Form 990-EZ

TO NOVEMBER 15, 2018 **Short Form** 

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2017 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change 06-1010124 RIDGEFIELD SCHOLARSHIP GROUP, INC. Name change E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return P.O. BOX 823 (203)825 - 3718City or town, state or province, country, and ZIP or foreign postal code **Group Exemption** Amended return RIDGEFIELD CT 06877 Number > Application pending X Cash H Check ▶ L \_\_\_\_ if the organization is Accounting Method: Accrual Other (specify) not required to attach Schedule B Website: ► N/A Tax-exempt status (check only one) — X 501(c)(3) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). 501(c) ( ) **◄**(insert no.) Form of organization: X Corporation Trust Association Other 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, 43,949. 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 I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 3,983. SEE SCHEDULE O 4 4 Investment income 25,317. 5a Gross amount from sale of assets other than inventory 5a 12,973. Less; cost or other basis and sales expenses 12,344. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Other revenue (describe in Schedule O) 8 8 30,976. 9 g Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 33,500. Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 S MAY **07** 2019 1,225. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 2,709. 16 Other expenses (describe in Schedule O) 16 37,434. 17 17 Total expenses. Add lines 10 through 16 -6,458. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 364,180. (must agree with end-of-year figure reported on prior year's return) 19 4,959. SEE SCHEDULE O 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 362,681. Net assets or fund balances at end of year. Combine lines 18 through 20

	m 990-EZ (2017) RIDGEFIELD SCHOLARSHIP GR art II Balance Sheets (see the instructions for Part II)				10101	
_	Check if the organization used Schedule O to res	spond to any quest	(A) Beginning of year	Т.	(0) 5	nd of year
99	Cach courage and investments		201,168	-	<del>, - · · ·</del>	180,326
22 23		_	201,100	23		160,326
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24	**************************************	′ ⊢	163,012 364,180			182,355.
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26	,			. 26	-	262 601
27 D		nte (coo the instrue	364,180		<del></del>	362,681
	<del>-</del>	•	•			rpenses for section
	Check if the organization used Schedule O to res		ion in this Part II	لكاا		and 501(c)(4)
wn	at is the organization's primary exempt purpose? SEE SCHEDULE O	<u> </u>	<del></del>			ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program is		ses In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant inform	<del></del>	<del>_</del>		<del>                                     </del>	
28	AWARDING OF SCHOLARSHIPS FOR THE YE	AR				
		<del></del>				
	(Grants \$ 33,500.) If this amount includes foreign g	rants, check here		<u></u>	28a	
29						
			<u> </u>			
			<del></del>		1 1	
	(Grants \$ ) If this amount includes foreign g	rants, check here			29a	
30					]	
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	(Grants \$ ) If this amount includes foreign g	rants, check here		$\Box$	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g	rants, check here		Ш	31a	
	Total program service expenses (add lines 28a through 31a)			_▶	32	
	art IV List of Officers, Directors, Trustees, and Key F					or Part IV)
	Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key F  Check if the organization used Schedule O to res					or Part IV)
	art IV List of Officers, Directors, Trustees, and Key F	pond to any questi	on in this Part IV	/ (d) не	instructions f	or Part IV)  (e) Estimated
	art IV List of Officers, Directors, Trustees, and Key F	pond to any questi (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr	alth benefits, ibutions to	(e) Estimated amount of other
	Check if the organization used Schedule O to res	pond to any questi	on in this Part I\ (c) Reportable compensation (Forms	(d) He contr emplo plans,	instructions f	or Part IV)  (e) Estimated
P	Check if the organization used Schedule O to res	pond to any questi (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emplo plans,	alth benefits, butions to byee benefit and deferred	(e) Estimated amount of other
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CH PF	Check if the organization used Schedule O to res  (a) Name and title  IRIS NOLAN	(b) Average hours per week devoted to position  0.00	On in this Part IV.  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X 34 documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made a • X 38a in a prior year and still outstanding at the end of the tax year covered by this return? N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a 39ь b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. 0 • ; section 4912 ► **0** • ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 X of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(1), and 501(c)(29) organizations. Enter amount of tax imposed on 0. organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization c. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ CT Telephone no.  $\triangleright 203-438-3684$ 42 a The organization's books are in care of ► CHRIS NOLAN ZIP+4 ► 06877 Located at ▶ P.O. BOX 823, RIDGEFIELD, b At any time during the calendar year, did the organization have an interest in or a signature or other authority No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c c At any time during the calendar year, did the organization maintain an office outside the United States? 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 N/A and enter the amount of tax exempt interest received or accrued during the tax year No Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44h of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule O X 45a 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2017)

