 0   |
| LOU BENSON<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016        | DIRECTOR 0 00   | 0   | 0  | 0   |
| APRIL RAVEN BOBYN<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016 | DIRECTOR 0 00   | 0   | 0  | 0   |
| ELAINE EDMONDS<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016    | DIRECTOR 0 00   | 0   | 0  | 0   |
| RANDA GUASTELLA<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016   | DIRECTOR 0 00   | 0   | 0  | 0   |
| ANTHONY HARMON<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016    | DIRECTOR 0 00   | 0   | 0  | 0   |
| DEBI JACKSON<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016      | DIRECTOR 0 00   | 0   | 0  | 0   |
| LIANNA LEE<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016        | DIRECTOR 0 00   | 0   | 0  | 0   |
| MAC MCDONALD<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016      | DIRECTOR 0 00   | 0   | 0  | 0   |
| AARON MORGAN<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016      | DIRECTOR 0 00   | 0   | 0  | 0   |
| ASIYAH RAY<br>244 MADISON AVENUE 500<br>NEW YORK, NY 10016        | SECRETARY 0 00  | 0   | 0  | 0   |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MAKE THE GRADE FOUNDATION

Employer identification number 14-1909228

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|   |  | (a) Event #1                      | (b) Event #2                       | (c) Other Events | (d) Total Events              |
|---|--|-----------------------------------|------------------------------------|------------------|-------------------------------|
|   |  | <u>GOLF EVENT</u><br>(event type) | <u>ANNUAL GALA</u><br>(event type) | (total number)   | (Add col (a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .  | 8,726                             | 35,150                             |                  | 43,876                        |
|   | <b>2</b> Less Charitable contributions . . . . .                                 |                                   |                                    |                  |                               |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 8,726                             | 35,150                             |                  | 43,876                        |
| <b>Direct Expenses</b>  | <b>4</b> Cash prizes . . . . .   |                                   |                                    |                  |                               |
|   | <b>5</b> Non-cash prizes . . . . .   |                                   |                                    |                  |                               |
|   | <b>6</b> Rent/facility costs . . . . .   |                                   |                                    |                  |                               |
|   | <b>7</b> Food and beverages . . . . .  |                                   |                                    |                  |                               |
|   | <b>8</b> Entertainment . . . . .   |                                   |                                    |                  |                               |
|   | <b>9</b> Other direct expenses . . . . .   | 10,572                            | 20,456                             |                  | 31,028                        |
|   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                                   |                                    |                  | ( 31,028 )                    |
| <b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶ |  |                                   |                                    | 12,848           |                               |

**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.

|  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                     | (c) Other gaming  | (d) Total gaming              |
|--|--|---|---|---|-------------------------------|
|  |  |   |   |   | (Add col (a) through col (c)) |
| <b>Revenue</b>   | <b>1</b> Gross revenue . . . . .         |   |   |   |                               |
| <b>Direct Expenses</b>   | <b>2</b> Cash prizes . . . . .           |   |   |   |                               |
|  | <b>3</b> Non-cash prizes . . . . .       |   |   |   |                               |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |                               |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |                               |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No |                               |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |   |   | ( )   |                               |
| <b>8</b> Net gaming income summary Combine lines 1 and 7 in 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? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 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

|                                      |            |
|--------------------------------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> |
| <b>b</b> An outside facility         | <b>13b</b> |

**14** Provide 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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

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 gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

**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 to provide any additional information.**  
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
MAKE THE GRADE FOUNDATION

