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

OMB No. 1545-1150

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.

Open to Public Inspection

A	For th	e 2016 calendar year, or tax year beginning		1 11		and the second second			-	
	Check	if O Nome of annualization		and ending						
	applica					Employ 6	er identifi	cation numb	er	
F	Add	ress change								
F		AIRHEADS BEEMER CLUB, INC.	33-0689040							
-	Initi	Number and street (or P.O. box, if mail is not delivered to street address		ne numbe						
F		inated ZIIZ WESTFIELD AVE.	619	619-258-9503						
F	Am	ended return City or town, state or province, country, and ZIP or foreign postal code	е		F	Group E	roup Exemption			
L		cation pending RENO, NV 89509				Number	Number >			
		nting Method: X Cash Accrual Other (specify) ▶			ŀ	1 Check	Check X if the organization is			
		ite: ► WWW.AIRHEADS.ORG						ach Schedul		
J	Tax-e	xempt status (check only one) $-$ 501(c)(3) \times 501(c) (7) (insert	no.)	4947(a)(1) or	527			Z, or 990-PF		
		of organization: Corporation Trust Association	X Ot	her			,		<i>)</i> -	
L	Add li	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,	,000 or m	nore, or if total asse	ts (Part II.					
-	colum	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			,		\$	114.	397.	
P	art I		Fund E	Balances (see t	he instruct	tions for F	Part I)			
		Check if the organization used Schedule O to respond to any question in this P	art I				,		X	
	1	Contributions, girls, grants, and similar amounts received				1				
	2	Program service revenue including government fees and contracts				2				
	3	Membership dues and assessments				3	-	75	260.	
	4	mvesument income				4		, 5 /	200.	
	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	2 5a)			5c	391			
	6	Gaming and fundraising events	/				4			
0	a	Gross income from gaming (attach Schedule G if greater than								
nue		\$15,000)	1.	Sa						
Revenue	b	Gross income from fundraising events (not including \$		contributions		-				
ш		from fundraising events reported on line 1) (attach Schedule G if the sum of such		CONTRIBUTIONS						
		gross income and contributions exceeds \$15,000)	1	Sb		100				
	c	Less: direct expenses from gaming and fundraising events	6	Sc Sc						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b ar	nd subtra	ct line 6c)		6d				
	7a	Gross sales of inventory, less returns and allowances	7		0,63					
	b	Less: cost of goods sold SEE SCHEDULE (7	'h 1	9 31					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			, , , ,	7c		11	319.	
	8	Other revenue (describe in Schedule 0)	SEE	SCHEDULE	. 0	8	+		507.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			h	0	_		086.	
	10	Grants and similar amounts paid (list in Schedule 0)				10	_	20,	000.	
	11	Benefits paid to or for members				11	_			
S	12	Salaries, other compensation, and employee benefits				12	_			
nses	13	Professional fees and other payments to independent contractors				13		3	150.	
Expe	14	Occupancy, rent, utilities, and maintenance				14	+		000.	
ш	15	Printing, publications, postage, and shipping				15	+		513.	
	16	Other expenses (describe in Schedule 0)	SEE	SCHEDIII.E						
	17	Total expenses. Add lines 10 through 16				16	+		707.	
10	18	Evened or (deficit) for the condition of				17	+		370.	
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))				18		9,	716.	
As		(must agree with and of year figure reported				40	4	10	011	
Net Assets	20		SEE	SCHEDULE	0		+		844. 503.	
	21	Net accets or fund halances at and of year Combine lines 40 th and 100				20	+		063.	
LHA	For	Paperwork Reduction Act Notice, see the separate instructions.	.,			21	Form	990-F7	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	

