

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

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

Under 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C ST. JAMES KNIGHTS OF COLUMBUS COUNCIL #6336 83 LINCOLN AVENUE JAMESBURG, NJ 08831	D Employer identification number 22-1980507 E Telephone number 732 521-3366 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ N/A**J Tax-exempt status (check only one)** — ☒ 501(c) (8) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 38,279.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> 6a Gross revenue (not including \$ _____ of contributions reported on line 1) 6b Less direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ See Statement 1) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 3,500. 2 3 5,366. 4 5a 5b 5c 6a 28,588. 6b 8,440. 6c 20,148. 7a 7b 7c 8 825. 9 29,839.
	10 5,508. 11 7,603. 12 13 550. 14 13,400. 15 16 2,617. 17 29,678. 18 161. 19 10,296. 20 21 10,457.
	10 See Statement 2 11 12 13 14 15 16 17 18 19 20 21
	10 11 12 13 14 15 16 17 18 19 20 21
	10 11 12 13 14 15 16 17 18 19 20 21
	10 11 12 13 14 15 16 17 18 19 20 21
	10 11 12 13 14 15 16 17 18 19 20 21
	10 11 12 13 14 15 16 17 18 19 20 21
	10 11 12 13 14 15 16 17 18 19 20 21
EXPENSES 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ See Statement 3) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	10 11 12 13 14 15 16 17 18 19 20 21
	10 11 12 13 14 15 16 17 18 19 20 21
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,296.	10,457.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	10,296.	10,457.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,296.	10,457.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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SCANNED MAR 29 2010

P 20

Expenses

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

28 CONTRIBUTION TO SPECIAL NEEDS CHILDREN

(Grants \$ 2,213.) If this amount includes foreign grants, check here

28 a

29 FOOD BANK DONATIONS

(Grants \$ 1,300.) If this amount includes foreign grants, check here

29 a

30 COMMUNITY DONATIONS INCLUDING SCHOLARSHIPS

(Grants \$ 975.) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$ 1,020.) If this amount includes foreign grants, check here

31 a

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

32

(a) Name and address

(a)	(b) Title and average hours per week devoted to position
1	1. President, 10
2	2. Vice President, 10
3	3. Secretary, 10
4	4. Treasurer, 10
5	5. Director of Finance, 10
6	6. Director of Administration, 10
7	7. Director of Marketing, 10
8	8. Director of Sales, 10
9	9. Director of Research and Development, 10
10	10. Director of Engineering, 10
11	11. Director of Manufacturing, 10
12	12. Director of Distribution, 10
13	13. Director of Customer Service, 10
14	14. Director of Human Resources, 10
15	15. Director of Legal Affairs, 10
16	16. Director of Public Relations, 10
17	17. Director of Environmental Affairs, 10
18	18. Director of Information Technology, 10
19	19. Director of Quality Control, 10
20	20. Director of Compliance, 10
21	21. Director of Safety, 10
22	22. Director of Security, 10
23	23. Director of Facilities Management, 10
24	24. Director of Procurement, 10
25	25. Director of Logistics, 10
26	26. Director of Inventory Management, 10
27	27. Director of Shipping and Receiving, 10
28	28. Director of Warehouse Operations, 10
29	29. Director of Fleet Management, 10
30	30. Director of Maintenance, 10
31	31. Director of Janitorial Services, 10
32	32. Director of Food and Beverage Services, 10
33	33. Director of Entertainment Services, 10
34	34. Director of Event Planning, 10
35	35. Director of Catering Services, 10
36	36. Director of Wedding Services, 10
37	37. Director of Corporate Events, 10
38	38. Director of Trade Shows, 10
39	39. Director of Conferences, 10
40	40. Director of Seminars, 10
41	41. Director of Workshops, 10
42	42. Director of Training, 10
43	43. Director of Professional Development, 10
44	44. Director of Continuing Education, 10
45	45. Director of Career Counseling, 10
46	46. Director of Job Placement, 10
47	47. Director of Recruitment, 10
48	48. Director of Employee Relations, 10
49	49. Director of Labor Relations, 10
50	50. Director of Union Relations, 10
51	51. Director of Employee Health and Safety, 10
52	52. Director of Employee Wellness, 10
53	53. Director of Employee Assistance, 10
54	54. Director of Employee Counseling, 10
55	55. Director of Employee Support, 10
56	56. Director of Employee Development, 10
57	57. Director of Employee Training, 10
58	58. Director of Employee Education, 10
59	59. Director of Employee Research, 10
60	60. Director of Employee Statistics, 10
61	61. Director of Employee Surveys, 10
62	62. Director of Employee Interviews, 10
63	63. Director of Employee Focus Groups, 10
64	64. Director of Employee Exit Interviews, 10
65	65. Director of Employee Performance Appraisals, 10
66	66. Director of Employee Self-Assessments, 10
67	67. Director of Employee Peer Reviews, 10
68	68. Director of Employee 360-Degree Feedback, 10
69	69. Director of Employee Goal Setting, 10
70	70. Director of Employee Career Planning, 10
71	71. Director of Employee Job Satisfaction, 10
72	72. Director of Employee Engagement, 10
73	73. Director of Employee Retention, 10
74	74. Director of Employee Turnover, 10
75	75. Director of Employee Absenteeism, 10
76	76. Director of Employee Punctuality, 10
77	77. Director of Employee Productivity, 10
78	78. Director of Employee Quality, 10
79	79. Director of Employee Customer Service, 10
80	80. Director of Employee Sales, 10
81	81. Director of Employee Marketing, 10
82	82. Director of Employee Research and Development, 10
83	83. Director of Employee Engineering, 10
84	84. Director of Employee Manufacturing, 10
85	85. Director of Employee Distribution, 10
86	86. Director of Employee Customer Service, 10
87	87. Director of Employee Human Resources, 10
88	88. Director of Employee Legal Affairs, 10
89	89. Director of Employee Public Relations, 10
90	90. Director of Employee Environmental Affairs, 10
91	91. Director of Employee Information Technology, 10
92	92. Director of Employee Quality Control, 10
93	93. Director of Employee Compliance, 10
94	94. Director of Employee Safety, 10
95	95. Director of Employee Security, 10
96	96. Director of Employee Facilities Management, 10
97	97. Director of Employee Procurement, 10
98	98. Director of Employee Logistics, 10
99	99. Director of Employee Inventory Management, 10
100	100. Director of Employee Shipping and Receiving, 10
101	101. Director of Employee Warehouse Operations, 10
102	102. Director of Employee Fleet Management, 10
103	103. Director of Employee Maintenance, 10
104	104. Director of Employee Janitorial Services, 10
105	105. Director of Employee Food and Beverage Services, 10
106	106. Director of Employee Entertainment Services, 10
107	107. Director of Employee Event Planning, 10
108	108. Director of Employee Catering Services, 10
109	109. Director of Employee Wedding Services, 10
110	110. Director of Employee Corporate Events, 10
111	111. Director of Employee Trade Shows, 10
112	112. Director of Employee Conferences, 10
113	113. Director of Employee Seminars, 10
114	114. Director of Employee Workshops, 10
115	115. Director of Employee Training, 10
116	116. Director of Employee Professional Development, 10
117	117. Director of Employee Continuing Education, 10
118	118. Director of Employee Career Counseling, 10
119	119. Director of Employee Job Placement, 10
120	120. Director of Employee Recruitment, 10
121	121. Director of Employee Employee Relations, 10
122	122. Director of Employee Labor Relations, 10
123	123. Director of Employee Union Relations, 10
124	124. Director of Employee Employee Health and Safety, 10

