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Form **990-EZ**Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

private foundation)

Sponsoring organizations, and controlling organization as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

2006
One to Public Inspection

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements 2006 and ending JUN 30, 2007 For the 2006 calendar year, or tax year beginning JUL 1. Check if applicable D Employer identification number C Name of organization Please Address use IRS label or] Name | change <u>33-1121576</u> print or FREEDOM PATRIOT CLUB INC type Initial Ireturn Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number]Final return Specific <u>610-967-8254</u> 3149 CHESTER AVENUE Amende City or town, state or country, and ZIP + 4 F Group Exemption Application pending BETHLEHEM, PA 18020 Number > G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check X if the organization is not Website: ► N/A Organization type (check only one)— X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990 990-EZ or 990-PF) Check Light 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. 70941 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.) 905. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3340. 3 Membership dues and assessments 4 Investment income Gross amount from sale of assets other than inventory 5a Less' cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) Special events and activities (attach schedule) If any amount is from gaming, check here Gross revenue (not including \$ reported on line 1) 6a b Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (line 6a less line 6b) 6c 7a Gross sales of inventory, less returns and allowances 7a 7b Less, cost of goods sold 37726. Gross profit or (loss) from sales of inventory (line 7a less line 7b) 7c Other revenue (describe Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) RECEIVED 9 41971. STMT 10 Grants and similar amounts paid 10 080 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits NOV 2 2 2010 12 12 Professional fees and other payments to independent contractors 13 13 OGDEN, UT 14 Occupancy, rent, utilities, and maintenance 4800. 14 1425. 15 Printing, publications, postage, and shipping 15 78<u>38.</u> SEE STATEMENT 16 Other expenses (describe 16 17 22344. Total expenses (add lines 10 through 16) 17 18 Excess or (deficit) for the year (line 9 less line 17) 18 19627. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 20920. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year (combine lines 18 through 20) 40547 21 21 Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ Part II (See page 51 of the instructions.) (A) Beginning of year (B) End of year 20920. 40547 Cash, savings, and investments 22 23 Land and buildings 23 24 Other assets (describe 20920 40547 25 25 Total assets 26 26 Total liabilities (describe Net assets or fund balances (line 27 of column (B) must agree with line 21) 20920. 27

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2006

Part IV Other Information (Note the statement requirement in General Instruction V) SEE STATEMENT 4 SEE STATEMENT 5 SEE STATEMENT 6 SEE STATEMENT 7 SEE STATEMENT 6 SEE STATEMEN	_	m 990-EZ (2006) FREEDOM PATRIOT CLUB INC	 			33-	112:	<u> 1576</u>		Page 2
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Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 52 of the instructions)	32		re			<u></u>	-		82	81.
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Pai		Other Information (Note the statement requirement in General Instruction V) (Continue		<u> </u>		- 3
40 a	501(0	c)(3) organizations Enter amount of tax imposed on the organization during the year under:				
	sectio	on 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶	0.			
b	501(c	c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during	ng the year or did it		Yes	No
	becon	ne aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		40b	<u> </u>	X
C	Enter	amount of tax imposed on organization managers or disqualified persons during the year under				
	sectio	ns 4912, 4955, and 4958		<u>0.</u>		
ď	Enter	amount of tax on line 40c reimbursed by the organization		<u>0.</u>	1	
е	All or	ganizations At any time during the tax year, was the organization a party to a prohibited tax shelter transacti	on?	40e	L	X
41	List th	ne states with which a copy of this return is filed. NONE				
42a	The b	ooks are in care of ▶ <u>ELLEN_H_DESTASIO</u>	elephone no. ► <u>61</u>	<u>0-967-8</u>	<u> 254</u>	<u></u>
	Locat	edat ► 750 E. MACADA ROAD, BETHLEHEM, PA	ZIP +	4 ▶ <u>1801</u>	<u>.7</u>	
		y time during the calendar year, did the organization have an interest in or a signature or other authority				1
	over a	a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	+
	accou	int)?		42b	<u> </u>	X
		s," enter the name of the foreign country: 🕨				
		he instructions for exceptions and filing requirements for Form TD F 90-22 1.				
C	At any	y time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		<u> </u>
		s," enter the name of the foreign country 🕨				
43		ion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				
	and e	enter the amount of tax-exempt interest received or accrued during the tax year	to the best of my knowle	N/A	c true	
Plea		Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete. Declaration of preparer other than afficer) is based on all information of which preparer has any knowled	dge	1 17 1	()	
Sign Here		Signature of officer	Date	1-12-1	<u> </u>	
11010	•	Signature of orices 1 1 De Calco Tacaco Tacaco Tacaco				
		Type or print name and title				
		Check if self		SN		
Paid Prepa	2'191	Preparer's signature Date 11-12 -10 employed	or PTIN			
Use (FIRM'S name (or yours FRANCE, ANDERSON, BASILE & CO., P.C.	EIN Dhone			
	-	If self-employed). 903 CHESTNUT, STREET address, and ZIP+4 FMMATIC DA 18049	Phone ► no.	10-967-	120	١.0
		address, and ZIP+4 EMMAUS, PA 18049	1	TO-201-	<u> </u>	<u>/ </u>