P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any questi	on in this Part II			X
			(A) Beginning of year	T		End of year
22	, , , , , , , , , , , , , , , , , , , ,		14,071	22		29,088.
23	Land and buildings			23		
24	Land and buildings Other assets (describe in Schedule O) SEE SCHEDULE C)	9,349	24		9,975.
25	Total assets		23,420			39,063.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE C)	4,576			0.
27			18.844			39,063.
Pa	art III Statement of Program Service Accomplishme	nts (see the instruc	tions for Part III)		E.	xpenses
	Check if the organization used Schedule O to res			X	(Required	for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE C)				and 501(c)(4)
Desc	cribe the organization's program service accomplishments for each of its three largest program	services, as measured by exper	nses. In a clear and concise		others.)	ions, optional ioi
man	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title.			,	
28	ENLISTED APPROXIMATELY 2,800 MEMBER	S TO ORGANIZ	ZE IN			
	COMMUNITY EVENTS AND MEMBER SHARING	TO ASSIST 1	N PROMOTING	7		
	THE ORGANIZATIONS COMMON BELIEF IN	THE CLUB CAN	IONS.	_		
	(Grants \$) If this amount includes foreign g				28a	
29	, , , , , , , , , , , , , , , , , , ,	yearte, erroek field			200	
				_		
				_		
	(Grants \$) If this amount includes foreign g	grants check here			29a	
30	, while almost this dad to follow the	grants, check here			234	
				_		
				_		
	(Grants \$) If this amount includes foreign g	grants chock horo			30a	
31	Other program services (describe in Schedule O)	grants, check here			SUA	
	(Grants \$) If this amount includes foreign g	ronto obcok bara			010	
	The state of the s	grants, check here			31a	
					32	
I Pa	art IV List of Officers, Directors, Trustees, and Key F	mployees (list apply and	avan if not non-not d	- Al-		D
Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to rest	mployees (list each one	even if not compensated - s	ee the	instructions f	for Part IV)
Pa	Check if the organization used Schedule O to responsible.	ond to any questic	on in this Part IV			
Pa	Check if the organization used Schedule O to resp	oond to any questic	(c) Reportable compensation (Forms	d) Hea	Ith benefits,	(e) Estimated
Pa	Check if the organization used Schedule O to respond (a) Name and title	ond to any questic	(c) Reportable compensation (Forms	d) Hea contri emplo lans, a	alth benefits, butions to yee benefit and deferred	
	Check if the organization used Schedule O to resp	(b) Average hours per week devoted to	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	d) Hea contri emplo lans, a	alth benefits, butions to yee benefit	(e) Estimated amount of other
MI	Check if the organization used Schedule O to resp (a) Name and title CHAEL FRIEDLE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea contri emplo lans, a	ulth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
MI DI	Check if the organization used Schedule O to resp	(b) Average hours per week devoted to	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	d) Hea contri emplo lans, a	alth benefits, butions to yee benefit and deferred	(e) Estimated amount of other
MI DI CH	Check if the organization used Schedule O to resp (a) Name and title CHAEL FRIEDLE RECTOR ARLIE SMITH	(b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea contri emplo lans, a	ulth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
MI DI CH	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea contri emplo lans, a	ulth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
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MI DI CH DI DO	Check if the organization used Schedule O to resp (a) Name and title CHAEL FRIEDLE RECTOR ARLIE SMITH RECTOR UGLAS MCGEE RECTOR	(b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea contri emplo lans, a	ulth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
MI DI CH DI DO DI GA	Check if the organization used Schedule O to resp (a) Name and title CHAEL FRIEDLE RECTOR ARLIE SMITH RECTOR UGLAS MCGEE RECTOR RRY NEWBY	(b) Average hours per week devoted to position 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 •	d) Hea contri emplo lans, a	ulth benefits, butions to yee benefit und deferred pensation 0 • 0 •	(e) Estimated amount of other compensation 0 • 0 •
MI DI CH DI DO DI GA	Check if the organization used Schedule O to resp (a) Name and title CHAEL FRIEDLE RECTOR ARLIE SMITH RECTOR UGLAS MCGEE RECTOR RRY NEWBY AIRMAN	(b) Average hours per week devoted to position 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Hea contri emplo lans, a	ulth benefits, butions to yee benefit and deferred bensation	(e) Estimated amount of other compensation 0 •
MI DI CH DI DO DI GA CH	Check if the organization used Schedule O to resp (a) Name and title CHAEL FRIEDLE RECTOR ARLIE SMITH RECTOR UGLAS MCGEE RECTOR RRY NEWBY AIRMAN VID RANKINE	(b) Average hours per week devoted to position 1.00 1.00 1.00	On in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Hea contri emplo lans, a	ulth benefits, butions to yee benefit und deferred pensation O • O •	(e) Estimated amount of other compensation 0 • 0 •
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P	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s in th	ne	77
_		s Pari		X
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		Yes	NO
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	- 00		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	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)?	35a		X
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	35b	N/	A
С	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			
36	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
30	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			77
37 a	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	36		X
b	Did the organization file Form 1120-POL for this year?	-	120	v
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37b		X
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304		Λ
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright 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	40b	N/	A
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
d	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u				
e	by the organization \bigs\ \N/A \\ 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	40	3,555	77
41	List the states with which a copy of this return is filed CA	40e		X
	The organization's books are in care of ▶ DAVID RANKINE Telephone no. ▶ 775-33	6-0	231	
	Located at > 2112 WESTFIELD AVE., RENO, NV			
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		Yes	No
	account)?	42b		X
	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		X
43	If "Yes," enter the name of the foreign country:			,
40	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	N/A		
		1	V	NI
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	2.175	Yes	No
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	444		
	of Form 990-EZ	44b		X
C	bid the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	. 10		1
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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		
	· ·	Form 99	90-EZ (2	2016)