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RIDGEFIELD SCHOLARSHIP GROUP,

Form 990-EZ (2017)

16	n 990-EZ (2017) RIDGEFIELD SCHOLARSHI	F GROUP, II	1C.		06-1010	1125	Yes	Page /
	Did the organization engage, directly or indirectly, in political campaign	activities on behalf of	or in oppositio	on to candidates for p	ublic office?		1.00	
_	If "Yes," complete Schedule C, Part I					46	<u> </u>	X
<u>Pa</u>	All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions	ione 47.49h and 52	and complet	to the tables for line	o 50 and 51			
	Check if the organization used Schedule O to respond		-	te the tables for line	55 30 and 31			Г
			<del></del>				Yes	No
7	Did the organization engage in lobbying activities or have a section 50	• •		ear? If "Yes," complet	e Sch. C, Part II	47		X
8	Is the organization a school as described in section 170(b)(1)(A)(ii)?		ule E			48		X
9a h	Did the organization make any transfers to an exempt non-charitable re If "Yes," was the related organization a section 527 organization?	elated organization?				49a 49b		X
0	Complete this table for the organization's five highest compensated em	nplovees (other than of	ficers, director	s, trustees, and key e	mplovees) who		eceived	more
	than \$100,000 of compensation from the organization. If there is none					000,,,,		
	(a) Name and title of each employee		ige hours	(C) Reportable	(d) Health benefit		) Estim	
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1	Complete this table for the organization's five highest compensated incorganization. If there is none, enter "None."  NONE  (a) Name and business address of each independent contractor	dependent contractors v		Type of service	<del></del>		ensation	
_								
	Total number of other independent contractors each receiving over \$10 Did the organization complete Schedule A? Note: All section 501(c)(3) completed Schedule A		ach a	<b>&gt;</b>	<b>_ </b>	ΧY	es	N
2 Inde	Did the organization complete Schedule A? <b>Note</b> : All section 501(c)(3) completed Schedule A er penalties of perjury, I declare that I have examined this return, including	organizations must att	dules and stat		st of my knowle	_		
2 Inde	Did the organization complete Schedule A? <b>Note</b> : All section 501(c)(3) completed Schedule A	organizations must att	dules and stat		st of my knowle	_		
nde ue,	Did the organization complete Schedule A? Note: All section 501(c)(3) completed Schedule A er penalties of perjury, I declare that I have examined this return, including correct, and complete, Declaration of preparer (other than officer) is bare	organizations must att	dules and stat		st of my knowle	_		
nde ue,	Did the organization complete Schedule A? Note: All section 501(c)(3) completed Schedule A er penalties of perjury, I declare that I have examined this return, including correct, and complete, Declaration of preparer (other than officer) is based in officer.	organizations must att ng accompanying sche sed on all information o	dules and stat		st of my knowle	_		
nde ue,	Did the organization complete Schedule A? Note: All section 501(c)(3)  completed Schedule A  er penalties of perjury, I declare that I have examined this return, including correct, and complete, Declaration of preparer (other than officer) is based in the complete of th	organizations must att ng accompanying sche sed on all information o	dules and stat	rer has any knowledg	est of my knowle	_		
nde ue, Sig ler	Did the organization complete Schedule A? Note: All section 501(c)(3)  completed Schedule A  er penalties of perjury, I declare that I have examined this return, including correct, and complete, Declaration of preparer (other than officer) is based in the correct of the complete of the correct of the corr	organizations must att ng accompanying sche sed on all information o	dules and stat	Check Self- emplo	est of my knowle Whats J Date J	dge ar	d belief	No.
nde ue, Big ler	Did the organization complete Schedule A? Note: All section 501(c)(3)  completed Schedule A  er penalties of perjury, I declare that I have examined this return, including correct, and complete, Declaration of preparer (other than officer) is based in the correct of the corre	organizations must att ng accompanying sche sed on all information of T gnature	dules and stat of which prepa	Check x self- emplo	est of my knowle BLANDARE STEP Date STEP POO	171	d belief	
nde ue, ig ler	Did the organization complete Schedule A? Note: All section 501(c)(3)  completed Schedule A  er penalties of perjury, I declare that I have examined this return, including correct, and complete, Declaration of preparer (other than officer) is based in the correct of the complete of the correct of the corr	organizations must att ng accompanying sche sed on all information o	dules and stat	Check x self- emplo	est of my knowle  A Date  PTIN  yed  P00  P00	171 435	651	
Unde true, Sig Her Paid	Did the organization complete Schedule A? Note: All section 501(c)(3)  completed Schedule A  er penalties of perjury, I declare that I have examined this return, including correct, and complete, Declaration of preparer (other than officer) is based in the correct of the control of preparer (other than officer) is based in the correct of the correct	organizations must att ng accompanying sche sed on all information of T gnature	dules and stat	Check x self- emplo	ye	of my knowled and a second of my knowled and a second of a second	of my knowledge and space of my knowledge and space of the print of th	May 3, 20,

