

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

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 Name of organization		D Employer identification number
		Basin Retirement Homes Association		91-1078202
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 109 C Street SW		E Telephone number 509-754-5232
		City or town, state or country, and ZIP + 4		F Group Exemption Number
		Ephrata, WA 98823		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) _____

I Website: N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) 501(c)(3) (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 322,262.

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	1	
	2	Program service revenue including government fees and contracts	2	318,857.
	3	Membership dues and assessments	3	
	4	Investment income	4	3,405.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	567.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	<567.>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	321,695.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	89,268.
	13	Professional fees and other payments to independent contractors	13	13,713.
	14	Occupancy, rent, utilities, and maintenance	14	60,256.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe _____)	16	138,990.
17	Total expenses. Add lines 10 through 16	17	302,227.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,468.
	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	165,156.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	184,624.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 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	171,743.	115,968.
23 Land and buildings	693,197.	735,691.
24 Other assets (describe _____) See Statement 2	85,847.	7,595.
25 Total assets	945,165.	859,254.
26 Total liabilities (describe _____) See Statement 3	780,009.	674,630.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,156.	184,624.

SCANNED MAY 19 2010

Handwritten marks: 23 and P

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

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

What is the organization's primary exempt purpose? **Assisted Senior Citizen Housing**
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Senior Citizen Retirement Housing	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	234,646.
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	234,646.

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kelly Moore 109 C Street SW, Ephrata, WA 98823	Chairman 2.00	135.	0.	0.
Peggy Muchlinski 109 C Street SW, Ephrata, WA 98823	Vice Chairman 2.00	675.	0.	0.
Shelly Rivard Detrick 109 C Street SW, Ephrata, WA 98823	Secretary 2.00	540.	0.	0.
Ray Towry 109 C Street SW, Ephrata, WA 98823	Director 2.00	540.	0.	0.
Pat Gordon 109 C Street SW, Ephrata, WA 98823	Director 2.00	270.	0.	0.
Theresa Wallace 109 C Street SW, Ephrata, WA 98823	Director 2.00	135.	0.	0.
Diane DeChenne 109 C Street SW, Ephrata, WA 98823	Director 2.00	540.	0.	0.
Tom Inch 109 C Street SW, Ephrata, WA 98823	Director 2.00	810.	0.	0.
George Sisson 109 C Street SW, Ephrata, WA 98823	Director 2.00	270.	0.	0.
Jory Latimer 109 C Street SW, Ephrata, WA 98823	Director 2.00	675.	0.	0.
Roger Pugh 109 C Street SW, Ephrata, WA 98823	Director 2.00	270.	0.	0.
Sue Ivarsen 109 C Street SW, Ephrata, WA 98823	Director 2.00	135.	0.	0.
Sue Palmer 109 C Street SW, Ephrata, WA 98823	Director 2.00	135.	0.	0.

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

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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 your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0.</u>		
b	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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>N/A</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>N/A</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
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. ▶ <u>None</u>		
42a	The books are in care of ▶ <u>Basin Retirement Homes Association</u> Telephone no. ▶ <u>509-754-5232</u> Located at ▶ <u>109 C Street SW, Ephrata, WA</u> ZIP + 4 ▶ <u>98823</u>		
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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating 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(s) a section 527 organization?
50 Complete this table for the 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."

Table with 2 columns: Yes, No. Rows 46-49b. All 'No' boxes are checked (X).

Table for line 50: Compensation of top 5 employees. Column (a) Name and address of each employee paid more than \$100,000. All entries are 'NONE'.

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

Table for line 51: Compensation of top 5 independent contractors. Column (a) Name and address of each independent contractor paid more than \$100,000. All entries are 'NONE'.

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: Kelly Moore, Date: 1/29/10, Type or print name and title: Kelly Moore

Paid Preparer's Use Only: Preparer's signature: Monica Kough, CPA, Date: 1-26-10, Check if self-employed: [], Preparer's Identifying Number (See instr):, Firm's name (or yours if self-employed), address, and ZIP + 4: Cordell, Neher & Company, PLLC, PO Box 3068, Wenatchee, WA 98807-3068, EIN: [], Phone no.: []

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	256,115.	271,745.	285,867.	291,545.	318,857.	1,424,129.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	256,115.	271,745.	285,867.	291,545.	318,857.	1,424,129.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	53,924.	53,950.	58,341.	63,275.	59,699.	289,189.
c Add lines 7a and 7b	53,924.	53,950.	58,341.	63,275.	59,699.	289,189.
8 Public support (Subtract line 7c from line 6)						1,134,940.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	256,115.	271,745.	285,867.	291,545.	318,857.	1,424,129.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,645.	5,164.	6,408.	5,259.	3,405.	22,881.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,645.	5,164.	6,408.	5,259.	3,405.	22,881.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						1,447,010.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	78.43 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	77.24 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.58 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.47 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Depreciation and Amortization 990EZ
 (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment
 Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return Basin Retirement Homes Association	Business or activity to which this form relates Form 990-EZ Page 1	Identifying number 91-1078202
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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 the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
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 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	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 2009. Add lines 9 and 10, less line 12	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)

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	22,470.

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 2008	17	21,108.
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	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2008 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						
d 10-year property		5,402.	10		S/L	278.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs.	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/	73,264.	39 yrs.	MM	S/L	1,343.
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year		10,121.	12 yrs		S/L	526.
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 instr	22	45,725.
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	

Form 990-EZ	Other Expenses	Statement	1
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Description	Amount
Utilities & Television	67,887.
Insurance & Bonds	25,362.
Administrative Services	2,831.
Other	5,831.
Payroll Taxes	1,151.
Interest	9,493.
Telephone	21,879.
Fire and police protection	1,844.
	2,712.
Total to Form 990-EZ, line 16	138,990.

Form 990-EZ	Other Assets	Statement	2
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Description	Beg. of Year	End of Year
Construction in progress	73,264.	0.
Other current assets	6,961.	827.
Prepaid Expenses and Deferred Charges	5,622.	6,768.
Total to Form 990-EZ, line 24	85,847.	7,595.

Form 990-EZ	Other Liabilities	Statement	3
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Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	100,381.	26,289.
Long-Term Debt	679,628.	648,341.
Total to Form 990-EZ, line 26	780,009.	674,630.

Form 990-EZ Gain (Loss) From Sale of Other Assets Statement 4

Description	Date Acquired	Date Sold	Method Acquired		
Various Junked Assets	Various	Various	Purchased		
Name of Buyer	Gross Sales Price	Cost or Other Basis	Expense of Sale	Deprec	Net Gain or (Loss)
	0.	4,526.	0.	3,959.	<567.>
To Form 990-EZ, line 5		4,526.	0.	3,959.	<567.>

Form 990-EZ Occupancy, Rent, Utilities and Maintenance Statement 5

Description	Amount
Depreciation	45,725.
Other Expenses	14,531.
Total to Form 990-EZ, line 14	60,256.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 6

- A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No