Form 990-EZ (2006)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

name or me ord	janization			Employer lucitum	cation number
_	FREEDOM PATRIOT CLUB INC			33 11215	576
Part I	Compensation of the Five Highest Paid Emp (See page 2 of the instructions. List each one. If there are none, et		Officers, Direc	ctors, and Ti	rustees
((a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE					
		-			
- <u></u>					
- <u></u>					
Total number o	f other employees paid	0			<u>-</u>
Part II-A	Compensation of the Five Highest Paid Inde	ependent Contracto		ional Service	es
	(See page 2 of the instructions. List each one (whether individuals				4-) O
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
NONE					
-					
	f others receiving over offessional services	0			
Part II-B	Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction	onal services, whether individ		ervices 	
_	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
NONE					
~					
~ 					
~					
Total number o \$50,000 for oth	of other contractors receiving over her services	0			

623101/01-18-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

a Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the su organizatio the supp organiz governing d	pported in listed in porting	(e) Amount of support
			Yes	No	
					111
Total				>	

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

823121

show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your NONE Schedule A (Form 990 or 990-EZ) 2006 2006.08010 FREEDOM PATRIOT CLUB INC FPC 1

623131 01-18-07

return. Do not include these grants in line 15.

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
32	Does the organization maintain the following: Records indicating the rapial composition of the student body, faculty, and administrative staff?	32a		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	-	<u> </u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	320		_
·	admissions, programs, and scholarships?	32c		
đ		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	_33a		
b	Admissions policies?	_33b	-	
C	Employment of faculty or administrative staff?	33c		 -
ď	Scholarships or other financial assistance?	33d	}	
e	Educational policies?	33e		-
ī	Use of facilities?	33f		
9	Athletic programs? Other extracurricular activities?	33g 33h		-
h	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	_ 3311		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b	1	<u> </u>
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

N/A

	(To be completed ONLY by	an eligible organization that filed Form 5768)				
Che	ick a if the organization belong	s to an affiliated group. Check 🕨 t	o 🔲 if	you che	cked "a" and "limited contro	of provisions apply
		Lobbying Expenditures ures' means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed for all electing organizations
_					N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)		37_		
38	Total lobbying expenditures (add lines 36	5 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add	lines 38 and 39)		40		
41	Lobbying nontaxable amount. Enter the a	mount from the following table -				
	If the amount on line 40 is -	The lobbying nontaxable amount is -				
	Not over \$500,000	20% of the amount on line 40)			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	}	41		
	Over \$1 500 000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000	J	1		
42	Grassroots nontaxable amount (enter 25	% of line 41)		42		
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than line 36		43		
44	Subtract line 41 from line 38 Enter -0- if	line 41 is more than line 38		44		
_	Caution: If there is an amount on eit	her line 43 or line 44, you must file Form 472	0			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B	Lobbying	Activity b	y Nonelecting	Public	Charities
-----------	----------	------------	---------------	---------------	-----------

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement give	ving a detailed description of the lobbying activities.
--	---

Yes	No	Amount
	_	0.

