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Form **990-EZ**

Department of the Treasury Internal Revenue Service

SCANNED MAY 05 2010

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending		,			
В	Citation in application	D Employer I	dentification number			
	Address change Please Mauldin Ministries, Inc	73-1613419				
	Name change label or P O Box 140402	Telephone number				
	Initial return type. Broken Arrow, OK 74014-0004	(918)	357-2508			
	Specific Specific					
H	tions.	F Group E Number	xemption			
Т.	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting r		Cash Accrual			
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting to Other (specified) 		Cash Accidal			
	H Check ►	1	ganization is not			
1	Website: ► N/A required to a	ttach Sche	dule B (Form 990,			
J	Tax-exempt status (check only one) — X 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527 990-EZ, or 9	90-PF)	•			
K	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts ar	e normally	not more than			
	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure	to file a cor	mplete return.			
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990		207.756			
l Da	instead of Form 990-EZ	► \$	327,756.			
P	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the i	nstruction				
	1 Contributions, gifts, grants, and similar amounts received		306,970.			
	Program service revenue including government fees and contracts Mambarship dues and assessments.	2				
	3 Membership dues and assessments 4 Investment income	3 4	20,786.			
	5a Gross amount from sale of assets other than inventory 5a	4	20,700.			
	b Less. cost or other basis and sales expenses 5b					
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c				
REVENU	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here					
Ē	a Gross revenue (not including \$ of contributions	1,112 - 1994				
Ü	reported on line 1) 6a					
_	b Less: direct expenses other than fundraising expenses 6b					
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c				
	7a Gross sales of inventory, less returns and allowances 7a					
	b Less: cost of goods sold 7b					
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8 Other revenue (describe >) 8				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		327,756.			
	10 Grants and similar@mounts-paid (attach-schedule)	10				
_	11 Benefits paid to or for-members	11				
EXPERSE	12 Salaries, other compensation, and employee benefits	12				
E	13 Professional fees and other payments to independent contractors	13	1,708.			
N S	14 Occupancy Light, utilities, and maintenance	14				
E S	15 Printing, publications, postage, and shipping	15				
·	16 Other expenses (describe - See\IStatement 1)	16	230,327.			
	17 Total expenses. Add lines 10 through 16	▶ 17	232,035.			
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	95,721.			
A N S E E T T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	year				
ËS	figure reported on prior year's return).	19	364,694.			
' T S	,	20	160 115			
	21 Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	460,415.			
Ŗä	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990					
	(See the instructions for Part II) (A) Beginning		(B) End of year			
22		952 . 22	457,864.			
23	•	742 24	2 551			
24		742. 24	2,551.			
25		694 . 25	460,415.			
26 27		694. 27	460,415.			
	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	024.[2/]	Form 990-EZ (2009)			
54	TEEA0803L 01/30/10		, Ollin 230°L2 (2003)O			
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Form 990-EZ (2009) Mauldin' Minist	ries, Inc		73	-161	.3419 Page 2					
Bartill Statement of Program Sc	ons.)		Expenses							
What is the organization's primary exempt purpose? Se	•	(Regi	uired for section (3) and (4) lizations and section (a)(1) trusts; optional							
Describe what was achieved in carrying out describe the services provided, the number of	ncise manner,	organ	nizations and section							
describe the services provided, the number	each	4947	(a)(1) trusts; optional hers.)							
program title	3 Support thousands of India citizens via Bible Schools, native									
evangelists, orphanages,		building of C	hurches,							
and other cash Contribut	ions									
(Grants \$) If	his amount includes foreign g	rants, check here	▶ 🗍	28 a	146,169.					
29 Helping to sponsor five			duals with							
mental and physical chal				1						
	Tendez az merr az c	Scher Concribat	10112 - 00 1	1						
<u>such individuals</u>										
(Grants \$) If	his amount includes foreign g	rants, check here	<u>▶</u>	29 a	20,097.					
30 Helping monetarily with	medical or family e	emergency needs	for							
widows, handicapped, and]						
served.				1						
	his amount includes foreign g	rants chack hare		30 a	19,757.					
31 Other program services (attach schedu	lo) a sind includes loreign g	rants, check here	<u> </u>	30 a	13/1011					
One-to c	e Statement 4	anda ahaali haan	- □	31 a						
	his amount includes foreign g	rants, check here			106 022					
32 Total program service expenses (add				32	186,023.					
Part IV List of Officers, Director	s, Trustees, and Key Em	ipioyees. List each or	ne even if not com	npensa						
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account					
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan deferred compensa		and other allowances					
	to position		uelerreu compensa		17 540					
Kerry Mauldin	President			0.	17,540.					
P O Box 140402	40.00	1								
Broken Arrow, OK 74014	7									
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			Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			v		
3/1	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33 34		$\frac{x}{x}$		
						
