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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)

OMB No 1545-1150

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► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization**NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

3909 DOOLITTLE PLAZA

Room/suite

47-0844365**E Telephone number****(402) 341-0227****F Group Exemption
Number ►**G Accounting Method: Cash Accrual Other (specify) ►I Website: ► **WWW.NEBAAC.ORG**J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **57,328.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

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

1 Contributions, gifts, grants, and similar amounts received	1 40,750.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 4,425.
4 Investment income	4 433.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Gaming and fundraising events	6a
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 11,720.
c Less: direct expenses from gaming and fundraising events	6c 28,635.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d <16,915.>
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 in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 28,693.
10 Grants and similar amounts paid (list in Schedule O)	10 24,600.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 420.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 165.
16 Other expenses (describe in Schedule O)	16 3,469.
17 Total expenses. Add lines 10 through 16	17 28,654.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 39.
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 29,792.
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 29,831.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	29,792.	22 29,831.
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	29,792.	25 29,831.
26	Total liabilities (describe in Schedule O)		0. 26 0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,792.	27 29,831.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? **TO PROMOTE AVIATION.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here ► 28a 4,496.

29 ANNUAL CHARITY FUNDRAISING EVENTS - CHARITY FUNDRAISING EVENTS INCLUDE A GOLF TOURNAMENT.

(Grants \$) If this amount includes foreign grants, check here ► 29a 24,139.

30 PROVIDE ASSISTANCE TO LOCAL CHARITIES

(Grants \$ 24,600.) If this amount includes foreign grants, check here ► 30a 24,600.

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) ► 32 53,235.

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MIKE MORAVEC 3709 DOOLITTLE PLAZA, OMAHA, NE 68110	PRESIDENT 1.00	0.	0.	0.
CHAD DOEHRING 3701 AVIATION ROAD, LINCOLN, NE 68524	VICE PRESIDENT 1.00	0.	0.	0.
GREG YOUNG 3909 DOOLITTLE PLAZA, OMAHA, NE 68110	TREASURER 1.00	0.	0.	0.
KELLY LINSE 3501 DOOLITTLE PLAZA, OMAHA, NE 68110	SECRETARY 1.00	0.	0.	0.
KEVIN NICHOLS 3501 DOOLITTLE PLAZA, OMAHA, NE 68110	SECRETARY 1.00	0.	0.	0.
GARY HAUSMANN 3619 DOOLITTLE PLAZA, OMAHA, NE 68110	MEMBER 1.00	0.	0.	0.
JIM HOLLENBECK 3501 DOOLITTLE PLAZA, OMAHA, NE 68110	MEMBER 1.00	0.	0.	0.
KEVIN MCGINN 3701 AVIATION ROAD, LINCOLN, NE 68524	MEMBER 1.00	0.	0.	0.
JOHN MANSFIELD 3636 WILBUR PLAZA, OMAHA, NE 68110	MEMBER 1.00	0.	0.	0.
LARRY BARTLETT 3701 AVIATION ROAD, LINCOLN, NE 68524	MEMBER 1.00	0.	0.	0.
SCOTT ROBERTSON 3619 DOOLITTLE PLAZA, OMAHA, NE 68110	MEMBER 1.00	0.	0.	0.
JIM SIMONITCH 3501 DOOLITTLE PLAZA, OMAHA, NE 68110	MEMBER 1.00	0.	0.	0.

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ASSOCIATION, INC.**

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Yes	No
33	<input checked="" type="checkbox"/>
34	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
----	-------------------------------------

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a	<input checked="" type="checkbox"/>
35b	<input checked="" type="checkbox"/>

b If "Yes," has it filed a tax return on Form 990-T for this year?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

► **37a**

b Did the organization file Form 1120-POL for this year?

