# Form **990-EZ**

# \*\* PUBLIC DISCLOSURE COPY \*\* 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.

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School Academic charges   SCHOLARS OF FINANCE   8 2 - 273 54 9 5									
SCHCARS OF FINANCE   Submit reference   Submit re	В	Check if applicat	G Name of organization	I	D Empl	oyer id	dentification number		
Number and street (or P.O. Dox, if mail is not delivered to street address)   Room/suite   Foreign toward		Addr	ress change						
Po Box 8428		Nam	e change   SCHOLARS OF FINANCE		82-2735495				
PO BOX 8428   612-646-4891	X	Initia	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite I	<b>E</b> Telep	hone	number		
Amended return   City or town, state or province, country, and 2/p or foreign postal code   F Group Exemption   New YORK, NY 10150-8428   H Check   The designation is not required to attach Schedule 6 Accounting Method:   Gash   X Accrual Other (spectfy)   H Check   The designation is not required to attach Schedule 8   Take-exempt state (scheck only one)   X 501(c)(3)   501(c)   (insert no.)   4947(a)(1) or   527   (Form 990, 990-EZ, or 990-PE).	F	— Final	I return/ DO DOY 0400		61	612-646-4891			
Second   NEW YORK, NY 10150 - 8428	F	=	City or town state or province country and ZID or foreign postal code						
Recounting Method:	F	=	nada i otalii			•	•		
Website:   SCHOLARSOFFINANCE.ORG   Tax-exempl status (check only one)   X   501(c)(3)   501(c)     (insert no.)   4947(a)(1) or   527   (form 990, 990-EZ, or 990-PF).	G								
Tax-exempt status (check only one) —			§ ** ** ** ** ** ** ** ** ** ** ** ** **			-			
Form of organization:   X   Corporation   Trust   Association   Other				) or 527					
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form \$90 instead of Form \$90-EZ				) 01 327 [	(FUII	11 990,	990-62, 01 990-87).		
Part       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )				al assats (Dawt II					
Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)						Ф	07 702		
Check if the organization used Schedule 0 to respond to any question in this Part I			Revenue Expenses and Changes in Net Assets or Fund Ralances	(ago the inetru	otiono f	> \$	01,103.		
1   Contributions, gifts, grants, and similar amounts received   2   Frogram service revenue including government fees and contracts   2   5   7   020   0.		arti							
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gamming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events (not including \$ of contributions gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d 7 Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 Grant agree with end-of-year figure reported on prior year's return) 19 Occupancy in the dalances in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances (explain in Schedule 0)	_	Τ.							
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Sa   Sa   Sa   Sa   Sa   Sa   Sa   Sa		1				_	5,020.		
Sa   Gross amount from sale of assets other than inventory   Sa   Sb   Sb   Sb   Sb   Sb   Sb   Sb		3				$\overline{}$			
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Salaries, other compensation, and employee benefits   12   13   1,365.   14   Occupancy, rent, utilities, and maintenance   14   15   Printing, publications, postage, and shipping   15   16   Other expenses (describe in Schedule 0)   SEE SCHEDULE O   16   23,661.   17   Total expenses. Add lines 10 through 16   17   25,026.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   62,677.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   0.   O.   Other changes in net assets or fund balances (explain in Schedule 0)   20   O.   O.   O.   O.   O.   O.   O.   O		10	Grants and similar amounts paid (list in Schedule 0)			10			
Salaries, other compensation, and employee benefits   12   13   1,365.   14   Occupancy, rent, utilities, and maintenance   14   15   Printing, publications, postage, and shipping   15   16   Other expenses (describe in Schedule 0)   SEE SCHEDULE O   16   23,661.   17   Total expenses. Add lines 10 through 16   17   25,026.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   62,677.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   0.   O.   Other changes in net assets or fund balances (explain in Schedule 0)   20   O.   O.   O.   O.   O.   O.   O.   O		11	Benefits paid to or for members			11			
13   Professional fees and other payments to independent contractors   13   1,365.	ģ	12				12			
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20 Other changes in net assets or fund balances (explain in Schedule 0)  20 0.  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 62,677.	Ass					19	0.		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et/	20	Other sharper to get a set and belonger (somble to Get add to Other						
	z	1				21	62,677.		