Form 990-EZ	(2016)	AIRHEADS	BEEME	R CLUB,	INC.			33-0689	040	F	Page 4
										Yes	No
46 Did the	organization	engage, directly or	indirectly, in po	olitical campaig	n activities on behalf (of or in opposition	on to candidates for p	ublic office?			
If "Yes,"	complete Sc	hedule C, Part I							46		X
Part VI	Section	1 50 1(c)(3) or	ganization	s only							
	All section	1 501(c)(3) organ	izations must	answer quest	tions 47-49b and 5	2, and comple	te the tables for line	es 50 and 51.			
	Check if t	ne organization u	used Schedule	e O to respon	d to any question i	n this Part VI					
47 Distance		Annual Control	0.30							Yes	No
47 Did the o	organization a	engage in loppying	activities or na	ive a section 50	1(h) election in effect	during the tax y	/ear? If "Yes," complet	e Sch. C, Part II	47		
40 IS tile of	yanızanon a organization	make any transfer	ed in section 17	U(D)(1)(A)(II)? I	f "Yes," complete Sch	edule E			48		
h If "Ves"	was the relat	ted organization a	eaction 527 ora	anization?	elated organization?				49a		
50 Complet	e this table f	or the organization	's five highest o	omnensated er	mnlovees (other than	officare director	rs, trustees, and key e	[49b	o o i u o d	
than \$10	00,000 of co	mpensation from t	he organization.	. If there is none	e, enter "None."	omoors, director	is, ilusides, allu key e	inployees) wild ea	101116	beiveu i	Hore
		Name and title of				erage hours	(C) Reportable	(d) Health benefits	16) Estima	ated
						k devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	,	ount of	
			N/Z	A	p	osition	W-2/ 1099-WISC)	plans, and deferred compensation	CO	mpensa	nsation
									+		
							00:				
f Total nu	mhar of othe	er employees paid o	0100 000								
				ompaneated in	danandant contractor		eived more than \$100,	000 - (
organiza	tion. If there	is none, enter "Nor	ne." N/Z		dependent contractor	s who each rece	eived more than \$100,	000 of compensa	tion fr	om the	
		usiness address of				(h) Type of service	(0) (omno	nsation	
						(5)) 1 y p o o 1 o o 1 v loo	(0)	ompe	iisatioii	
					*						
						-					
d Total nur	nher of othe	r independent cont	ractors each re	caiving over \$1	20,000						
52 Did the o	rganization of	complete Schedule	A? Note: All se	ction 501(c)(3)	organizations must a	ttach a					
	d Schedule								7 Va		N.
			e examined this	return, includir	ng accompanying sch	edules and state	ements, and to the bes	et of my knowledg	Ye and	boliof	No it is
true, correct, a	nd complete	Declaration of pre	parer (other tha	an officer) is ba	ed on all information	of which prepa	rer has any knowledge	a I of the knowledge	e anu	Dellei,	11 15
		A	1) 18	1.1	11.	o. mion propa	I That arry knowledge	6/17	1	1	
Sign	Signature of	officer	XI	CHU				Date /	11	/	
Here	DAVI	D RANKIN	E, CFO					. / /	1		
		nt name and title							-		
	Print/Type	preparer's name		Preparer's sig	nature	Date	Check	if PTIN			
Paid							self- employ	/ed			
Preparer	Fin!					03/28	3/17	P004			
Use Only	Firm's nar	ne ALDRI	CH CPAS	AND AI	OVISORS, L	LP	Firm's EIN				
	Firm's add	ness > 312	S JUNIP	ER STRE	EET, SUITE	100	Phone no.	(760) 7	46-	-156	0
May the IDC 4:	nounce this			CA 9202							
viay ilie ino uli	scuss tills re	turn with the prepa	irer snown abov	/e ? See instruct	ions				Yes	THE RESERVE OF THE PERSON NAMED IN	No
								Fc	rm qc	0-F7 (2	(2016)

