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EXTENSION GRANTED TO 8/15/12

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, 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

OMB No 1545-1150

2011Open to Public
Inspection**A For the 2011 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**KNIGHTS OF COLUMBUS
COUNCIL #664**

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

795 FOND DU LAC AVE

Room/suite

City or town, state or country, and ZIP + 4

FOND DU LAC, WI 54935-6408**D** Employer identification number**39-0399846****E** Telephone number**920-907-2157****F** Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**8**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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

▶ \$ **77,451.****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

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	500.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	20,306.
	4	Investment income	4	17.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	2,915.
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	53,713.
6c	Less: direct expenses from gaming and fundraising events	6c	49,302.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,326.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	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	28,149.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19,500.
	11	Benefits paid or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,400.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,240.
	16	Other expenses (describe in Schedule O)	16	16,183.
	17	Total expenses. Add lines 10 through 16	17	41,323.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,174.
	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	25,198.
	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	12,024.

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

Form **990-EZ** (2011)132171
02-06-12

X

X

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
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7

132172
02-06-12

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒ **X**

	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 O	33	X
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	X
35a 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	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A
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	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A	38b	
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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	40b	N/A
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	40e	X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ GREG BRUNETTE Telephone no. ▶ 920-907-2157		
Located at ▶ 373 N PIONEER ROAD, FOND DU LAC, WI ZIP + 4 ▶ 54935-2006		
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	X
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.?	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 ▶ 43 N/A		
44a 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
c 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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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	

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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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

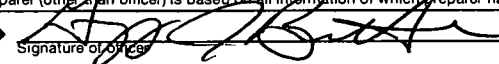
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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  Date 8/14/12

GREGORY J BRUNETTE, TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name SELF PREPARED	Firm's EIN	Firm's address	Phone no.	

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

☐ Yes ☐ No

Form 990-EZ (2011)

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.**

OMB No. 1545-0047

2011

Open To Public Inspection

Employer identification number
39-0399846

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.

- d** ☐ In-person solicitations

- ☐
- No

- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2011

KNIGHTS OF COLUMBUS

Schedule G (Form 990 or 990-EZ) 2011 **COUNCIL #664**

39-0399846 Page 2

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 CLUB HOUSE EVENTS (event type)	(b) Event #2 OUTSIDE CLUB HOUSE EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	28,332.	25,381.		53,713.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	28,332.	25,381.		53,713.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	30,638.	17,285.		47,923.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(47,923)
	11 Net income summary. Combine line 3, column (d), and line 10				5,790.

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		157.	2,758.	2,915.
	2 Cash prizes			1,379.	1,379.
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☒ Yes <u>100</u> % ☐ No	☒ Yes <u>100</u> % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(1,379)
	8 Net gaming income summary. Combine line 1, column d, and line 7				1,536.

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

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:

Schedule G (Form 990 or 990-EZ) 2011 **COUNCIL #664**

11 Does the organization operate gaming activities with nonmembers?

	Yes	☒	No
--	-----	-------------------------------------	----

☐ Yes ☒ No

13a	%
-----	---

b An outside facility

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS
COUNCIL #664

Employer identification number
39-0399846

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

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

17.

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

ACTIVITY CLASSIFICATION: HEALTH CARE

GRANTEE NAME: ST AGNES HOSPITAL FOUNDATION

GRANTEE ADDRESS: 430 E DIVISION STREET FOND DU LAC, WI 54935

DATE OF GIFT: VARIOUS

AMOUNT GIVEN:

400.

ACTIVITY CLASSIFICATION: FOOD PANTRY

GRANTEE NAME: BROKEN BREAD

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 12/30/11

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: RELIGIOUS EDUCATION

GRANTEE NAME: VARIOUS PARISH RELIGIOUS EDUCATION PROGRAMS

GRANTEE ADDRESS: VARIOUS LOCATIONS

DATE OF GIFT: VARIOUS

AMOUNT GIVEN:

5,426.

