

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)

2016

Department of the Treasury  
Internal Revenue Service

► 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

A For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending SEP 30, 2017

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	HICKORY KIWANIS CLUB		58-1939893
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	PO BOX 501	Room/suite	828-294-3772
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► 0026
<input type="checkbox"/> Amended return	HICKORY, NC 28603-0501		OC
<input type="checkbox"/> Application pending			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			H Check ► <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ► \$ 41,290.			

## 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	SEE SCHEDULE O	
1 Contributions, gifts, grants, and similar amounts received		1	
2 Program service revenue including government fees and contracts		2	
3 Membership dues and assessments		3	15,930.
4 Investment income		4	6,956.
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	17,518.
c Less: direct expenses from gaming and fundraising events	6c		9,173.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	8,345.
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)	SEE SCHEDULE O	8	886.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	32,117.
10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	10	15,113.
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	
14 Occupied facilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe in Schedule O)	SEE SCHEDULE O	16	18,884.
17 Total expenses Add lines 10 through 16		17	33,997.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<1,880. >
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	94,817.
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	92,937.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2016)

**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	93,976.22	92,396.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	841.24	541.
25	<b>Total assets</b>	94,817.25	92,937.
26	<b>Total liabilities</b> (describe in Schedule O)	0.26	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	94,817.27	92,937.

**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.

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations; optional for  
others.)

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## 28 COMMUNITY SERVICES

(Grants \$ 29	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
(Grants \$ 30	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
(Grants \$ 31	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
(Grants \$ 32	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
<b>Total program service expenses</b> (add lines 28a through 31a)		32

**Part IV List of Officers, Directors, Trustees, and Key Employees**

**ES** (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
FRANK WILLIS	5.00	0.	0.	0.
VICE PRESIDENT	5.00	0.	0.	0.
BRUCE BLACKBURN	4.00	0.	0.	0.
SECRETARY	4.00	0.	0.	0.
RICK HAMMER	4.00	0.	0.	0.
TREASURER	4.00	0.	0.	0.
MARK WALTERS	5.00	0.	0.	0.
PREIDENT	5.00	0.	0.	0.

GO

**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 

- 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
- 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
- 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  35a
- 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  35b  N/A  35c
- 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
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a  0.  37b
- b Did the organization file Form 1120-POL for this year?  38a
- 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  N/A  39a  N/A  39b  N/A
- 39 Section 501(c)(7) organizations. Enter:  
 a Initiation fees and capital contributions included on line 9  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  40b  N/A
- 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  40c  N/A
- 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  40d  N/A
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40e  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  41  List the states with which a copy of this return is filed  NONE
- 42a The organization's books are in care of  TREASURER Telephone no.  828-294-3772 Located at  PO BOX 501, HICKORY, NC ZIP + 4  28603-0501

- 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

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 United States?  42c

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

- 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

- c Did the organization receive any payments for indoor tanning services during the year?  44c

- 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 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

46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**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	<input type="checkbox"/>
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/>
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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  N/A	(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." 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 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 11/14/17  
► RICK HAMMER, TREASURER  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	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 (2016)

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2016

**Open to Public  
Inspection**

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Name of the organization

Employer identification number  
58-1939893

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

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

required to complete this part.

- 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?

- Key employees listed in Form 990, Part VII, of entity in connection with professional fundraising services?  Yes  
**b** If "Yes," list the 10 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

**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.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 PEANUT AND GOLF PECAN FUNDRAISER TOURNAMENT (event type)	(b) Event #2 TOURNAMENT (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col (c))
Revenue				
1 Gross receipts	9,957.	7,083.	478.	17,518.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	9,957.	7,083.	478.	17,518.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	7,658.	1,515.		9,173.
10 Direct expense summary Add lines 4 through 9 in column (d)				9,173.
11 Net income summary. Subtract line 10 from line 3, column (d)				8,345.

**Part III Gaming.** Complete if the organization answered "Yes" on 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 Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11 Does the organization conduct 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 conducted in.
- |     |   |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
- 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. 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 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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**HICKORY KIWANIS CLUB**

Employer identification number  
**58-1939893**

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

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

**INVESTMENT INCOME**

**6,956.**

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

**MISCELLANEOUS**

**886.**

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

**ACTIVITY CLASSIFICATION: YOUTH SERVICES**

**GRANTEE NAME: 4H CAMP**

**AMOUNT GIVEN:**

**3,935.**

**ACTIVITY CLASSIFICATION: YOUTH SERVICES**

**GRANTEE NAME: BOYS AND GIRLS CLUB**

**AMOUNT GIVEN:**

**500.**

**ACTIVITY CLASSIFICATION: YOUTH SERVICES**

**GRANTEE NAME: RECREATIONAL BASKETBALL**

**AMOUNT GIVEN:**

**309.**

**ACTIVITY CLASSIFICATION: COMMUNITY SERVICE**

**GRANTEE NAME: CITY OF HICKORY**

**AMOUNT GIVEN:**

**3,000.**

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ACTIVITY CLASSIFICATION: COMMUNITY SERVICE

GRANTEE NAME: SALVATION ARMY

AMOUNT GIVEN:

**500.**

ACTIVITY CLASSIFICATION: SPONSORED YOUTH

GRANTEE NAME: CIRCLE K/KEY CLUB

AMOUNT GIVEN:

**1,900.**

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: BSA - LEARNING FOR LIFE

AMOUNT GIVEN:

**1,250.**

ACTIVITY CLASSIFICATION: YOUTH SERVICES

GRANTEE NAME: HICKORY CITY SCHOOLS DICTIONARY PROJECT

AMOUNT GIVEN:

**540.**

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: TERRIFIC KIDS

AMOUNT GIVEN:

**1,451.**

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: LRU KIDS IN COLLEGE

AMOUNT GIVEN:

**300.**

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: COUNCIL ON ADOLESCENTS

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

Schedule O (Form 990 or 990-EZ) (2016)

832211 08-25-18

**SCHEDULE O**  
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Department of the Treasury  
Internal Revenue Service

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AMOUNT GIVEN:

200.

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: CATAWBA SCIENCE CENTER

AMOUNT GIVEN:

400.

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: CHILDRENS ADVOCACY CENTER

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: HICKORY SOUP KITCHEN

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: CITY OF REFUGE

AMOUNT GIVEN:

78.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

15,113.

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

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

MEALS, SUPPLIES & ADMIN EXPENSES

18,884.

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

DESCRIPTION

BEG. OF YEAR

END OF YEAR

PREPAID EXPENSES

841.

541.

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Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-18

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SERVICE ORGANIZATION THAT  
RAISES FUNDS TO HELP OTHER COMMUNITY ORGANIZATIONS**

**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.**