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)

OMB No 1545-1150

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

		t of the Treasury venue Service	► Go to www.irs.gov/Form990EZ for inst	tructions a	nd the latest informate	on.	
			ar year, or tax year beginning		and ending		
В	Check i applica	of C N	Name of organization			D Employer id	entification number
	Add	ress change				ļ	
	Narr	o oago	AK_HILL CADDIE SCHOLARSHIP FU				60609
		arretuit	mber and street (or P O. box, if mail is not delivered to street add	-	Room/suite	E Telephone r	
			3 EAST CHURCH STREET, UNIT 41			585-5	86-1660
	Дате	ended return City	or town, state or province, country, and ZIP or foreign postal co	ode	B	F Group Exem	nption
	Applii	cation pending F.	AIRPORT, NY 14450		<u> </u>	Number >	
G	Accou	nting Method	X Cash Accrual Other (specify) ▶			H Check ►	X if the organization is
1	Websi	te ► <u>N/A</u>				not required	I to attach Schedule B
J	Tax-ex	xempt status (c	heck only one) $ \times$ 501(c)(3) \sim 501(c)() \triangleleft (inse	ert no.) 🔙	4947(a)(1) or 527	(Form 990,	990-EZ, or 990-PF).
K	Form o	of organization:	X Corporation Trust Association	Oth	er		
L.	Add Iır	nes 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or mo	re, or if total assets (Part	11,	
	colum	n (B)) are \$500,	,000 or more, file Form 990 instead of Form 990-EZ	_		▶ \$	15,421.
P		Revenue	e, Expenses, and Changes in Net Assets or	Fund Ba	lances (see the instri	uctions for Part	
		Check if the	organization used Schedule O to respond to any question in this	s Part I			X
	1	Contributions,	, gifts, grants, and similar amounts received			1	15,063.
	2	Program servi	ice revenue including government fees and contracts			2	
	3	Membership d	dues and assessments			3	
	4	Investment ind	come	SEE	SCHEDULE O	4	358.
	5a	Gross amount	from sale of assets other than inventory	5	a		
	b	Less: cost or c	other basis and sales expenses	_ 5	b		
	C	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from l	ıne 5a)		5c	
	6	Gaming and fu	undraising events.				
a	a	Gross income	from gaming (attach Schedule G if greater than				
Revenue		\$15,000)		6:	a		
ě	b		from fundraising events (not including \$		contributions		
<u>a</u>		from fundraisi	ing events reported on line 1) (attach Schedule G if the sum of su	uch	1		
		gross income	and contributions exceeds \$15,000)	61	b		
	C	Less. direct ex	penses from gaming and fundraising events	6			
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b	and subtract	t line 6c)	6d	
	7 a	Gross sales of	inventory, less returns and allowances	7:			
	b	Less. cost of g		<u> 71</u>	0		
	С	Gross profit or	(describe in Schedule 0)			7c	
	8					8	15 401
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 1c, and 8	- C	COURDING S	9	15,421.
	10	Grants and sin	milar diritorito paro (not in paro la constante di consta	SEE	SCHEDULE O	10	6,500.
	11	benefits paid ti	U UI IUI MEMUEIS			11	
es	12		compensation, and employee benefits DEN UT			12	
Expenses	13	13	ees and other payments to undependent contractors	-		13	
ă	14	· —	nt, utilities, and maintenance			14	 .
Ш	15		cations, postage, and shipping	ann	COMBDITE O	15	057
	16		s (describe in Schedule O)	SEE	SCHEDULE O	16	857.
	17		s Add lines 10 through 16			▶ 17	7,357.
s	18	•	icit) for the year (Subtract line 17 from line 9)			18	8,064.
let Assets	19		fund balances at beginning of year (from line 27, column (A))				24 042
ţ			ith end-of-year figure reported on prior year's return)	CDD	COMBDIT D A	19	24,843.
<u>e</u>	20	Other changes	in net assets or fund balances (explain in Schedule 0)	DEE	SCHEDULE O	20	409.

