

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

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.

Department of the Treasury
Internal Revenue Service

Open to Public
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A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

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

C Name of organization
**ROTARY INTERNATIONAL
 LEWISVILLE ROTARY CLUB**

D Employer identification number
75-6067824

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 274

E Telephone number
972-221-2500

City or town, state or province, country, and ZIP or foreign postal code
LEWISVILLE, TX 75067

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: ▶ **LEWISVILLENOONROTARY.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other **AFFILIATE OF NATIONAL ORGANIZA**

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 ▶ \$ **150,073.**

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

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received								1,500.													
	2	Program service revenue including government fees and contracts																					
	3	Membership dues and assessments								52,409.													
	4	Investment income																					
	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		93,759.																	
c	Less: direct expenses from gaming and fundraising events		6c		40,761.																		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d				52,998.													
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				2,405.													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9				109,312.													
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O					10			69,825.													
	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	Occupancy, rent, utilities, and maintenance					14																
	15	Printing, publications, postage, and shipping					15				66.												
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O					16				45,706.												
17	Total expenses. Add lines 10 through 16					17				115,597.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18			-6,285.													
	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			42,936.													
	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			36,651.													

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

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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	43,379.	36,789.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	43,379.	36,789.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	443.	138.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,936.	36,651.

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.

28	28a	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
LOCAL BUSINESS PEOPLE MEET WEEKLY TO RAISE MONEY FOR LOCAL CHARITIES AND COMMUNITY NON-PROFIT PROJECTS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	19,991.	
29 MONIES ARE RAISED, PRIMARILY THROUGH A CHARITY GOLF TOURNAMENT AND OTHER FUNDRAISING EFFORTS TO PROVIDE LOCAL COMMUNITY AID. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	20,771.	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	40,762.

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
RICH MULLER PRESIDENT	4.00	0.	0.	0.
KEITH BRADLEY PAST PRESIDENT	1.00	0.	0.	0.
AUDREY STANSBURY PRESIDENT ELECT	1.00	0.	0.	0.
JOE WILLARD TREASURER	4.00	0.	0.	0.
BRIAN CARTWRIGHT VP MEMBERSHIP	1.00	0.	0.	0.
MARK PAYNE SECRETARY	1.00	0.	0.	0.
KEITH LONG COMMUNICATIONS	1.00	0.	0.	0.
JAMES LEE SERVICE	1.00	0.	0.	0.
DENNIS SONG FOUNDATION	1.00	0.	0.	0.
BUDDY BONNER YOUTH	1.00	0.	0.	0.
CECE CLEMENS FUNDRAISING	1.00	0.	0.	0.
GREG SIDWELL DONATIONS	1.00	0.	0.	0.

ROTARY INTERNATIONAL
LEWISVILLE ROTARY CLUB

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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

		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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	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		X
40c	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		0.
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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		X
41	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> MARY JENNINGS Telephone no. <input type="checkbox"/> (972) 221-2500 Located at <input type="checkbox"/> PO BOX 274, LEWISVILLE, TX ZIP + 4 <input type="checkbox"/> 75057		
42b	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).	Yes	No
42c	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: _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
If "Yes," complete Schedule C, Part I 46 Yes 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 Sch. C, Part II Yes No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
b If "Yes," was the related organization a section 527 organization? Yes No

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 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 _____ Date _____
MARY JENNINGS, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name MELISSA DEWITT	Preparer's signature <i>Melissa Dewitt</i>	Date 11/14/16	Check <input type="checkbox"/> if self-employed	PTIN P00118326
Firm's name ▶ KHA ACCOUNTANTS AND ADVISORS, PC			Firm's EIN ▶ 75-1761003	
Firm's address ▶ 4880 LONG PRAIRIE ROAD, SUITE 100 FLOWER MOUND, TX 75028			Phone no. 972-221-2500	

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

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, 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.

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2015

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▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **ROTARY INTERNATIONAL
LEWISVILLE ROTARY CLUB**

Employer identification number
75-6067824

Part I 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 part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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.

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

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

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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	(b) Event #2	(c) Other events	(d) Total events	
		GOLF TOURNAMENT (event type)	HIGH NOON SHOOT OUT (event type)	7 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	52,655.	17,633.	23,471.	93,759.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	52,655.	17,633.	23,471.	93,759.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	20,771.	4,483.	15,507.	40,761.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				40,761.
	11	Net income summary. Subtract line 10 from line 3, column (d)				52,998.

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))
		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: _____

ROTARY INTERNATIONAL

- 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:

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 ▶ _____

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).

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

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.

OMB No. 1545-0047

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Name of the organization ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB	Employer identification number 75-6067824
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FORM 990-EZ, ITEM K, OTHER FORM OF ORGANIZATION:

AFFILIATE OF NATIONAL ORGANIZATION

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

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTERACT DUES	2,399.
OTHER INCOME	6.
TOTAL TO FORM 990-EZ, LINE 8	2,405.

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

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: PEDIPLACE

GRANTEE ADDRESS: 502 S OLD ORCHARD LANE #126 LEWISVILLE, TX 75067

AMOUNT GIVEN: 15,000.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: VARIOUS OTHER NONPROFITS

GRANTEE ADDRESS: VARIOUS LEWISVILLE, TX 75067

AMOUNT GIVEN: 44,000.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: PAUL HARRIS FOUNDATION

GRANTEE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201

AMOUNT GIVEN: 10,825.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 69,825.

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

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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Name of the organization

ROTARY INTERNATIONAL
LEWISVILLE ROTARY CLUB

Employer identification number
75-6067824

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSE	2,016.
CONFERENCES AND MEETINGS	2,896.
CHAMBER DUES	200.
WEBSITE SUPPORT	585.
MISCELLANEOUS	4,679.
MEAL COST	26,620.
PLAQUES, AWARD AND PINS	1,571.
DISTRICT DUES	4,139.
NONPROFIT LUNCHEON	500.
PRESIDENT'S DISCRETIONARY FUNDS	2,500.
TOTAL TO FORM 990-EZ, LINE 16	45,706.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID DUES	443.	138.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENCOURAGE AND FOSTER
THE IDEAL OF SERVICE AS A MEANS TO BETTER OUR COMMUNITY.**

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,