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

FRED RUSSELL
14 CHERRY BLOSSOM DR
MONROE, NJ 08831

Treasurer	5.00
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0.

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0.

STEVE MECHKOWSKI
305 RAINTREE CT
HELMETTA, NJ 08828-1129

GRAND KNIGHT	5.00
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0.

0.

0.

ROBERT RUSSELL
9 GOLFVIEW CT
MONROE TWP, NJ 08831

DPTY G. KNIGHT
5.00

0.

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0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction 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.		
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 period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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 **▶ FRED RUSSELL** Telephone no **▶ 732 656-0645**
 Located at **▶ 83 LINCOLN AVENUE JAMESBURG NJ** ZIP + 4 **▶ 08831**

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 **▶**

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If 'Yes,' enter the name of the foreign country. **▶**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here. **▶** ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** N/A

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

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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 46-49b and complete the tables for lines 50 and 51.

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

	Yes	No
46		

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

47		
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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		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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 ▶

Sign Here

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.

Signature of officer Fred W Russell Jr Date 3/2/10
Type or print name and title Treasurer

Paid Preparer's Use Only

Preparer's signature THOMAS M. FLOSKONKA CPA Date 2/15/10 Check if self-employed ☐ Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 T.M. FLOSKONKA & CO.
1149 GREEN ST
ISELIN, NJ 08830-2035
EIN N/A
Phone no (732) 283-0114

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

☒ Yes ☐ No

BAA Form 990-EZ (2009)

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.**

2009

Open to Public Inspection

Employer identification number
22-1980507

Part I	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
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- ☐
- Special fundraising events

- ☐ 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. Form 990EZ filers are not required to complete this table.

(i) Name 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 funds or has been notified it is exempt from registration or licensing

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FISH FRY DINNE (event type)	8 OTHER MISC E (event type)	(total number)	(Add col. (a) through col. (c))
	1 Gross receipts	16,614.	11,974.		28,588.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	16,614.	11,974.		28,588.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,000.	4,440.		8,440.
	10 Direct expense summary Add lines 4- through 9 in column (d)				8,440.
	11 Net income summary Combine lines 3 and 10 in column (d)				20,148.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in 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?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

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
9a		<input checked="" type="checkbox"/>
10a		<input checked="" type="checkbox"/>
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide 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 contact with a third party from whom the organization receives gaming revenue?**15a****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

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?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

KAPER ADS NEWSLETTER

Total	\$	825.
	\$	<u>825.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	COMMUNITY DONATIONS INCLUDING SCHOLARSH		
Cash Amount Given:		\$	975.
Donee's Name:	CHURCH DONATIONS		
Cash Amount Given:		\$	520.
Donee's Name:	VOCATIONS		
Cash Amount Given:		\$	500.
Donee's Name:	FOOD BANK DONATIONS		
Cash Amount Given:		\$	1,300.
Donee's Name:	NJKC RETARDED CHILDRENS FUND		
Cash Amount Given:		\$	2,213.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	363.
KAPER NEWSLETTER		1,575.
Office Expenses		256.
SUPPLIES		<u>423.</u>
Total	\$	<u>2,617.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

MENS' RELIGIONS, SOCIAL AND COMMUNITY ACTIVITIES

2009

Federal Statements
ST. JAMES KNIGHTS OF COLUMBUS
COUNCIL #6336

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22-1980507

Statement 5
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No