Form **990-EZ** (2018)

Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions

Ρ.	art U	Balance Sheets (see the instructions for Part II)					
	1	Check if the organization used Schedule O to res	pond to any question	in this Part II			
			(A) Beginning of year	\perp	(B) E	nd of year
22	Cash,	savings, and investments		24,843	. 22		33,316.
23	Land	and buildings			23	<u> </u>	
24	Other	assets (describe in Schedule 0)			24		
25	Total	assets		24,843	• 25		33,316.
26	Total	liabilities (describe in Schedule 0)		0	• 26		0.
27	Net a:	ssets or fund balances (line 27 of column (B) must agree with line 21)		24,843	• 27		33,316.
Pa	if(III)	Statement of Program Service Accomplishmen	its (see the instruction	ons for Part III)		E	xpenses
		Check if the organization used Schedule O to resp	pond to any question	in this Part III	X		for section and 501(c)(4)
Wha	it is the o	organization's primary exempt purpose? SEE SCHEDULE O					ons; optional for
Desc	ribe the or	ganization's program service accomplishments for each of its three largest program s	ervices, as measured by expenses	In a clear and concise		others.)	
		be the services provided, the number of persons benefited, and other relevant informa				ļ	
28	THE	OAK HILL CADDIE SCHOLARSHIP FUN	D PAID 6 CADD	IES			
	TNOM	THLY STIPENDS OF \$400 FOR LEADER	SHIP AND SKILI				
	DEVE	LOPMENT SUPPORTING THE OPPORTUN	ITY FOR SCHOLA	ARSHIPS.			
	(Grants	\$ 6,500.) If this amount includes foreign of	grants, check here	•		28a	6,500.
29							
	(Grants	\$) If this amount includes foreign of	rants, check here	•		29a	
30							
	(Grants	\$) If this amount includes foreign of	rants, check here	>		30a	
		rogram services (describe in Schedule O)	,				
	(Grants	,	arants, check here	•		31a	
		rogram service expenses (add lines 28a through 31a)				32	6,500.
Pä	rt IV	List of Officers, Directors, Trustees, and Key E	mployees (list each one er	ven if not compensated - s	ee the ii	nstructions fo	r Part IV)
		Check if the organization used Schedule O to resp	oond to any question	in this Part IV			
			(b) Average hours	(C) Reportable		alth benefits,	(e) Estimated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emplo	ibutions to lyee benefit	amount of other
		1-7	position	(if not paid, enter -0-)		and deferred pensation	compensation
CH.	ARLE	S A. ROGERS					
PR	ESID	ENT	1.00	0.		0.	0.
RO	NALD	A. PLUTA					
	EASU		1.00	0.		0.	0.
GR.	EGOR	Y W. LANE					
SE	CRET	ARY	1.00	0.		0.	0.
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Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 3	7.4	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part	V	X
activity in Schedule 0 All Were any significant changes made to the organization's name. Otherwise, applian the change on Schedule 0 (see instructions) 32 Did the organization have undeleted business gross income of \$1,000 or more during the year from business activities (such as those reported on time 2, 6, and 17 ₂ among others). 33 If Yes 10 time 35, has the organization filed a Form 990-T for the year? If 'No.' provide an explanation on 600(9) notice, reported on the 2, 6, and 17 ₂ among others. 33 If Yes 10 time 35, has the organization filed a Form 990-T for the year? If 'No.' provide an explanation on 600(9) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Fart III and the organization undergo a individual, dissolution, termination, or significant disposition of nat assets during the year? If 'Yes,' complete Schedule C, Fart III and the organization of potice is premotives, direct or indirect, as described in the instructions 34				,	
activity in Schedule 0 All Were any significant changes made to the organization's name. Otherwise, applian the change on Schedule 0 (see instructions) 32 Did the organization have undeleted business gross income of \$1,000 or more during the year from business activities (such as those reported on time 2, 6, and 17 ₂ among others). 33 If Yes 10 time 35, has the organization filed a Form 990-T for the year? If 'No.' provide an explanation on 600(9) notice, reported on the 2, 6, and 17 ₂ among others. 33 If Yes 10 time 35, has the organization filed a Form 990-T for the year? If 'No.' provide an explanation on 600(9) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Fart III and the organization undergo a individual, dissolution, termination, or significant disposition of nat assets during the year? If 'Yes,' complete Schedule C, Fart III and the organization of potice is premotives, direct or indirect, as described in the instructions 34	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
documents if they related a change to the organization's name. Otherwise, explain the change on Schedule (0 See instructions) 3			33	l	X