SCHEDULE 0 (Form 990 or 990-EZ)

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.

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2016 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AIRHEADS BEEMER CLUB, INC.

Employer identification number 33-0689040

AIRHEADS BEEMER CLUB, INC.	33-0689040
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALE	S OF INVENTORY:
INCOME:	
1. GROSS RECEIPTS	30,630.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	30,630.
4. COST OF GOODS SOLD (LINE 13)	19,311.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	11,319.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	9,349.
7. MERCHANDISE PURCHASED	14,894.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	5,043.
11. ADD LINES 6 THROUGH 10	29,286.
12. INVENTORY AT END OF YEAR	9,975.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	19,311.
FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:	
DESCRIPTION OF OTHER COSTS:	AMOUNT:
SHIPPING	5,043.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MEMBERS ADS & RELATED	8,298.
BACK ISSUES	209.
TOTAL TO FORM 990-EZ, LINE 8	8,507.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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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 2016 Open to Public Inspection

Name of the organization

AIRHEADS BEEMER CLUB, INC.

Employer identification number 33-0689040

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:					
DESCRIPTION OF OTHER EXPENSES:			AMO	OUN	Т:
SUPPLIES					132.
MISCELLANEOUS				2	,141.
PHONE/CABLE MODEM/INTERNET				1	,535.
RALLY EXPENSE REIMBURSEMENTS				1	,377.
PAYPAL MERCHANT FEE				3	,522.
TOTAL TO FORM 990-EZ, LINE 16		8		8	,707.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:					
CHANGES IN NET ASSETS OR FUND BALANCES:			AMO	UN	Г:
PRIOR PERIOD ADJUSTMENT				10	,503.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:					
DESCRIPTION BEG.	OF Y	/EAR	END	OF	YEAR
INVENTORY	9,3	349.		9	,975.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		17		7.	
DESCRIPTION BEG.	OF Y	YEAR	END	OF	YEAR
INVENTORY LOAN PAYABLE	4,5	576.			0.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROFOR OWNERS AND/OR CO-OWNERS OF BMW MOTORCYCLES TO ENGA					
SOCIAL RECREATIONAL PURPOSES FOR ITS MEMBERS.	.011 1	IN DIIAK.	TING	WINT	,

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

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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► 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.

2016
Open to Public Inspection

AIRHEADS BEEMER CLUB, INC.

Employer identification number 33-0689040

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.

_HA	For Paperwork Reduction	Act Notice, s	ee the	Instructions	for Form	990 o	r 990-F	ΞZ.
222211	09 05 16							