ACTIVITY CLASSIFICATION: RELIGIOUS ORDERS

GRANTEE NAME: VARIOUS SEMINARIAN SUPPORT

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

Schedule O (Form 990 or 990-EZ) (2011)

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01-23-12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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KNIGHTS OF COLUMBUS
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Employer identification number
39-0399846

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 825.

ACTIVITY CLASSIFICATION: POLICE & FIRE FIGHTER SUPPORT

GRANTEE NAME: VARIOUS POLICE & FIRE FIGHTER ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS LOCATIONS FOND DU LAC, WI 54935

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: RELAY FOR LIFE CANCER FUNDRAISER

GRANTEE NAME: AMERICAN CANCER SOCIETY

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 04/12/11

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: ASSIST THE POOR

GRANTEE NAME: SALVATION ARMY

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION: ASSIST THE POOR

GRANTEE NAME: ST VINCENT DE PAUL

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 12/30/11

AMOUNT GIVEN: 500.

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

Schedule O (Form 990 or 990-EZ) (2011)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Employer identification number
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ACTIVITY CLASSIFICATION: ASSIST THE POOR

GRANTEE NAME: TOYS FOR TOTS

GRANTEE ADDRESS: FOND DU LAC, WI 54935

DATE OF GIFT: 11/30/11

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: MENTAL DISABILITIES

GRANTEE NAME: VARIOUS MENTAL DISABILITY ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS LOCATIONS

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 2,216.

ACTIVITY CLASSIFICATION: EDUCATION

GRANTEE NAME: ST MARYS SPRINGS ACADEMY

GRANTEE ADDRESS: 255 COUNTY ROAD K FOND DU LAC, WI 54937

DATE OF GIFT: 12/30/11

AMOUNT GIVEN: 4,000.

ACTIVITY CLASSIFICATION: CHARITABLE ORGANIZATION

GRANTEE NAME: WISCONSIN KNIGHTS OF COLUMBUS CHARITIES

GRANTEE ADDRESS: 4297 WEST BELTLINE HWY MADISON, WI 53711

GRANTEE RELATIONSHIP: STATE GOVERNING ORGANIZATION

DATE OF GIFT: 07/18/11

AMOUNT GIVEN: 100.

SCHEDULE O
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Employer identification number

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ACTIVITY CLASSIFICATION: WOMEN AND CHILDREN SUPPORT

GRANTEE NAME: NEW BEGINNINGS

GRANTEE ADDRESS: 365 E DIVISION ST FOND DU LAC, WI 54935

DATE OF GIFT: 12/30/11

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DONATIONS SUPPORTING LOCAL GROUPS

GRANTEE NAME: VARIOUS COMMUNITY ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS LOCATIONS

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 2,283.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 19,500.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

ADVERTISING 344.

MEETING COSTS 1,606.

CONVENTION COSTS 1,053.

ATHLETIC ACTIVITIES 725.

YOUTH ACTIVITIES 251.

PAYROLL TAXES 271.

MEMBERSHIP AND DEGREE TEAMS 920.

PER CAPITA DUES ASSESSMENTS 9,190.

MEMORIALS AND GIFTS 400.

FEES 162.

SUPPLIES 1,261.

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

Schedule O (Form 990 or 990-EZ) (2011)

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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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39-0399846

TOTAL TO FORM 990-EZ, LINE 16

16,183.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
AMOUNTS DUE TO STATE AND SUPREME COUNCILS	4,281.	0.
COUNCIL ACTIVITIES	0.	4,078.
PAYROLL TAXES	0.	307.
TOTAL TO FORM 990-EZ, LINE 26	4,281.	4,385.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THIS ORGANIZATION IS
ORGANIZED AS A FRATERNAL BENEFICIARY COUNCIL TO BENEFIT ITS MEMBERS AND
TO PROVIDE CHARITABLE CONTRIBUTIONS FOR RELIGIOUS, CHARITABLE,
SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, OR FOR THE PREVENTION OF
CRUELTY TO CHILDREN OR ANIMALS.

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.