35.a Diff the organization have surveitante business gross accome of \$1,000 or more during the year from business activities (such as those reported on lines 2, 68, and 79, among others)? 35.b If Yie's 10 ine 35a, has the organization hied a Form 990-T for the year? If No,* provide an explanation in Schedule 0. 4. Was the organization a section \$01(2)(4), 501(2)(5), or 501(2)(6) organization as excited to section 6033(6) solicies, reporting, and proxy tax requirements during the year? If Yes,* complete subjected part of Stockholder, Part III and complete subjected by the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Did the organization in Form 1970-01 for this year? 3. Section 5010(2)(3) 5010(2)(4), and 5010(2)(29) organizations. Did the organization during the year under section 5010(2)(3), 5010(2)(4), and 5010(2)(29) organizations. Did the organization applies to provide in Form 1970-1970-1970-1970-1970-1970-1970-1970-	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
on lines 2, 6a, and 7a, among others)? b if Yes's to line 5a, has the organization field a form 990-T for the year? if Yes', provide an explanation in Schedule 0 v Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If Yes', complete Schedule C, Part III Dut the organization undergo a laudiation, dissolution, circumscent, or significant disposition of net assets during the year? If Yes', organization states of Schedule N 27. Enter amount of political expenditures, director indirect, as described in the instructions b of the organization interfers of Schedule N 28. If Yes', complete Schedule N 29. If Yes', complete Schedule L, Part II and refer the total amount involved 39. If Yes', complete Schedule L, Part II and refer the total amount involved 39. Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 991 b		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<u> </u>	X
b If Yes't to line 35s, has the organization field a form 990-T for the year? If Yo, 2 provide an explaination in Schedule C or Visis the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or 901(c)(6) or	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
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 requirements during the year? If Yes,* complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year? If Yes,* complete splicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38		on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	
requirements during the year? If "Yes," complete Schedule C, Part III 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete aphiciable parts of Schedule N 70 • Enter amount of political expenditives, direct or indirect, as described in the instructions 8 bid the organization file form 119-00. If or this year? 8 bid the organization file form 119-00. If or this year? 8 bid the organization file form 119-00. If or this year? 8 bid the organization file form 119-00. If or this year? 8 bid the organization file form 119-00. If or this year? 8 bid Yes," complete Schedule L, Part II and enter the total amount involved 9 bid Pers, complete Schedule L, Part II and enter the total amount involved 9 Section 501(c)(30) organizations included on line 9 9 Cross receipts, included on kine 9, for public use of club facilities 1 influence file and capital contributions included on line 9 9 Cross receipts, included on kine 9, for public use of club facilities 1 section 501(c)(30) organizations file armound of tax imposed on the organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of uning the year, or did it engage in an excess benefit transaction or uning the year, or did it engage in an excess benefit transaction or uning the year, or did it engage in an excess benefit transaction or uning the year or did it engage in an excess benefit transaction or uning the year, or did it engage in an excess benefit transaction or uning the year or did it engage in an excess benefit transaction or uning the year of sequilished persons during the year excess during the year of the organization managers of disqualished persons during the year excess during the year? 1 Yes, enter the name of the foreign co	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/	'A_
Did the organization under go a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, "orgineta applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ■ Did the organization for for 1120-PDL for this year? ■ Did the pragnization before in Year, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a pinor year and still outstanding at the end of the tax year covered by this return? ■ If Yes, complete Schedule L, Part II and enter the total amount involved ■ Section 501(c)(7) organizations. Enter: ■ Intraction fees and capital contributions included on line 9 for public uses of club floatines ■ Section 501(c)(3) organizations. Enter: ■ Intraction fees and capital contributions included on line 9 for public uses of club floatines ■ Section 501(c)(3) organizations. Enter: ■ Intraction fees and capital contributions included on line 9 for public uses of club floatines ■ Section 501(c)(3) organizations. Enter amount of lax imposed on the organization during the year under section 4911 ▶ 0. ■ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction of uning the year, or did it engage in an excess benefit transaction on a prior year that has not been reported on any of this prior from 990 or 990-121 ** Tree, "complete Sections 4912, 4955, and 4958 ■ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ■ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-7 ■ All organizations. At any time during the tax year, was the organization approach or properties and the foreign country. Section 497(4) organizations have a	0	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			1
