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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

<b>A</b> For the 2013 calendar year, or tax year beginning and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WYOMING FIRE DEPARTMENT RELIEF ASSOCIATION</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>26885 FOREST BLVD</b> City or town, state or province, country, and ZIP or foreign postal code <b>WYOMING, MN 55092</b> <b>D</b> Employer identification number <b>26-1880371</b> <b>E</b> Telephone number <b>651-408-8969</b> <b>F</b> Group Exemption Number ▶ <b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). <b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ <b>I</b> Website: ▶ <b>N/A</b> <b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>66,292.</b>

**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 ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	56,384.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	74.
	4	Investment income	4	200.
	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	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ 9,000. 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	9,634.
6c	Less: direct expenses from gaming and fundraising events	6c	9,727.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<93.>	
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	56,565.	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	69,172.
	12	Salaries, other compensation, and employee benefits	12	1,500.
	13	Professional fees and other payments to independent contractors	13	4,499.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	2,923.
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶	17	78,094.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<21,529.>
	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	335,648.
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	28,345.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	342,464.

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

Form **990-EZ** (2013)

**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	334,956.	22	341,156.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	692.	24	2,000.
25 Total assets	335,648.	25	343,156.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	26	692.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	335,648.	27	342,464.

**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? **SEE SCHEDULE O**  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28 PENSION BENEFITS</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	75,196.	
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
<b>31 Other program services</b> (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
<b>32 Total program service expenses</b> (add lines 28a through 31a)	32	75,196.	

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JASON VAN TASSEL				
PRESIDENT	1.00	0.	0.	0.
TRACI JOHNSON				
VICE PRESIDENT	1.00	0.	0.	0.
JACQUE HASTINGS				
SECRETARY	2.00	0.	500.	0.
KAREN BROWN				
TREASURER	3.00	0.	1,000.	0.
SCOTT VAN WAGNER				
TRUSTEE	1.00	0.	0.	0.
MATT HASLACH				
TRUSTEE	1.00	0.	0.	0.
J J HASTINGS				
EX-OFFICIO TRUSTEE	0.00	0.	0.	0.
ERIC PETERSON				
EX-OFFICIO TRUSTEE	0.00	0.	0.	0.
CRAIG MATTSON				
EX-OFFICIO TRUSTEE	0.00	0.	0.	0.

**WYOMING FIRE DEPARTMENT RELIEF  
ASSOCIATION**

Form 990-EZ (2013)

26-1880371

Page 3

**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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a 0.</span>	37a		
b Did the organization file Form 1120-POL for this year?	37b		<b>X</b>
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		<b>X</b>
b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b N/A</span>	38b		
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9 <span style="float:right">39a N/A</span>	39a		
b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b N/A</span>	39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ N/A</span> ; section 4912 <span style="float:right">▶ N/A</span> ; section 4955 <span style="float:right">▶ N/A</span>			
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		<b>X</b>
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 <span style="float:right">▶ 0.</span>			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>			
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		<b>X</b>
41 List the states with which a copy of this return is filed <span style="float:right">▶ MN</span>			
42a The organization's books are in care of <span style="float:right">▶ WYOMING FIRE RELIEF ASSN</span> Telephone no. <span style="float:right">▶ 651-408-8969</span> Located at <span style="float:right">▶ 26885 FOREST BLVD, WYOMING, MN</span> ZIP + 4 <span style="float:right">▶ 55092</span>			
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		<b>X</b>
If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> 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		<b>X</b>
If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>	43		
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		<b>X</b>
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		<b>X</b>
c Did the organization receive any payments for indoor tanning services during the year?	44c		<b>X</b>
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		<b>X</b>
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		

Form 990-EZ (2013)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No  
 If "Yes," complete Schedule C, Part I 46 X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 47 Yes No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48  
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  
 b If "Yes," was the related organization a section 527 organization? 49b  
 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."

(a) Name and title of each employee	(b) 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 business address of each independent contractor	(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  
 Signature of officer *Karen J. Brown* 3/3/14  
 Type or print name and title *Karen J. Brown Treasurer*

**Paid Preparer Use Only**

Print/Type preparer's name <b>THOMAS J. OLINGER, CPA</b>	Preparer's signature <i>Thomas J. Olinger</i>	Date <b>2/28/14</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00743407</b>
Firm's name ▶ <b>ABDO, EICK &amp; MEYERS, LLP</b>			Firm's EIN ▶ <b>41-1397419</b>	
Firm's address ▶ <b>11 CIVIC CENTER PLAZA, SUITE 300 MANKATO, MN 56001</b>			Phone no. <b>507-625-2727</b>	

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Department of the Treasury  
Internal Revenue Service

WYOMING FIRE DEPARTMENT RELIEF  
ASSOCIATION

OMB No. 1545-0047

# 2013

### Open To Public Inspection

Name of the organization	WYOMING FIRE DEPARTMENT RELIEF ASSOCIATION	Employer identification number	26-1880371
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## 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?

☐ Yes☐ 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

[illegible]**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

**WYOMING FIRE DEPARTMENT RELIEF**

Schedule G (Form 990 or 990-EZ) 2013 **ASSOCIATION**

**26-1880371** 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 <b>STAGECOACH DAYS</b>	(b) Event #2	(c) Other events <b>NONE</b>	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts	14,338.			14,338.
	<b>2</b> Less: Contributions	5,000.			5,000.
	<b>3</b> Gross income (line 1 minus line 2)	9,338.			9,338.
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	9,047.			9,047.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				9,047.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				291.

**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	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d)				

**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: \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2013 **ASSOCIATION**

**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	Quantity	Unit	Rate	Total
			</	

☐ 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.** 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).



WYOMING FIRE DEPARTMENT RELIEF  
ASSOCIATION

Schedule G (Form 990 or 990-EZ)

26-1880371 Page 4

**Part IV** Supplemental Information (continued)

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

WYOMING FIRE DEPARTMENT RELIEF  
ASSOCIATION

Employer identification number  
26-1880371

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

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST

200.

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

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

MEMBER RECOGNITION

2,455.

DONATIONS

200.

ADVERTISING AND PROMOTION

167.

OFFICE EXPENSE

101.

TOTAL TO FORM 990-EZ, LINE 16

2,923.

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

**CHANGES IN NET ASSETS OR FUND BALANCES:**

**AMOUNT:**

UNREALIZED GAIN ON INVESTMENTS

28,345.

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

**DESCRIPTION**

**BEG. OF YEAR**

**END OF YEAR**

GRANTS RECEIVABLE

692.

2,000.

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

**DESCRIPTION**

**BEG. OF YEAR**

**END OF YEAR**

DUE TO OTHER GOVERNMENTS

0.

692.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE RETIREMENT**

**BENEFITS TO VOLUNTARY FIREFIGHTERS**

**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

**2013**

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**WYOMING FIRE DEPARTMENT RELIEF  
ASSOCIATION**

Employer identification number

**26-1880371**

**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.**