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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

- 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization MANHATTAN WILDLIFE ASSOCIATION	D Employer identification number 81-0417852
Number and street (or P O box, if mail is not delivered to street address) PO BOX 4460	E Telephone number (406) 586-1201
City or town, state or province, country, and ZIP or foreign postal code BOZEMAN, MT 59772	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) (Insert no.) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 164,686

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 9,529
	2 Program service revenue including government fees and contracts	2 52,395
	3 Membership dues and assessments	3 66,169
	4 Investment income	4 1,182
	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	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b 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
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a 35,029
	b Less cost of goods sold	7b 33,454
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 1,575
	8 Other revenue (describe in Schedule O)	8 382
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 131,232
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 9,708
	13 Professional fees and other payments to independent contractors	13 3,850
	14 Occupancy, rent, utilities, and maintenance	14 31,986
	15 Printing, publications, postage, and shipping	15 5,934
	16 Other expenses (describe in Schedule O)	16 61,055
	17 Total expenses. Add lines 10 through 16 ►	17 112,533
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18,699
	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)	19 294,508
	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 ►	21 313,207

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 I.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	70,441	22 69,499
23 Land and buildings	173,932	23 173,886
24 Other assets (describe in Schedule O)	50,380	24 70,085
25 Total assets	294,753	25 313,470
26 Total liabilities (describe in Schedule O)	245	26 263
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	294,508	27 313,207

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

Statement of Program Service Accessibility (see the instructions for Part III)
Check if the organization used Schedule Q to respond to any question in this Part III.

What is the organization's primary exempt purpose?

CLUB OPERATED SUBSTANTIALLY FOR THE RECREATION OF CLUB MEMBERS SUPPORTED BY MEMBERSHIP DUES, FEES, AND ASSESSMENTS

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.

28 OPERATION OF SHOOTING RANGE FOR MEMBERS

28. OPERATION OF SHOOTING RANGE FOR MEMBERS If this amount includes foreign grants, check here

If this amount includes foreign grants, check here **28a**

29 EDUCATION REGARDING FIREARMS SAFETY

If this amount includes foreign grants, check here . . . ► **29a**

30

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

31 Other program services (describe in Schedule Q)

31 Other program services (describe in Schedule O) Indicates the amount includes foreign grants, check here

(Grants \$) If this amount includes for

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for 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
GARY DELIN PRESIDENT	5 00	0	0	0
PAUL JOHNSON VICE PRESIDENT	5 00	0	0	0
GARY REED TREASURER	5 00	0	0	0
NICK PIPINICH SECRETARY	8 00	0	0	0

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 Schedule O to respond to any question in this Part V

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a	0	
39b	1,175	
40a		
40b		
40c		
40d		
40e		No
41		
42a	Telephone no (406) 580-8942	
	Located at 705 N 7TH BOZEMAN, MT ZIP + 4 59715	
42b		No
42c		No
43	43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		

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

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)

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)?

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

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

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 0

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

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 0

b Gross receipts, included on line 9, for public use of club facilities 39b 1,175

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►

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 No

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► GARY REED Telephone no (406) 580-8942 Located at 705 N 7TH BOZEMAN, MT ZIP + 4 59715

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)? If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

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

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

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 Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

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"

(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

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"

(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 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	***** Signature of officer GARY REED TREASURER Type or print name and title	2015-05-01 Date
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Paid Preparer Use Only	Print/Type preparer's name GARRY SPITZER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00323203
	Firm's name <input type="checkbox"/> GALUSHA HIGGINS & GALUSHA PC	Firm's EIN <input type="checkbox"/> 39-0758449			
	Firm's address <input type="checkbox"/> PO BOX 340 BOZEMAN, MT 597710340	Phone no (406) 586-2386			

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2014****Open to Public
Inspection**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.Department of the Treasury
Internal Revenue ServiceName of the organization
MANHATTAN WILDLIFE ASSOCIATION

Employer identification number

81-0417852

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - RENTAL INCOME	KIND AND LOCATION OF PROPERTY RANGE USAGE AMOUNT 1,175
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST ON SAVINGS ACCOUNT AMOUNT 7
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 35,029 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 33,454 GROSS PROFIT 1,575 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 28,734 MERCAN DISE PURCHASED 37,872 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVEN TORY AT END OF YEAR 33,152 COST OF GOODS SOLD 33,454
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION STALE CHECK AMOUNT 75 DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT 307 TOTAL TO FORM 990-EZ, LINE 8 382
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 16,231 DESCRIPTION OTHER EXPENSES AMOUNT 15,755 TOTAL TO FORM 990-EZ, LINE 14 31,986
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES AMOUNT 75 DESCRIPTION BOOKS, SUBSCRIPTIONS & REFERENCE MATER IALS AMOUNT 469 DESCRIPTION GARBAGE COLLECTION AMOUNT 5,210 DESCRIPTION INSURANCE AMOUNT 12,405 DESCRIPTION VEHICLE EXPENSE AMOUNT 200 DESCRIPTION CONTRIBUTIONS AM OUNT 500 DESCRIPTION TARGETS AMOUNT 23,409 DESCRIPTION PROPERTY TAXES AMOUNT 4,33 9 DESCRIPTION SUPPLIES AMOUNT 3,507 DESCRIPTION STATE FUND INSUR AMOUNT 531 DESCR PTION NSF CHECKS AMOUNT 70 DESCRIPTION SKET EXPENSES AMOUNT 626 DESCRIPTION TRA P EVENT EXPENSES AMOUNT 7,897 DESCRIPTION WOMEN ON TARGET EXPENSE AMOUNT 459 DESCRI PTION WEBSITE HOSTING AMOUNT 239 DESCRIPTION GALLATIN ACTION EXPENSES AMOUNT 485 D ESCRIPTION EDUCATION & TRAINING AMOUNT 600 DESCRIPTION RECONCILING DISCREPANCY AMOUN T 4 DESCRIPTION ORGANIZATION MEMBERSHIP AMOUNT 30 TOTAL TO FORM 990-EZ, LINE 16 61, 055
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION RESALE COMPONENT INVENTORY BEG OF YEAR AMOUNT 28,734 END OF YEAR AMOUNT 33,152 DESCRIPTION SUPPLY INVENTORY-TARGETS BEG OF YEAR AMOUNT 15,085 END OF YEAR AMOUNT 24,114 DESCRIPTION DEPOSIT ON PURCHASE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,000 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 6,561 END OF YEAR AMOUNT 10,819
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 245 END OF YEAR AMOUNT 263

Form 4562

Department of the Treasury
Internal Revenue Service (99)Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2014

Attachment
Sequence No 179► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.Name(s) shown on return
MANHATTAN WILDLIFE ASSOCIATIONBusiness or activity to which this form relates
FORM 990-EZ PAGE 1

Identifying number

81-0417852

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ► [13]	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	14,740
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► []		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		7,485	7 0	HY	200 DB	1,069
d 10-year property						
e 15-year property		12,659	15 0	HY	S/L	422
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	16,231
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			

26 Property used more than 50% in a qualified business use

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use

	%			S/L -				
	%			S/L -				
	%			S/L -				

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
39 Do you treat all use of vehicles by employees as personal use?														
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?														
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)														

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					

43 Amortization of costs that began before your 2014 tax year		43
44 Total. Add amounts in column (f) See the instructions for where to report		44

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: MANHATTAN WILDLIFE ASSOCIATION

EIN: 81-0417852

Declaration: 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.