a Section 50 (15(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified person during the year in a section 4911 P. Section 51(5)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year in a section 4911 P. Section 51(5)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year of the vision of the organization during the year of the vision of tax imposed on the organization during the year of the vision organization during the year of the vision of tax imposed on the organization during the year under section 4911 P. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations filter amount of tax imposed on the organization during the year under section 4911 P. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations filter amount of tax imposed on organization during the year under section 4911 P. P. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations filter amount of tax imposed on organization managers of disqualified persons during the year under sections 4912, 4955, and 4958 D. O. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4912, 4955, and 4958 D. O. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4912, 4955, and 4958 D. O. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year amount of tax on line 40c rembursed by the organization of socks are nature of PRONALD A. PLUTA Telephone no PS85-586-1660 D. Advantage of the organization of the tax year, was the organization aparty to a prohibited tax shelter transaction? If Yes, enter the name of the foreign country (year) and t		requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u> </u>	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization the Form 1120-PGL for this year? ♣ Did the organization before from the any loans to, any officer, director, trustee, or key employee or were any such leans made in a prior year and still outstanding at the end of the tax year covered by this return? ♣ 111 **Tex** Complete Schedule L. Part II and enter the total amount involved 38 N/A 39 Section 501(c)(7) organizations. Enter: ■ Initiation frees and capital contributions included on line 9 ♣ Cross receiptis, included on line 9, for public use of club lincilities ■ Tex** And Section 501(c)(3) organizations. Enter: ■ Initiation frees and capital contributions included on line 9 ♣ Cross receiptis, included on line 9, for public use of club lincilities ■ Tex** And Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ★ O . * **Section 501(c)(3) organizations. Enter amount of tax imposed on the organization organization mappers or disquilled persons diturning the year under transaction or arganization managers or disquilled persons diturning the year under an aproif year that has not been reported on any of this prior Enter 95 90 or 990-E27 (**Yes**) complete form 8986-F ■ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction or arganization managers or disquilled persons diffusing the year under sections 4912, 4955, and 4955 ■ O. • All organizations. At any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If **Yes** (complete Form 8986-F) ■ All organizations and thing results the proper sections 4912, 4955, and 4955 ■ O. • All organizations and thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ All any time during the calendaryear, did the organization maintain an office outside the United States? ■ If **Yes** (in	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		ĺ	
b Did the organization file Form 1120-POL for this year? 8a Old the organization forew from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and salfi outstanding at the end of the tax year covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 39c					X
38a	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
38 a Ut the organization become from, or make any loans to, any officer, director, trissle, or key employee or were any such loans made in a prior year and salth outstanding at the end of the at xyaar covered by this return? 8 Induston tess and capital contributions included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 10 - ; section 501(c)(7) agriculturations. Enter: 10 - Section 501(c)(7), 501(c)(4), and 501(c)(29) organizations. Bit is a section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Bit is a section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Bit is a section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Bit is amount of tax on line 40c remibursed on organization managers or disqualified persons during the year and the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c remibursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 - Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 - Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 2 - All capanizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "ks," complete Form 8886-T 10 - Located at # 5 + HADLEY DRIVE, FAIRPORT, NY 11 - Located at # 5 + HADLEY DRIVE, FAIRPORT, NY 12 - Telephone no \$\inc\$585-\$86-\$1660 13 - A any time during the calendar year, did the organization have an interest in or a significant or other authority over a financial account in a foreign country Such as a bank account, securities account, or other financial account (FBAR). 