Form **990-EZ** (2017)

Part II Balance Sheets (see the instru	uctions for Part II)					
Check if the organization used	Schedule O to respond to any ques	tion in this Part II				
		(A) Beginning of year		(B) E	nd of year	
22 Cash, savings, and investments		0	. 22		62,67	77.
23 Land and buildings			23		,	
24 Other assets (describe in Schedule 0)			24			
		0			62,67	77
		0			02,01	0.
26 Total liabilities (describe in Schedule 0)	)	0	<del></del>		62,67	
27 Net assets or fund balances (line 27 of column (B Part III Statement of Program Servic	nust agree with line 21) (see the instri		• 27			/ / •
	•	•	[TZ] (		rpenses for section	
	Schedule O to respond to any ques	tion in this Part III			and 501(c)(4	4)
What is the organization's primary exempt purpose? ${f SE}$	E SCHEDULE O				ons; optional	for
Describe the organization's program service accomplishments for each		enses. In a clear and concise	0	thers.)		
manner, describe the services provided, the number of persons benef	med, and other relevant information for each program title.			1		
28 SEE SCHEDULE O						
			<u>_</u> l			
	nount includes foreign grants, check here	<b>&gt;</b>	28	8a	22,73	<u> 37.</u>
29 SEE SCHEDULE O						
	nount includes foreign grants, check here	<b>&gt;</b>	29	9a		
30 SEE SCHEDULE O						
	nount includes foreign grants, check here	<b>&gt;</b>	30	0a		
31 Other program services (describe in Schedule 0	O) SEE SCHEDULE O					
(Grants \$ ) If this an	nount includes foreign grants, check here	<b>&gt;</b>	3	1a		
32 Total program service expenses (add lines 28	8a through 31a)		🕨 3	32	22,73	37.
Part IV List of Officers, Directors, Tru	ustees, and Key Employees (list each	one even if not compensated -	see the inst	tructions fo	r Part IV)	
Check if the organization used	Schedule O to respond to any ques	tion in this Part IV				
	(b) Average hours	(C) Reportable		h benefits,	(e) Estima	ated
(a) Name and title	per week devoted t		employe	itions to e benefit	amount of	other
( )	position	(if not paid, enter -0-)	plans, and compe	d deferred nsation	compensa	tion
ROB BALDERRAMA						
TREASURER	2.00	0.		0.		0.
NICOLAS SUAREZ		-				
DIRECTOR	2.00	0.		0.		0.
ROSS OVERLINE				-		
CHAIRMAN	2.00	0.		0.		0.
RYAN QUINLIVAN	2100					
VICE-CHAIRMAN	2.00	0.		0.		0.
CHAD GROSSMANN	2.00	•		•		<u> </u>
SECRETARY	2.00	0.		0.		0.
DICKLIMI	2:00	0.		·		<u> </u>
					<del>                                     </del>	
					<del> </del>	
					<del></del>	
					<del> </del>	
		1				

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	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	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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			
	on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	Α
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	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>&gt; 37a 0</b> •			
b	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; 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			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $ ightharpoonup 0$ .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed <b>MN</b>			
42 a	The organization's books are in care of $\blacktriangleright$ THE ORGANIZATION Telephone no. $\blacktriangleright$ 612-64			
	Located at ▶ PO BOX 8428, NEW YORK, NY ZIP+4 ▶ 1	015	0-8	<u>428</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		X
	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).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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)	45b		