01-18-0

Schedule A (Form	n 990 or 990-EZ) 2006	FREEDOM	PATRIOT	CLUB	INC	33-1121576	Pa
Schedule A (Form 990 or 990-EZ) 2006 FREEDOM PATRIOT CLUB INC 33-1121576 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable							
E	xempt Organiza	ations (See pag	ne 13 of the instru	ctions.)			

	Exempt Organiz	zations (See page 13 of the instru	ictions.)				
51 D	d the reporting organization di	rectly or indirectly engage in any of t	he following with any other	organization described in section			
50	11(c) of the Code (other than s	section 501(c)(3) organizations) or in	section 527, relating to pol	itical organizations?	r		
a Ti	ansfers from the reporting org	ganization to a noncharitable exempt	organization of:		<u></u>	Yes	No
(i) Cash				51a(i)		<u>X</u>
(i	i) Other assets				a(ii)		<u>X</u>
b 0	ther transactions:						
(i) Sales or exchanges of asset 	ts with a noncharitable exempt organ	ızatıon		b(i)		X
(i	i) Purchases of assets from a	noncharitable exempt organization			b(ii)		<u>X</u>
(ii	i) Rental of facilities, equipme	nt, or other assets			b(iii)		<u>X</u> _
(i	v) Reimbursement arrangeme	nts			b(iv)		<u>X</u> _
(1	v) Loans or loan guarantees				b(v)		<u>X</u>
(v	i) Performance of services or	membership or fundraising solicitation	ons		b(vi)		<u>X</u>
c S	haring of facilities, equipment,	mailing lists, other assets, or paid en	nployees		С		_X_
d If	the answer to any of the above	e is "Yes," complete the following sch	edule. Column (b) should a	lways show the fair market value of the			
g	oods, other assets, or services	given by the reporting organization.	If the organization received	less than fair market value in any			
tr	ansaction or sharing arrangem	ent, show in column (d) the value of	the goods, other assets, or	services received:		N/A	
(a)	(b)	(c)		(d)	.		4_
Line no.	Amount involved	Name of noncharitable exe	mpt organization	Description of transfers, transactions, and s	naring an	angen	ients
			····				
			···	4.4			
				,			
			<u></u>				
			···				
	<u> </u>						
				5041.			
			ne or more tax-exempt org	anizations described in section 501(c) of the	٦.,	T-17	न
	ode (other than section 501(c)			▶ ∟	Yes	لما	☐ No
БП	"Yes," complete the following		(1)	(4)			
	(a Name of or) ganization	(b) Type of organization	(c) Description of relations	11D		
			,, , , , , , , , , , , , , , , , , , ,				
		· 					
		_					
		-					
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	··· -						
	· ·						
		· · · · · · · · · · · · · · · · · · ·	-				
		····					
							

623152 01-18-07

FORM 990-EZ	990-EZ OTHER EXPENSES		1			
SCRIPTION		AMOUNT				
COMMUNITY SUPPORT BANQUET		56 727				
TOTAL TO FORM 990-EZ, LINE 16		7838				