14 - Lot the organization of the foreign country Such as a bank account, securities account, or other financial account in a foreign country Such as a bank account, s			37b	-	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 The property of the prop	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0. \$\$\$ Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. ; 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 during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction and prior year that has not been reported on any of its prior forms 990 or 990-271 if 'Yes,' complete Schedule I., Part I 40b X 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year was the organization aparty to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-1 0. 7 All visit estates with which a copy of this return is filed ▶ NY 14450			38a	***	↓ X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, or public use of club facilities 39a Section 301(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	b		_		
b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4915 ▶ 0. 5 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 of uring the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ /11 ffvs; complete Schedule I., Part I 400					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 Section 4911 Section 4912 O.; section 4912 O.; section 4955 O. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organization. But the organization manager in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 if Yes, complete Schedule L, Part 1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization or disqualified persons during the year, under sections 4912, 4955, and 4958 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of books are in care of be RONALD A. PLUTA Telephone no Elephone no Section 501(c)(3), 501(c)(4), and 501(c)(29) organization have an interest in or a signature or other authority over a financial account in a foreign country. FARTPORT, NY At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. FARTPORT, NY The visit of the name of the foreign country. FARTPORT, NY See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). A 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. Farthy organization		· · · · · · · · · · · · · · · · · · ·	_		
b Section 4911			-100		
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	organization engage, directly or indire	ctly, in political campaign activ	rities on behalf of or	n oppositi	on to candidates for p	ublic office?		S NO
Part VI	complete Schedule C, Part I Section 501(c)(3) Organia	zatione Only					46	<u> </u>
La-en C)a1H	All section 501(c)(3) organization		7 40b and 50 an	d samalat	- +b- +-b f!	- 50 51		
	Check if the organization used S			· ·	e the tables for lines	S 50 and 51		
	Original and Organization used C	ochedale o to respond to a	ny question in this	3 rait VI			Ye	s No
47 Did the	organization engage in lobbying activit	nes or have a section 501(h) el	ection in effect duri	no the tax v	ear? If "Yes " complete	Sch C Part II	47	X
	rganization a school as described in se				car ii res, complete	C COCII. O, T art II	48	X
	organization make any transfers to an					t	49a	X
	was the related organization a section	·	o. gacao			F	49b	+
	te this table for the organization's five		es (other than office	ers. director	s. trustees, and kev er	nolovees) who ea		more
	00,000 of compensation from the orga				-,,			
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			per week de	voted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amount	
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f Total nui	mber of other employees paid over \$1	00,000)	>				
	e this table for the organization's five t tion. If there is none, enter "None."	nighest compensated independ NONE	ent contractors who	o each recei	ved more than \$100,0	00 of compensati	on from the)
	Name and business address of each in			/h)	Type of service	(0) (ompensatio	20
	Tarre and beamood address of cash in	depondent contractor			Type of service	(6)	Ompensan	<u>/!!</u>
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d Total nun	mber of other independent contractors	each receiving over \$100,000			<u> </u>		<u>.</u>	
	rganization complete Schedule A? No	- · · · · · · · · · · · · · · · · · · ·	zations must attach	ı a				
	d Schedule A		Lationo most attasm			► X	Yes [No
Inder penalties		ined this return, including acco	mpanving schedule	es and state	ments, and to the hest			
•	nd domplete. Declaration of preparer (dia bolici,	, 11.13
		30 < >	<u></u>	тион ргорал	or nad any kind induge	11-17-1	9	
Sign 🔽	Signature of officer					Date	-	
lere	CHARLES A. ROGEI	RS, PRESIDENT						
	Type or print name and title							-
	Print/Type preparer's name	Preparer's signature	,	Date	Check) if PTIN		-
Paid		,			seif- employ	,		
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lay the IRS dis	scuss this return with the preparer sho	wn shove? See instructions	<u>, </u>				Yes	Ne.
,oo ut	The property and	abovo Occ mad bedons				En		No (2018)