											_	Υe	s No
46		ganization engage, dire											1,,
Do		omplete Schedule C, Pa Section 501(c)(3		only								46	X
Pa					.4:	47 40h and 50 a				- 50	J = 4		
		All section 501(c)(3) on the control of the control	-	-									
		oneck if the organiza	ulon useu Schedule	O to respon	iu to a	arry question in th	15 Fait VI					Ye	s No
47	Did the or	ganization engage in lo	hhving activities or hav	e a section 5	i01(h) e	election in effect du	ring the tax v	ear? If "Y	es " complete	Sch C	Part II	47	X
48		anization a school as de										48	Х
49 a		ganization make any tra										19a	Х
		as the related organizat									I	19b	
50	Complete	this table for the organ	ization's five highest co									h receive	d more
	than \$100	,000 of compensation t	from the organization.	If there is nor	ne, ente	er "None."				1			
		(a) Name and	title of each employee			(b) Avera		(c)	Reportable nsation (Forms		Ith benefits, outions to	. ,	timated
						per week o			1099-MISC)	employ	ree benefit nd deferred		of other nsation
			NON	IE		posi		-			ensation	Compo	iisatioii
						_							
						_							
		on. If there is none, ent ame and business addr					(b	) Type of	service		(c) Co	ompensa	tion
	<b>.</b>				100 -								
		ber of other independe		-				<b>&gt;</b>	-				
52	complete	ganization complete Sc d Schedule A			·				und to the he			Yes	No
		id complete. Declaration		,	•	1 3 0		,		,	Miowicage	and bell	01, 11.10
,	25550, 41	,	p. opa. or touror the	5111501 / 10 1		s.iormanori o	prope	oao u	, <b>o</b> oug	1			
Sig Her	n re	Signature of officer  RYAN QUIN  Type or print name and tit	LIVAN, VIC	E CHAI	RMA	ΔN				Date			
		Print/Type preparer's	name	Preparer's	signatı	ıre	Date		Check	if	PTIN		
Pai	d				•				self- emplo	_			
	parer	MARIE A. S	CHMITZ	MARIE	Α.	SCHMITZ	01/0	6/19			P012		4
	Only	Firm's name ▶ BE		TD.					Firm's EIN				
_50	- <b>-</b> y		20 PARK AV						Phone no		)-251		0
		!	T. CLOUD,									_	
May	the IRS dis	cuss this return with th	ne preparer shown abo	ve? See instr	uctions	S						Yes	No
											Fo	rm <b>990-l</b>	<b>Z</b> (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 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

SCHOLARS OF FINANCE

82-2735495

Pa	rt I	Reason for Public C	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	$\overline{\Box}$	A church, convention of chu	·		•	-	I)(A)(i).	
2	Ħ	A school described in <b>secti</b>	•				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	H	A hospital or a cooperative		·			i)	
3	H	•					•	the beenitel's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that normal	ly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the general p	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	d in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	-
		university:	rant conege of agrici	artare (500 morraotions).	Lintor tino i	iarrio, orty	, and state of the conege	, 01
40			lly receives: (1) more	than 22 1/20/ of its supp	oort from o	ontributio	no momborobin foco on	nd aross resoints from
10		An organization that normal						
		activities related to its exem	-					
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section (	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	n(s) the power to red	gularly appoint or elect a	maiority o	f the direc	tors or trustees of the su	upportina
		organization. You must c			, ,			
h		Type II. A supporting orga			ion with its	s sunnorte	ed organization(s) by hav	vina
		control or management of						
					arrie persor	iis iiiai coi	ntroi or manage the supp	Jortea
		organization(s). You mus						1 20
С		Type III functionally inte	-				• •	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	veness
		requirement (see instructi	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		vide the following information		d organization(s).				
	(	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed na document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

### 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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					82,683.	82,683.
2	Tax revenues levied for the organ-						
	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					82,683.	82,683.
	The portion of total contributions					,	•
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
							57,422.
6	Column (f)  Public support. Subtract line 5 from line 4.						25,261.
	etion B. Total Support						23,201.
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 201E	(4) 2016	(a) 2017	(f) Total
		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017 82,683.	(f) Total 82,683.
	Amounts from line 4					02,003.	02,003.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						82,683.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	5,020.
13	First five years. If the Form 990 is for	•			•	. , . ,	
	organization, check this box and stor	here					<u>▼</u> X
Sec	ction C. Computation of Publi	c Support Per	centage			T T	
14	Public support percentage for 2017 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14	<u>%</u>
15	Public support percentage from 2016					15	<u>%</u>
16a	33 1/3% support test - 2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı			▶□
b	33 1/3% support test - 2016. If the	-					
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instructions	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 17a, or 17	b, cneck this box a	na see instructions	

# Schedule A (Form 990 or 990-EZ) 2017 SCHOLARS OF FINANCE Part III | 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 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						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
K	(less section 511 taxes) from businesses						
	Add lines 10a and 10b  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						
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 ta	ax vear as a section	1 501(c)(3) organiza	ation
•	check this box and <b>stop here</b>	-			•		
Se	ction C. Computation of Publi						<u>,                                      </u>
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)17</b> (line 10c, colur	mn (f) divided by lin	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiza	ation	<b>&gt;</b>
k	33 1/3% support tests - 2016. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