FORM 990-EZ PAYMENTS	S TO AFFILIATES	STATE	MENT	2	
AFFILIATE'S NAME	AFFILIATE	es address			
FREEDOM HIGH SCHOOL SPORTS		STER AVENUE 1, PA 18020			
PURPOSE OF PAYMENT			A	TUUON	
PROGRAM SUPPORT				82	81.
TOTAL INCLUDED ON FORM 990-EZ, LINE	10			82	81.
FORM 990-EZ PART III - STATEMENT PRIMARY EXEMPT		ı's	STATE	MENT	3
EXPLANATION TO PROVIDE ESSEENTIAL FUNDING TO EACH				ITIVE	
TO PROVIDE ESSEENTIAL FUNDING TO EAC VOICE FOR FREEDOM HIGH SCHOOL AND CE FORM 990-EZ PART IV - LIST OF	REATE AN ALUMNI	FRIENDLY C	LUB		4
TO PROVIDE ESSEENTIAL FUNDING TO EAC VOICE FOR FREEDOM HIGH SCHOOL AND CE FORM 990-EZ PART IV - LIST OF	REATE AN ALUMNI F OFFICERS, DIRE	FRIENDLY C	LUB STATEI EMPLOYEE	MENT EXPE	4 ENSE
PO PROVIDE ESSEENTIAL FUNDING TO EACHOOLE FOR FREEDOM HIGH SCHOOL AND CESTOR OF TRUSTEES AND TRUSTEES AND ADDRESS SAMUEL MUGAVERO, JR	REATE AN ALUMNI F OFFICERS, DIRE D KEY EMPLOYEES TITLE AND	FRIENDLY C	STATEM STATEM EMPLOYEE BEN PLAN	MENT EXPE	NSE
PO PROVIDE ESSEENTIAL FUNDING TO EACHOICE FOR FREEDOM HIGH SCHOOL AND CENTRY OF TRUSTEES AND TRUSTEES AND ADDRESS SAMUEL MUGAVERO, JR 3590 DARTMOUTH DRIVE - BETHLEHEM,	F OFFICERS, DIRECT REPORT OF THE SECOND SECO	FRIENDLY C	STATEMENT STATEM	MENT EXPE	NSI UNT
PO PROVIDE ESSEENTIAL FUNDING TO EACHOICE FOR FREEDOM HIGH SCHOOL AND CE FORM 990-EZ PART IV - LIST OF TRUSTEES AND NAME AND ADDRESS SAMUEL MUGAVERO, JR 3590 DARTMOUTH DRIVE - BETHLEHEM, PA 18020 THEODORE T RUHF, JR	REATE AN ALUMNI F OFFICERS, DIRE D KEY EMPLOYEES TITLE AND AVRG HRS/WK PRESIDENT	FRIENDLY C	STATEMENT STATEM	MENT EXPE	SNS I
PO PROVIDE ESSEENTIAL FUNDING TO EACHOICE FOR FREEDOM HIGH SCHOOL AND CERTS FORM 990-EZ PART IV - LIST OF TRUSTEES AND T	TITLE AND AVRG HRS/WK PRESIDENT 3.00	FRIENDLY C	STATEMENT STATEM	MENT EXPE	ENSI UNI
TO PROVIDE ESSEENTIAL FUNDING TO EACH VOICE FOR FREEDOM HIGH SCHOOL AND CERT FORM 990-EZ PART IV - LIST OF TRUSTEES AND TRUSTEES AND ADDRESS SAMUEL MUGAVERO, JR 3590 DARTMOUTH DRIVE - BETHLEHEM, PA 18020 THEODORE T RUHF, JR 405 ROCKHILL CIRCLE - BETHLEHEM, PA 18017 JOANNE KELLY	TITLE AND AVRG HRS/WK PRESIDENT 3.00 VICE-PRESIDENT	FRIENDLY COMPENSATION	STATEMENT STATEM	MENT EXPE	4 ENSE
PO PROVIDE ESSEENTIAL FUNDING TO EACHOICE FOR FREEDOM HIGH SCHOOL AND CERTS FORM 990-EZ PART IV - LIST OF TRUSTEES AND TRUSTEES AND TRUSTEES AND ADDRESS SAMUEL MUGAVERO, JR 3590 DARTMOUTH DRIVE - BETHLEHEM, PA 18020 PHEODORE T RUHF, JR 405 ROCKHILL CIRCLE - BETHLEHEM, PA 18017	TITLE AND AVRG HRS/WK PRESIDENT 3.00 VICE-PRESIDENT 2.00	FRIENDLY COMPENSATION	STATEMENT STATEM	MENT EXPE	ENSI ENSI ENUN'

TREASURER

3.00

0. 0. 0.

ELLEN H DESTASIO

18017

750 E. MACADA ROAD - BETHLEHEM, PA

FREEDOM PATRIOT CLUB INC			33-1121576		
MARIANN LIBERATI	DIRECTOR				
3754 KNOLLCROFT STREET - EASTON, PA 18045	2.00	0.	0.	0.	
BETH ANN BOYER 3158 APOLLO DRIVE - BETHLEHEM, PA	DIRECTOR				
18017	2.00	0.	0.	0.	
TOTALS INCLUDED ON FORM 990-EZ, PAR	T IV	0.	0.	0.	

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S'	PATE	MENT	5
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[]	YES	[x]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. []	YES	[X]	NO