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 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

2018

Name of the organization

Employer identification number

		OAK	HILL CADDI	E SCHOLARSHI	P FUN	D			11-3760609
	T.	Reason for Public	Charity Status	(All organizations must o	complete ti	his part) S	See instructions		
The	organ	zation is not a private foun	idation because it is	(For lines 1 through 12,	check only	one box)			•
1		A church, convention of c		-	_				$\bigcirc \bigcirc \bigcirc \bigcirc$
2		A school described in sec							$()\cup$
3		A hospital or a cooperative					iii).		
4	一	A medical research organi					•	(in). Ente	r the hospital's name.
		city, and state	•					` ,	, ,
5		An organization operated	for the benefit of a co	ollege or university owne	d or opera	ted by a q	overnmental ur	nt describ	ped in
		section 170(b)(1)(A)(iv). (· ·	•	, ,			
6		A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)(v).		
7	\Box	An organization that norm						e general	public described in
		section 170(b)(1)(A)(vi). (-	, , , , , , , , , , , , , , , , , , , ,	3.			3	
8		A community trust describ)(1)(A)(vi). (Complete Pa	rt II)				
9		An agricultural research or				ted in coni	unction with a l	and-oran	t college
		or university or a non-land-	=		• • •			_	-
		university	J	,			,,		
10	X	An organization that norma	ally receives (1) more	e than 33 1/3% of its suc	port from	contribution	ons, membersh	ıp fees. a	nd gross receipts from
		activities related to its exe							
		income and unrelated busi	-	·					
		See section 509(a)(2). (Co		,			, 9		
11	$\overline{}$	An organization organized	•	evely to test for public sa	fetv See	section 5	09(a)(4).		
12		An organization organized						ry out the	purposes of one or
		more publicly supported o	rganizations describe	ed in section 509(a)(1)	or section	509(a)(2)	See section 5	09(a)(3).	Check the box in
		lines 12a through 12d that							
а		Type I. A supporting org	_					_	giving
		the supported organizati			-				
		organization You must			, ,				., 0
b		Type II. A supporting org	ganization supervised	d or controlled in connec	tion with it	s supporte	ed organization	(s), by ha	ving
		control or management of	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manage	e the sup	ported
		organization(s) You mus	st complete Part IV,	Sections A and C.			·	·	
С		Type III functionally inte	egrated. A supportin	ig organization operated	in connec	tion with, a	and functionally	/ integrate	ed with,
		its supported organization	n(s) (see instructions) You must complete	Part IV, Se	ections A,	D, and E.		
ď		Type III non-functionally	y integrated. A supp	oorting organization opei	ated in co	nnection v	vith its support	ed organı	zation(s)
		that is not functionally in	tegrated The organiz	zation generally must sat	isfy a distr	ibution red	quirement and a	an attenti	veness
		requirement (see instruct	tions) You must cor	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, o	r Type III non-functio	nally integrated supporti	ng organiz	ation		•	
f	Enter	the number of supported of							
g	Provi	de the following information	n about the supporte	ed organization(s)					
	(1)	Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	(iv) Is the organic in your govern	anization listed ing document?	(v) Amount of r	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
		· · · · · · · · · · · · · · · · · · ·							
otal			THE STREET	CHANGE OF THE PARTY OF THE PART	***				