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.					
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х		
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b				
	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 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	36		X		
	b Did the organization file Form 1120-POL for this year?	37 b				
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
30	any such loans made in a prior year and still outstanding at the end of the period covered by the return?	38 a		Х		
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations. Enter:					
	a Initiation fees and capital contributions included on line 9					
	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 4955 ► 0.					
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40 b		x		
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization					
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			_		
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.					
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax						
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		X		
••	<u> </u>					
42	a The organization's books are in care of ► Kerry Mauldin Telephone no. ► (918)	357	-250	8		
	Located at ► P O Box 140402 Broken Arrow OK ZIP + 4 ► 74014					
			Yes	No		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X		
	If 'Yes,' enter the name of the foreign country					
				İ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.					
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	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		▶	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			N/A		
			Yes	No		
			162	140		
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х		
<u>-</u> Α		m 990	L			

orm 990-EZ	(2009)	Mauldin'	Ministries,	Inc

73-1613419

Page 4

Part	501(c)(3)	01(c)(3) organizations organizations and second complete the tables	ction 4947(a)(1) no	nexempt charit	npt charitable trusts only table trusts must answer	question	S	
	ai	iu complete the tables		1.	See Sta	atement	5	
46 [Did the organization for public office? If	n engage in direct or indirect 'Yes.' complete Schedule (ct political campaign ac C. Part I	tivities on behalf	of or in opposition to candidates	46	Yes	No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E								
49 a Did the organization make any transfers to an exempt non-charitable related organization?.								
b If 'Yes,' was the related organization a section 527 organization?								
50 (Complete this table employees) who ea	for the organization's five ch received more than \$10	highest compensated e 0,000 of compensation	mployees (other to from the organiza	han officers, directors, trustees ition. If there is none, enter 'Noi	and key		
	(a) Name and address	of each employee paid n \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Expe account other allow	and	s
<u>None</u>								
	<u>-</u>							
	-							
f	Total number of oth	er employees paid over \$1	00,000	-				
51 (Complete this table compensation from	for the organization's five the organization. If there is	highest compensated in s none, enter 'None.'	ndependent contra	actors who each received more	than \$100,	,000	of
77		address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compe	nsatio	<u> </u>
None								
		·						
							-	
d 7	Total number of oth	er independent contractors	each receiving over \$1	00,000	. •			
	Under penalties of true, correct, and	f perjury, I declare that I have exam complete Declaration of preparer (c	ned this return, including accor other than officer) is based on a	npanying schedules and	f statements, and to the best of my knowle preparer has any knowledge	dge and belie	ef, it is	i
Sign Here	Signature of o	ticer p	Land		Date 4-7-1	0		
11010		Mauldin name and title		 .	President			
Paid Pre-	Preparer's signature	Ray Andrews, CP	CPA	Date 4/07	/10 Check if Self-employed N/A	rer's Identifyii nstructions)	ng Nur	mber
parer	'S Firm's name (or	Andrews Accounti				-		
Use	employed),	P. O. Box 760 /	116 E Main St		EIN ► N/	'A		
Only	address, and ZIP + 4	Haskell, OK 7443			Phone no ► (918)	482-5	983	
May th	ne IRS discuss this	return with the preparer sh	own above? See instru	ctions		X Yes orm 990- l		No (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection								
Employer identification number								