36	<input checked="" type="checkbox"/>
37b	<input checked="" type="checkbox"/>

38a 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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► **N/A** ; section 4912 ► **N/A** ; section 4955 ► **N/A**

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 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

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

► **N/A**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

► **N/A**

e 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

40b	<input checked="" type="checkbox"/>
40e	<input checked="" type="checkbox"/>

41 List the states with which a copy of this return is filed. ► **NONE**

42a The organization's books are in care of ► **GREG YOUNG** Telephone no. ► **(402) 960-8819**
Located at ► **3909 DOOLITTLE PLAZA, OMAHA, NE** ZIP + 4 ► **68110**

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	<input checked="" type="checkbox"/>
42c	<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country: ► **See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ► **See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

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

► **43** **N/A**

Yes	No
44a	<input checked="" type="checkbox"/>
44b	<input checked="" type="checkbox"/>
44c	<input checked="" type="checkbox"/>
44d	<input type="checkbox"/>

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

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

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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 a 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

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

Yes	No
45	X
45a	X
46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

49a 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 for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Yes	No
47	
48	
49a	
49b	

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ►
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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

Sign Here ► *Greg Young* Date *5/11/11*
 ► *Greg R. Young* DIRECTOR - TREASURER
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name <i>Julie M. Geeken</i>	Preparer's signature <i>Julie M. Geeken</i>	Date <i>4/28/2011</i>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► SEIM, JOHNSON, SESTAK & QUIST, LLP			Firm's EIN ►	
	Firm's address ► 8807 INDIAN HILLS DRIVE, SUITE 300 OMAHA, NE 68114-4123			Phone no.	(402) 330-2660

May the IRS discuss this return with the preparer shown above? See instructions

032174
03-04-11

► Yes No
Form 990-EZ (2010)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

Name of the organization **NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.** Employer identification number **47-0844365**

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Schedule G (Form 990 or 990-EZ) 2010

**NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.**

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Schedule G (Form 990 or 990-EZ) 2010

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 GOLF EVENT (event type)	(b) Event #2 LUNCHEONS (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	50,647.	1,823.		52,470.
2 Less Charitable contributions	40,750.			40,750.
3 Gross income (line 1 minus line 2)	9,897.	1,823.		11,720.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	1,231.			1,231.
6 Rent/facility costs	16,103.			16,103.
7 Food and beverages	2,050.	3,568.		5,618.
8 Entertainment	800.			800.
9 Other direct expenses	3,955.	928.		4,883.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (28,635,)
11 Net income summary Combine line 3, column (d), and line 10				► <16,915. >

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► ()
8 Net gaming income summary Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain _____

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

b If "Yes," explain _____

**NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.**

Schedule G (Form 990 or 990-EZ) 2010

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11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party.

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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.

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Name of the organization

NEBRASKA BUSINESS AVIATION
ASSOCIATION, INC.

Employer identification number
47-0844365

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: _____ **AMOUNT:** _____

INTEREST INCOME **433.**

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: JUVENILE DIABETES RESEARCH FOUNDATION

GRANTEE ADDRESS: 9202 WEST DODGE ROAD, SUITE 304 OMAHA, NE 68114

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/10/10

AMOUNT GIVEN: **12,500.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: AUTISM ACTION PARTNERSHIP

GRANTEE ADDRESS: 14301 FIRST NATIONAL BANK PARKWAY, SUITE 115

OMAHA, NE 68154

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/10/10

AMOUNT GIVEN: **3,000.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: THE LEUKEMIA & LYMPHOMA SOCIETY

GRANTEE ADDRESS: 10832 OLD MILL ROAD, SUITE 2 OMAHA, NE 68154

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/10/10

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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► Attach to Form 990 or 990-EZ.

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NEBRASKA BUSINESS AVIATION
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47-0844365

AMOUNT GIVEN: **3,000.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: METHODIST ESTABROOK CANCER CENTER

GRANTEE ADDRESS: 8303 DODGE STREET OMAHA, NE 68114

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/10/10

AMOUNT GIVEN: **3,000.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: UNO AVIATION INSTITUTE

GRANTEE ADDRESS: 6001 DODGES STREET #CB120 OMAHA, NE 68182

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 10/28/10

AMOUNT GIVEN: **3,100.**

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 **24,600.**

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
OFFICE SUPPLIES	34.
POST OFFICE BOX RENT	70.
BANK FEES	1,761.
INSURANCE	1,150.
INTERNET FEES	88.
PROMOTIONAL EXPENSES	362.
MISCELLANEOUS	4.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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TOTAL TO FORM 990-EZ, LINE 16 **3,469.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

QUARTERLY MEMBERSHIP MEETINGS ARE FACILITATED BY NEBRASKA

BUSINESS AVIATION ASSOCIATION, INC. THIS BRINGS TOGETHER

OVER 165 INDIVIDUALS EXCHANGING INFORMATION ON AVIATION

RELATED TOPICS.

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.