Schedi	Support Schedule for	Organization	S Described in	Sections 170	(b)(1)(A)(iv) an	а 170(Б)(1)(А)(
	(Complete only if you checke	_					
	fails to qualify under the tests	s listed below, plea	ase complete Part	III)			
Secti	on A. Public Support			-			
Calend:	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ifts, grants, contributions, and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1
m	nembership fees received (Do not						
ın	clude any "unusual grants ")			<u> </u>			
2 Ta	ax revenues levied for the organ-						
IZ	ation's benefit and either paid to						
or	r expended on its behalf						
3 Tr	ne value of services or facilities						
fu	rnished by a governmental unit to						
th	e organization without charge						
4 To	otal. Add lines 1 through 3			30.11.046			
5 Tr	ne portion of total contributions						•
by	y each person (other than a	;			I.		į
gc	overnmental unit or publicly	(4		4
	upported organization) included						
	n line 1 that exceeds 2% of the						
	nount shown on line 11,						
co	olumn (f)			<u>'</u>	-	4	
	ublic support. Subtract line 5 from line 4 on B. Total Support	<u> </u>	;	.1	<u> </u>		<u> </u>
		() 0044	# N 001/F	(1) 0010	1 (0.0017	(-) 0010	(0 Tatal
	ir year (or fiscal year beginning in)	(a) 2014	(b) 20,15	(c) 2016	(d) 2017	(e) 2018	(f) Total
	mounts from line 4		/			1	
	ross income from interest,						
	vidends, payments received on						
	curities loans, rents, royalties, ad income from similar sources	,	/				
	et income from unrelated business	/	-				
	etivities, whether or not the						
	isiness is regularly carried on						
	ther income Do not include gain						
	loss from the sale of capital						
	sets (Explain in Part VI)						
	otal support. Add lines 7 through 10						
	oss receipts from related activities.	etc (see instruction	ons)			12	•
	rst five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
ord	ganization, check this box and stop	here					▶□
Section	on C. Computation of Publi	c Support Per	centage			· , · · · · · · · · · · · · · · · · · ·	
44 🗅	iblic support percentage for 2018 (li			olumn (f))		14	%
			II lino 14			15	%
15 Pu	iblic support percentage from 2017						
15 Pu	ublic support percentage from 2017 11/3% support test - 2018. If the co			n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
15 Pu 16a 33 sto	1/3% support test - 2018. If the copp here. The organization qualifies a	organization did no as a publicly supp	ot check the box or orted organization				
15 Pu 16a 33 sto b 33	1/3% support test - 2018. If the copp here. The organization qualifies at 1/3% support test - 2017. If the co	organization did no as a publicly supp organization did no	ot check the box or orted organization of check a box on I	ine 13 or 16a, and			
15 Pu 16a 33 sto b 33 and	1/3% support test - 2018. If the copp here. The organization qualifies at 1/3% support test - 2017. If the cod stop here. The organization qualifies the stop here. The organization qualifies the stop here.	organization did no as a publicly supp organization did no fies as a publicly s	ot check the box or orted organization of check a box on I supported organiza	ine 13 or 16a, and ation	l line 15 is 33 1/3%	6 or more, check th	is box
15 Pu 16a 33 sto b 33 and 17a 10	1/3% support test - 2018. If the copp here. The organization qualifies at 1/3% support test - 2017. If the odd stop here. The organization qualifier facts-and/circumstances test	organization did no as a publicly supp organization did no fies as a publicly s - 2018. If the org	ot check the box or orted organization of check a box on I supported organiza anization did not c	ine 13 or 16a, and ation check a box on line	l line 15 is 33 1/3%	or more, check than and line 14 is 10%	is box or more,
15 Pu 16a 33 sto b 33 and 17a 10 and	of 1/3% support test - 2018. If the copp here. The organization qualifies a 1/3% support test - 2017. If the code stop here. The organization qualifies a facts-and/circumstances test d if the organization meets the "fact	organization did no as a publicly supp organization did no fies as a publicly s - 2018. If the org ts-and-circumstand	ot check the box or orted organization of check a box on I supported organization did not co ces" test, check th	ine 13 or 16a, and ation check a box on line ils box and stop I	l line 15 is 33 1/3% e 13, 16a, or 16b, a nere. Explain in Pa	or more, check than and line 14 is 10%	is box or more,
15 Pu 16a 33 sto b 33 and 17a 10 and	of 1/3% support test - 2018. If the coppore test - 2017. If the coppore test - 2017. If the code of the composition of the code of the composition of the code of	organization did no as a publicly supp organization did no fies as a publicly s - 2018. If the org ts-and-circumstand test The organizat	of check the box of corted organization of check a box on los supported organization did not coes test, check the ton qualifies as a page.	ine 13 or 16a, and ation check a box on line ils box and stop I publicly supported	I line 15 is 33 1/3% • 13, 16a, or 16b, a nere. Explain in Pa organization	or more, check th and line 14 is 10% art VI how the orgal	or more,
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15 Pu 16a 33 stc b 33 and 17a 10 ^o and me b 10 ^o	of 1/3% support test - 2018. If the copp here. The organization qualifies is 1/3% support test - 2017. If the code stop here. The organization qualifies for the code stop here. The organization qualifies for the organization meets the "fact of the organization meets the "fact of the organization meets the "fact of the organization meets the o	organization did not as a publicly supporganization did not fies as a publicly services. If the organization of the organizati	of check the box of corted organization of check a box on I supported organization did not coes" test, check the tion qualifies as a panization did not comstances" test, check the con gualifies as a panization did not comstances" test, check the comstances and the constances and the constance and the c	ine 13 or 16a, and ation check a box on line box and stop I bublicly supported check a box on line leck this box and	e 13, 16a, or 16b, onere. Explain in Pa organization e 13, 16a, 16b, or stop here. Explain	or more, check th and line 14 is 10% art VI how the orgai 17a, and line 15 is n in Part VI how the	or more, hization 10% or
15 Pu 16a 33 sto b 33 and 17a 10° and me b 10° mo	of 1/3% support test - 2018. If the copp here. The organization qualifies is 1/3% support test - 2017. If the code stop here. The organization qualifies and forcumstances test does not be a support that the organization meets the "fact sets the "facts and circumstances" to facts and circumstances test for the organization facts and circumstances test of the organization facts and circumstances test facts facts and circumstances test facts are circumstances.	organization did no as a publicly supp organization did no fies as a publicly s - 2018. If the org ts-and-circumstand test The organizat - 2017. If the org ie "facts-and-circui umstances" test	of check the box of corted organization of check a box on I supported organization did not coes" test, check the tion qualifies as a panization did not comstances" test, check the organization q	ine 13 or 16a, and ation check a box on line outlied by supported check a box on line eck this box and ualifies as a public	e 13, 16a, or 16b, and the end of	or more, check thand line 14 is 10% art VI how the organing and line 15 is non Part VI how the organing and line 45 is not be an in Part VI how the organing at the organization.	or more, nization 10% or