#### 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?
- 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 (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
	4		
	1		
	2		
	3a		
	- Ou		
	3b		
	3c		
	4a		
	4b		
	TU		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	- 55		
	40		
	10a		
	10b		
۰ ۵	an or ac	n-F7	2017

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	-	, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	-	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec		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			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	suppo	orted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b		The organization satisfied the Activities Test. Complete line 2 below.			
C		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 instr			
2		ties Test. <b>Answer (a) and (b) below.</b>	uctions)	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ŭ		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b	Did th	e 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		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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-functiona	Ily integrated	d Type III supporting oras	nization (see
	instructions).	. 0		,

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type in Non-Functionally integrated 509(	aj(s) supporting Orga	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	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				
b	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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
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			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

S	CHOLARS OF FINANCE	82-2735495
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	
	y one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the properties of the parts I and II.	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mether the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it <b>must</b> answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fother filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

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

### SCHOLARS OF FINANCE

82-2735495

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### SCHOLARS OF FINANCE

82-2735495

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

### SCHOLARS OF FINANCE

82-2735495

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

RS OF FINANCE			82-2735495
Exclusively religious, charitable, etc., conthe year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follous, charitable, etc., contributions of \$1,000 or	owina line	n 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For granizations
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Transferee's name address s			elationship of transferor to transferee
Transfer o Traine, address, e			saudionip of transferor to transferoe
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Transferee's name, address, a			elationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gif	   ft	
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	l .	- 1	
Transferee's name, address, a	(e) Transfer of gif		elationship of transferor to transferee
	Exclusively religious, charitable, etc., com the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a	Exclusively religious, charitable, etc., contributions to organizations described the year from any one contributor. Complete columns (a) through (e) and the folic completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (f) Use of gift  (g) Transfer of gift  (h) Purpose of gift	Exclusively: Teligious, charitable, etc., contributions to organizations described in section the year from any one contributor. Complete columns (a) through (e) and the following line completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  Reference is name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Reference is name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Reference is name, address, and ZIP + 4

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

SCHOLARS OF FINANCE

**Employer identification number** 82-2735495

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SYMPOSIUM EVENT	15,587.
BRANDING/MARKETING	7,150.
MEETINGS	281.
WEBSITE HOSTING	456.
OFFICE EXPENSE	187.
TOTAL TO FORM 990-EZ, LINE 16	23,661.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO INSTRUCT AND	TRAIN
STUDENTS ASPIRING TO BE LEADERS IN THE FEILD OF FINANCE MANAGEM	ENT
	_
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS	:
SYMPOSIUM: SOF CONDUCTS AN ANNUAL SYMPOSIUM FEATURING	_
C-SUITE EXECUTIVES AS PANELISTS IN A Q&A FORMAT. THE	_
AUDIENCE IS COMPOSED OF UNDERGRADUATE STUDENTS AND	_
PROFESSIONALS WITH 2-20+ YEARS OF EXPERIENCE. THE SYMPOSIUM FOC	USES ON
ETHICAL LEADERSHIP AND STEWARDSHIP, AND STUDENTS HAVE DINNER WI	TH THE
PROFESSIONALS AFTER THE PANEL TO ALLOW TIME FOR DISCUSSION. THI	S
PROGRAM IS RUN WITH THE IDEA THAT PROMOTING INTEGRITY AND ETHIC	AL
LEADERSHIP AMONG UNDERGRADUATE STUDENTS IT HE SUREST PATH TO CR	EATING
FUTURE PROFESSIONALS AND EVENTUAL EXECUTIVES THAT WORK TO SERVE	
COMMUNITIES THROUGH ETHICAL BUSINESS AND COMMERCE. STUDENTS AT	TENDING
THE SYMPOSIUM PURCHASE A \$15 TICKET TO ATTEND AND NETWORK WITH	THESE
PROFESSIONALS.	