**Employer identification number**

14-1909228

| Identifier                                 | Return Reference              | Explanation  |
|--|-------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID            | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION EDUCATIONAL GRANTEE NAME SCHOLARSHIP - CAMP BROOKLYN FUND GRANTEE ADDRESS 37 COURT STREET #607 BROOKLYN, NY 11201 GRANTEE RELATIONSHIP UNRELATED GRANTEE DATE OF GIFT 11/22/11 AMOUNT GIVEN 500  |
| GRANTS AND SIMILAR AMOUNTS PAID            | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION OUTREACH GRANTEE NAME UFT DISASTER RELIEF FUND GRANTEE ADDRESS 52 BROADWAY NEW YORK, NY 10004 GRANTEE RELATIONSHIP UNRELATED GRANTEE DATE OF GIFT 10/24/11 AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,000   |
| OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | FORM 990-EZ, PART I, LINE 14  | DESCRIPTION DEPRECIATION AMOUNT 5,100  |
| OTHER EXPENSES                             | FORM 990-EZ, PART I, LINE 16  | DESCRIPTION EVENTS EXPENSES AMOUNT 7,343 DESCRIPTION TELEPHONE AMOUNT 3,713 DESCRIPTION SPECIAL SERVICES AMOUNT 1,150 DESCRIPTION AUTO EXPENSE AMOUNT 9,216 DESCRIPTION COMPUTER AMOUNT 533 DESCRIPTION WEBSITE AND INTERNET AMOUNT 800 DESCRIPTION BOOKS, SUBSCRIPTIONS, REFERENCE AMOUNT 5,724 DESCRIPTION BUSINESS MEALS AMOUNT 1,886 DESCRIPTION BANK CHARGES AMOUNT 30 DESCRIPTION CONFERENCES AMOUNT 642 DESCRIPTION SUPPLIES AMOUNT 1,554 DESCRIPTION MISCELLANEOUS AMOUNT 2,716 DESCRIPTION CONSULTING AMOUNT 3,200 TOTAL TO FORM 990-EZ, LINE 16 38,507 |
| OTHER ASSETS                               | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 24,640 END OF YEAR AMOUNT 19,540   |

Form **4562**

**Depreciation and Amortization  
(Including Information on Listed Property)**

OMB No 1545-0172

**2011**

Attachment  
Sequence No **179**

Department of the Treasury  
Internal Revenue Service (99)

▶ **See separate instructions.** ▶ **Attach to your tax return.**

|  |   |                                  |
|--|---|----------------------------------|
| Name(s) shown on return<br>MAKE THE GRADE FOUNDATION | Business or activity to which this form relates<br>FORM 990-EZ PAGE 1 | Identifying number<br>14-1909228 |
|--|---|----------------------------------|

**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

|  |          |           |
|--|----------|-----------|
| 1 Maximum amount (see instructions)  | <b>1</b> | 500,000   |
| 2 Total cost of section 179 property placed in service (see instructions)  | <b>2</b> |           |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)   | <b>3</b> | 2,000,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-   | <b>4</b> |           |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | <b>5</b> |           |

| 6 (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
|--|------------------------------|------------------|
| 7 Listed property Enter the amount from line 29  | <b>7</b>                     |                  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7                                |                              | <b>8</b>         |
| 9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8   |                              | <b>9</b>         |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562   |                              | <b>10</b>        |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) |                              | <b>11</b>        |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11                              |                              | <b>12</b>        |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12  | <b>13</b>                    |                  |

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

|  |           |  |
|--|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | <b>14</b> |  |
| 15 Property subject to section 168(f)(1) election  | <b>15</b> |  |
| 16 Other depreciation (including ACRS)   | <b>16</b> |  |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|   |           |  |
|---|-----------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011   | <b>17</b> |  |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |           |  |

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property        | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property            |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property              |                                      |  |                     |                |            |                            |
| <b>c</b> 7-year property              |                                      |  |                     |                |            |                            |
| <b>d</b> 10-year property             |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property             |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property             |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| <b>h</b> Residential rental property  |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                       |  |  |        |    |     |  |
|-----------------------|--|--|--------|----|-----|--|
| <b>20a</b> Class life |  |  |        |    | S/L |  |
| <b>b</b> 12-year      |  |  | 12 yrs |    | S/L |  |
| <b>c</b> 40-year      |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (see instructions)**

|  |           |       |
|--|-----------|-------|
| 21 Listed property Enter amount from line 28   | <b>21</b> | 5,100 |
| 22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | <b>22</b> | 5,100 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | <b>23</b> |       |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

**26** Property used more than 50% in a qualified business use

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Example row: FORD VAN, 2010-01-05, 100.000%, 35,800, 24,640, 5.0, 200 DB-HY, 5,100.

**27** Property used 50% or less in a qualified business use

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Example row: S/L -

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** 5,100

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 7 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include: 30 Total business/investment miles driven during the year, 31 Total commuting miles driven during the year, 32 Total other personal(noncommuting) miles driven, 33 Total miles driven during the year, 34 Was the vehicle available for personal use during off-duty hours?, 35 Was the vehicle used primarily by a more than 5% owner or related person?, 36 Is another vehicle available for personal use?

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Question, Yes/No. Questions include: 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

**42** Amortization of costs that begins during your 2011 tax year (see instructions)

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

**43** Amortization of costs that began before your 2011 tax year **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report **44**

**TY 2011 Transfers Personal Benefits  
Contracts Declaration**

**Name:** MAKE THE GRADE FOUNDATION

**EIN:** 14-1909228

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, 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.