Mau	<u>ldin Ministries</u>	s, Inc						73-16	13419)	
			s (All organizations					See ir	nstructi	ions	
The o	rganization is not a priv	vate foundation becau	se it is: (For lines 1 thro	ugh 11,	check o	nly one	box)				
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).										
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3											
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's										
_	name, city, and state.										
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust	described in section 1	170(b)(1)(A)(vi). (Comple	te Part I	l)						
9	from activities relate investment income	d to its exempt function	more than 33-1/3 % of its s – subject to certain exce ss taxable income (less omplete Part III)	eptions, a	and (2) n	io more t	han 33-	1/3 % of	its suppo	ort from gros	iS
10	An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).			
11	more publicly supp	orted organizations d	exclusively for the bene- escribed in section 509(ation and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or car section	ry out th 509(a)(3). Check th	ne box that
	a ∐Type I	b Type II		l – Fund					d 📋	Type III-	
е	By checking this both than foundation ma 509(a)(2).	ox, I certify that the or anagers and other that	ganization is not control n one or more publicly s	led directupported	tly or in Lorgani	directly zations (by one describe	or more ed in sec	disquali tion 509	fied persor (a)(1) or se	ns other ection
f	` ` ` `	received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting o	organization	١, 📗
g	Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	:?	
											Yes No
	(i) a person who	o directly or indirectly of the si	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)	
	-	ber of a person desc	· · · =					•	•	11 g (ii)	
	• • • •	•	described in (i) or (ii) a	bove?						11 g (iii)	
h		*	he supported organization		, , ,			Ÿ		· · · · · · · · · · · · · · · · · · ·	
	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	s the ion in col i in your rning ment?		ization in (i) of	(vi) Is organizati (i) organiz U S	on in col	(vii) Amount	of Support
				Yes	No	Yes	No	Yes	No		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
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		wart brigg of arts	and the second second second	0 000000000000000	distant to the se	4-44-44	was distant	OCCUPANT VINE	Charles State		
Total				144							

Schedule A (Form 990 or 990-EZ) 2009

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) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 306,970 192,985 252,157 303,098 280,554 1,335,764. 2 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. 192,985 252,157 303,098 280,554 306,970 1,335,764. 4 Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 162,982. Public support. Subtract line 5 from line 4 1,172,782. Section B. Total Support Calendar year (or fiscal year beginning in) ► (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 306,970 335,764. 192,985 252,157 303,098 280,554 7 Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 2,197 6,776 9,411 12,381 20,786 51,551. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income. Do not include gain or loss from the sale of čapital assets (Explain in 0. Part IV) Total support. Add lines 7 1,387,315. through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage 84.5% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 80.7% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Mauldin Ministries, Inc Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV). 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A. Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))... 17 % 17 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule	A (For	ლ 990 ი	or 990)-EZ) 2	2009	Maı	<u> 1101</u>	n Mi	nıst	<u>crie</u>	<u>s, 1</u>	nc					3-101	<u> 3419</u>		Page	4
Part IV	∫Sup Par	plem et II, lir	ental ne 17	Info a or	rmat 17b;	i on. and	Comp Part	plete III, lii	this ne 12	part 2. Pr	to pro	ovide any	the exother	xplana addıtic	tions mal in	require forma	ed by tion. S	Part II See in:	l, line struction	10; ons.	
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Schedule A (Form 990 or 990-EZ) 2009

2009	Federal Statements	Page 1
	Mauldin Ministries, Inc	73-1613419
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses		
A/G District Dues Bank Service Charge Camp Facilities Depletion Depreciation Dues & Subscriptions India Expenses License Fee Meal & Per Diem		\$ 1,555. 125. 20,097. 875. 1,170. 141. 146,169. 30. 11,098.
Medical & Family Emergency A. Misc Expenses Office Expenses Oil Royalty-Production Taxes Other Contributions Supplies Telephone Travel		19,757. 183. 878. 292. 1,000. 178. 1,600. 25,179. Total \$ 230,327.
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets		
Machinery and Equipment	Total	Beginning Ending \$ 2,742. \$ 2,551. \$ 2,742. \$ 2,551.
Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purp Our purpose is to touch lives compassion as we bless the way find the hope that we have in	s in India, Africa, USA and othe idows and handicapped, and build	er nations by showing I churches for them to
Statement 4 Form 990-EZ, Part III, Line 31 Statement of Program Service Acco	mplishments	
Desc	ription	Program Service <u>Grants</u> Expenses
	Includes Foreign Grants: No	<u>\$ 0.</u> <u>\$ 0.</u>

2009 **Federal Statements** Page 2 Mauldin Ministries, Inc 73-1613419 Statement 5 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No No