Form 990-EZ (2017)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

**Employer identification number** 

				ONE TIREMENU.				0-1010124		
Pa	rt I	Reason for Public	C <u>harity</u> Status (	All organizations must co	omplete th	is part ) S	ee instructions.			
The	organi	zation is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box)				
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(	1)(A)(i).	. 1		
2		A school described in sect					-74-74-7	N1		
3	声						ii <b>)</b>	$\cup$ 1		
4	Ħ	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,								
•										
_	$\overline{}$	city, and state						<del></del>		
5		An organization operated for		llege or university owner	d or opera	ted by a g	overnmental unit descrit	bea in		
		section 170(b)(1)(A)(iv). (C	Complete Part II)							
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	$\mathbf{x}$	An organization that norma	illy receives a substa	intial part of its support t	from a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )					
9	$\overline{}$	An agricultural research org				ed in conit	inction with a land-grant	college		
		or university or a non-land-g			-			-		
		university	grain concess of agric	andro (oco mondonomo)	2.7.00	1101110, 011	,, and state of the coneg	0.01		
10	Г	An organization that norma	llu raaanua (1) mara	thor 22 1/20/ of to our	nort from	oostribuit:	ana mambarahin fasa a	and grass reseints from		
10			•	-	-		•	· ·		
		activities related to its exen	•	•			• •	•		
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III )							
11		An organization organized a	and operated exclus	ively to test for public sa	fety See s	section 50	09(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section s	509(a)(2).	See section 509(a)(3).	Check the box in		
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	s 12e, 12f, and 12g			
а		Type I, A supporting orga	• •	•		•	_	aivina		
		the supported organization	•	•						
		organization You must o			z (().c.,o/() (	J. 1.10 G.10		opporting		
		1 -	•		tion with it	a aunnart	ad arganization(a), by ba			
D	L	Type II. A supporting org								
		control or management o			ame perso	ons that co	ontrol or manage the sup	ропеа		
	_	organization(s) You mus	•							
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,		
		ts supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
ď	L	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a disti	ribution re	quirement and an attent	iveness		
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or								
f	Ente	r the number of supported o	• •		3 3					
		ide the following information	-	ed organization(s)						
		Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1.10	Yes	No No	support (see instructions)	support (see instructions)		
_				above (see instructions))	100		<u> </u>	<u> </u>		
								<del></del>		
		,								
				_						
_										
					_		·			

Schedule A (Form 990 or 990 EZ) 2017 RIDGEFIELD SCHOLARSHIP GROUP, INC. 06-1010124 Page 2

Part II Support Schedule for Organizations Described in Sections 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			İ			
	include any "unusual grants ")	36,094.	11,508.	12,569.	8,233.	14,649.	83,053.
2	Tax revenues levied for the organ-				<del></del>		
	ization'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	36,094.	11,508.	12,569.	8,233.	14,649.	83,053.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		İ				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		İ	l			l
	column (f)						
6	Public support. Subtract line 5 from line 4						83,053.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	36,094.	11,508.	12,569.	8,233.	14,649.	83,053.
8	Gross income from interest,						
	dividends, payments received on			1			
	securities loans, rents, royalties,						
	and income from similar sources	8,562.	10,403.	7,811.	6,008.	16,327.	49,111.
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 VI)		İ				
11	Total support. Add lines 7 through 10						132,164.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for		·	i, fourth, or fifth tax	k year as a section	n 501(c)(3)	
	organization, check this box and stop	here					$ \qquad \qquad \blacktriangleright \square$
<u>Se</u>	ction C. Computation of Publ	ic Support Per	centage	· <del></del>			
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	<u>62.84 %</u>
15	Public support percentage from 2016	Schedule A, Part I	II, line 14			15	%
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2016. If the o	organization did not	t check a box on lii	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			▶└
17a	10% -facts-and-circumstances test	t - <b>2017.</b> If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	ınd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"	_					
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>			
					Caba	dula A /Earm 000	ar 000 E7\ 2017