11-3760609 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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 (a) 2014 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 1,017. 15,063. 16,080. include any "unusual grants") 2 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 15,063. 1,017. 16,080. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 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 0. amount on line 13 for the year 0. c Add lines 7a and 7b 16,080. 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) (f) Total 1,017. 15,063. 16,080. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 24. 23. 18. 17. 358. 440. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 24. 23. 18. 17. 358. 440. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1,041 23. 18. 15, 421. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

	,	(-)(-) - 3	· - ·	
chec	k this box and stop here		▶□	
Section	C. Computation of Public Support Percentage		•	
15 Publ	ic support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	97.34	%
16 Publ	ic support percentage from 2017 Schedule A, Part III, line 15	16	90.48	%
Section	D. Computation of Investment Income Percentage	<u> </u>		
17 Inves	stment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	2.66	%
18 Inves	stment income percentage from 2017 Schedule A, Part III, line 17	18	9.52	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

 $\triangleright X$

Part W 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?
- 6 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 (as 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
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Schedule A	Form 9	90 or 9	90-EZ)	2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2018

Name of the organization

OAK HILL CADDIE SCHOLARSHIP FUND

Employer identification number 11 – 3760609

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	358.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAI	ID:
ACTIVITY CLASSIFICATION: CADDIE STIPENDS	
AMOUNT GIVEN:	6,500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANKING CHARGES	105.
OTHER	752.
TOTAL TO FORM 990-EZ, LINE 16	857.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAINS	409.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE F	TNANCTAL.
ASSISTANCE IN THE FORM STIPENDS TO CADDIES FOR LEADERSHIP AN	
PROFESSIONAL DEVELOPMENT IN THE HOPES OF OBTAINING SCHOLARSH	IPS TO
PURSUE UNDERGRADUATE STUDIES WHILE PROVIDING CADDY SERVICES	TO OAK HILL
COUNTRY CLUB.	·····

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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

Schedule O (Form 990 or 990-EZ) (2018)

	dule O (Form 990 or 990-EZ) (2018)	Page 2
Name	OAK HILL CADDIE SCHOLARSHIP FUND	Employer identification number 11-3760609
THE	ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR	INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE	ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
<u>OR</u>	INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
		