Name of the organization **Employer identification number** SCHOLARS OF FINANCE 82-2735495 FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS: SOF LEADERSHIP DEVELOPMENT PROGRAM: SOF IS CREATING A STRUCTURED CURRICULUM FOCUSED ON GUIDING STUDENTS THROUGH BUILDING THEIR "INTERNAL" LIFE, EXAMINING AND PROACTIVELY CONSTRUCTING THEIR VALUE SYSTEM, AND HONING THEIR CHARACTER TO GROW IN LINE WITH OUR SHARED PRINCIPLES. THE PROGRAM IS BASED IN RESEARCH, EDUCATION AND LEADERSHIP DEVELOPMENT BEST PRACTICES, AND CRAFTED IN A WAY THAT WILL FIT INTO STUDENTS' BUSY LIVES. IT INCLUDES LEARNING AND DEVELOPMENT OBJECTIVES, MEANS FOR TRACKING PROGRESS, SELF-REFLECTION, READING, AND DISCUSSION MATERIALS, AND GUIDELINES FOR BUILDING COMMUNITY, ACCOUNTABILITY, AND CLEAR ACTION PLANS FOR PERSONAL DEVELOPMENT. THIS PROGRAM AIMS TO BUILD TOOLS THAT UNIVERSITIES AND PROFESSORS CAN USE AND EMPLOY IN CLASSROOMS ACROSS THE WORLD TO STUDY, INSTRUCT, AND HELP STUDENTS LEARN TO RECOGNIZE THE IMPORTANCE OF ETHICAL LEADERSHIP AND PUT INTO PRACTICE JUSTLY STEWARDING CAPITAL. SOF HOPES TO PARTNER WITH UNIVERSITIES TO INCLUDE THIS CURRICULUM IN LEADERSHIP CLASSES. FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS: MINI-SPEAKER SERIES: SOF HOSTS A MINI-SPEAKER SERIES WITH PRINCIPLED LEADERS TO SPEAK MONTHLY OR BI-MONTHLY AT LOCAL CHAPTERS. THE SPEAKER SERIES SERVES TO REINFORCE THE DISCUSSION OF ETHICS-BASED LEADERSHIP DURING THE ANNUAL SYMPOSIUM, BY REVISITING TOPICS IN A MORE INTIMATE SETTING. THIS ALLOWS THE STUDENTS TO CONNECT WHAT THEY ARE LEARNING WITH THE EXECUTIVE'S REAL-LIFE EXPERIENCES. THERE WILL BE NO COST TO THE STUDENTS ATTENDING THIS SERIES.

Name of the organization **Employer identification number** SCHOLARS OF FINANCE 82-2735495 FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS: MENTORING: THROUGH SOF'S MENTOR PROGRAM, STUDENTS WILL BE PAIRED WITH EXECUTIVES TO FURTHER THEIR PERSONAL AND PROFESSIONAL DEVELOPMENT. SOF WILL CONNECT STUDENTS FROM ALL BACKGROUNDS WITH LOCAL LEADERS IN THE COMMUNITY TO HELP STUDENTS TAKE WHAT THEY HAVE LEARNED IN CLASS AND ON THEIR OWN AND PERSONIFY LESSONS AND HAVE SOMEONE TO ACTIVELY GUIDE THE DEVELOPMENT OF THEIR MORAL COMPASSES. THE MENTORSHIP NETWORK IS A WAY FOR STUDENTS TO ACTIVELY DEVELOP THEIR ETHICS AND PRINCIPLES IN LIVE-TIME AND UNDER THE GUIDANCE OF RESPECTED INDIVIDUALS. THERE WILL BE NO COST TO SOF MEMBERS FOR THE MENTORSHIP PROGRAM. STUDENT SCHOLARSHIPS: LOCAL CHAPTERS OF SOF SUPPORT AND RECRUIT STUDENTS FROM LOWER SOCIO-ECONOMIC BACKGROUNDS TO TAKE PART IN PROGRAMMING. THE CHAPTERS FINANCE THESE STUDENTS TO ATTEND PROGRAMS THROUGHOUT THE YEAR, GIVING THEM MULTIPLE OPPORTUNITIES IN A YEAR AND ON AN ONGOING BASIS TO LEARN PRINCIPLES OF ETHICAL LEADERSHIP AND CAPITAL STEWARDSHIP, TO INTERACT WITH LOCAL BUSINESS LEADERS, AND SET THEMSELVES AHEAD OF THEIR PEER GROUP AND THOSE WHO DON'T TAKE PART IN LEADERSHIP AND ETHICAL TRAININGS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.