Sch	edule A (Form 990 or 990 EZ) 2017 Rart III   Support Schedule for G	LIDGEFIELD	SCHOLARS  Described in	HIP GROUP	P, INC.	06-101	01.24 Page 3
٠.٠	(Complete only if you checked	•		•		Part II If the organi	zation fails to
	qualify under the tests listed b			organization land	a to quality dilider i	art ii ii ii e organi.	zation fails to
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					/	
	membership fees received. (Do not					/	
	include any "unusual grants ")					/	
2	Gross receipts from admissions, merchandise sold or services per-				/		
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				<del>                                     </del>		
J	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			<del> </del>			
	ization's benefit and either paid to	}		/	1		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ		/			
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	}	j	7			
_	amount on line 13 for the year		/		<del>-</del>		
	Add lines 7a and 7b	<u> </u>	<del>-/-</del>	<del></del>	<del>                                     </del>		
	Public support. (Subtract line 7c from line 6) Stion B. Total Support	<u></u>			<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4)	/	3-12-		(7,55	107 100
10a	Gross income from interest,		/	· · · · · · · · · · · · · · · · · · ·			
	dividends, payments received on securities loans, rents, royalties,		/			i	
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	]				ļ	
	acquired after June 30, 1975	<u></u>		<del></del>	ļ		
	Add lines 10a and 10b	<u> </u>					
11	Net income from unrelated business activities not included in line 10b,	/ /					
	whether or not the business is	/			ļ	]	
12	regularly carried on Other income. Do not include gain	<del></del>		· · · · · · · · · · · · · · · · · · ·			
	or loss from the sale of capital	/ !					
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	/					
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d. fourth, or fifth to	ax vear as a section	n 501(c)(3) organiz	ation.
•	check this box and stop here		,	a, 1001 an, 01 an an	an your as a second		<b>▶</b> □
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (	line 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Investigation	<u>stment Incom</u>	e Percentage				
17	, ,			e 13, column (f))		17	
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box a	· •	_				
b	33 1/3% support tests - 2016. If the	-					ana 🛌 🦳
00	line 18 is not more than 33 1/8%, che		•				
<u> 20</u>	Private foundation. If the organization	<u>ni dia not check a l</u>	<u>50 x 011 lifte 14, 19</u>	a, or 130, crieck tr	IIIS DUX AITU SEE INS	structions	

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2	ł	
	- 3a		
	<b>.</b> 3b	<b>.</b> -	
	3c		
	<b>4</b> a		<del></del> ,
	4b		<b>.</b>
	* <del></del>	f	
	4c		1
	5a		:
	5b 5c		
	6	-	
	7		
	 8		'
	 9a	-	(
	9b		
	- 9c	-	- '
,	- 10a		
	10b		_ :

	dule A (Form 990 or 990 EZ) 2017 RIDGEFIELD SCHOLARSHIP GROUP, INC. 06-10	1012	4 Pa	<u>age 5</u>
Pa	rt IV   Supporting Organizations (continued)		T	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<del></del>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Ь
Sec	tion B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	140
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		^
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<del></del> -
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			أ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<b></b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			;
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			الا
	supported organizations played in this regard	3	<u> </u>	Щ_
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	<b>!•</b>		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	2)	
c		ir do trorre	Yes	No
2	Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 53	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			;
	how the organization was responsive to those supported organizations, and how the organization determined		1	,
	that these activities constituted substantially all of its activities.	2a	-	
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u> </u>	[_ ¦
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	_ ;
u	trustees of each of the supported organizations? Provide details in Part VI.	3a	Ľ.	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	<u> </u>

	edule A (Form 990 or 990-EZ) 2017 RIDGEFIELD SCHOLARSHIP	GROUP	, INC.	06-1010124 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	in Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		-	
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting o	organization (see
	instructions)		,, ,,	

Schedule A (Form 990 or 990-EZ) 2017

Sche Par	t V Type III Non-Functionally Integrated 509			6-1010124 Page 7
L	1	(a)(a) Supporting Orga	anizations (continued)	Current Year
	on D - Distributions  Amounts paid to supported organizations to accomplish exe	mnt nurnoses		Current rear
	Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	n purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
	Amounts paid to acquire exempt-use assets	35 Of Supportor Organization	<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)	<del></del> '		
_ <del>5</del> 6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6	<del></del> ,		
	Distributions to attentive supported organizations to which the	ne organization is responsive	)	
Ü	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	End o difficult divided by line o difficult	(1)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
•	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			1
4	Distributions for 2017 from Section D,			'
	line 7 \$			
а	Applied to underdistributions of prior years			`
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			ļ
	and 4c.			i
8	Breakdown of line 7			<u> </u>
а	Excess from 2013			· · · · · · · · · · · · · · · · · · ·
b	Excess from 2014			
c	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or	990-EZ)	<u> 2017 RI</u>	DGEFIE	<u>ELD SCH</u>	<u>IOLARSH</u>	<u>IP GROU</u>	JP, INC.	<u> </u>	<u>10124</u> F	<sup>2</sup> age 8
Part VI	Part IV, Sec line 1; Part I	tion A, Iir V, Sectic	nes 1, 2, 3b on D, lines 2	o, 3c, 4b, 4c 2 and 3, Pai	c, 5a, 6, 9a, 9 rt IV, Section	9b, 9c, 11a, 1 n E, lines 1c, 2	1b, and 11c; 2a, 2b, 3a, an	Part IV, Section nd 3b; Part V, line	ne 17a or 17b, Part i B, lines 1 and 2, Par e 1, Part V, Section B ny additional informat	II, line 12; t IV, Section ( , line 1e, Part	<b>D.</b>
	(See instruc	tions)									
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### **SCHEDULE 0**

Internal Revenue Service

(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.

► Go to www.irs.gov/Form990 for the latest information.

INC.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

RIDGEFIELD SCHOLARSHIP GROUP,

**Employer identification number** 06-1010124

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	701.
DIVIDEND INCOME	3,282.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	3,983.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	
ACTIVITY CLASSIFICATION: CIARCIA SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: MANNO & DEMRICK SCHOLARSHIPS	•
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	<del></del>
AMOUNT GIVEN:	6,500.
ACTIVITY CLASSIFICATION: CAMPBELL SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	
AMOUNT GIVEN:	2,000.
ACTIVITY CLASSIFICATION: CAMPBELL SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	······································
AMOUNT GIVEN:	2,000.
ACTIVITY CLASSIFICATION: MELTZER SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	

Schedule O (Form 990 or 990-EZ) (2017)  Name of the organization  RIDGEFIELD SCHOLARSHIP GROUP, INC.	Employer identification number 06-1010124
AMOUNT GIVEN:	2,000.
ACTIVITY CLASSIFICATION: DIMITRI SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	
AMOUNT GIVEN:	1,500.
ACTIVITY CLASSIFICATION: PRINCIPI SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	······
AMOUNT GIVEN:	3,000.
ACTIVITY CLASSIFICATION: DIMITRI SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	
AMOUNT GIVEN:	1,500.
ACTIVITY CLASSIFICATION: PRINCIPI SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	
AMOUNT GIVEN:	3,000.
ACTIVITY CLASSIFICATION: HODDINOTT SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	
AMOUNT GIVEN:	2,000.
ACTIVITY CLASSIFICATION: WILDER SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	
AMOUNT GIVEN:	2,000.
ACTIVITY CLASSIFICATION: PRINCIPI SCHOLARSHIP	
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY	
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  RIDGEFIELD SCHOLARSHIP GROUP, INC.		er identification number 1010124
AMOUNT GIVEN:		3,000.
ACTIVITY CLASSIFICATION: CREAGH SCHOLARSHIP		
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY		
AMOUNT GIVEN:		2,000.
ACTIVITY CLASSIFICATION: CREAGH SCHOLARSHIP		
PROPERTY DESCRIPTION: SCHOLARSHIP MONEY		
AMOUNT GIVEN:		2,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		33,500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
P.O. BOX RENTAL FEE		108.
SUPPLIES		69.
BANK SERVICE CHARGES		140.
INSURANCE		2,374.
FOREIGN TAX PAID		18.
TOTAL TO FORM 990-EZ, LINE 16		2,709.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS	S:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED GAINS		4,959.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION B	EG. OF YEAR	END OF YEAR
INFINEX INVESTMENTS #001961	54,056.	59,495.
INFINEX INVESTMENTS #420264	21,814.	25,147. m 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization RIDGEFIELD SCHOLARSHIP GROUP, INC.		dentification number 10124
INFINEX INVESTMENTS #110094	87,142.	97,713.
TOTAL TO FORM 990-EZ, LINE 24	163,012.	182,355.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO	PROVIDE COLLE	GE
SCHOLARSHIPS TO THE GRADUATING SENIORS OF RIDGEFIE ORGANIZATION DISTRIBUTES AN AVERAGE OF 15 SCHOLARS	<del></del>	. THE
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONA	L BENEFIT CONT	RACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE		RECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEF		
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY AN OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	Y PREMIUMS, DI	RECTLY,
	<del></del>	