

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Department of the Tressury

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 banefit trust or
private foundation)

Secretaring organizations of donor activised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All
other organizations with gross receipts less than 51,000,000 and tool assets less than 52,000,000 at the and of the year may use file form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

inter	100 1000	I ne organization may have to use a copy of this return to satisfy	and ending	Dil Cirioiri.	240000000000000000000000000000000000000
	-or th :heck if	2000 001011100 70011	and endired	D Employ	er identification number
٠, `	pplicat	New Plants & Marito Di Organication		יעטיקווים ט	Di 140-14118411-01 Hettipol
<u> </u>					1000700
			ERS		1902798
	Initia	Number and street (or P.O. box, If mall is not delivered to street address)	Room/sulte		
	Term	in- Specific 3535 RIVANNA RIDGE		434	-245-5850
	ATTE			F Group I	Exemption
F	Appli	TROY, VA 22974		Numbe	r 🕨
		tion 501(c)(3) organizations and 4947(e)(1) nonexempt charitable trusts must attach a comp	leted G Accou	ntina meth	od: X Cash Accrual
	-	Schadula A (Form 990 or 980-EZ).		specity)	
_	Lieb-H	18: ►N/A			If the organization is not
		reation type (check only one) X 501(c) (3) (insert no.) 4947(a)(1) or			hedule 8 (form sec. sec. EZ, or sec. P.F.
		If the organization is not a section 508(a)(3) supporting organization and its gross rec	eipts are normally no	r word tital	1 523,000. A INIUM IS HOL
_		nd, but if the organization chooses to file a return, be sure to file a complete return.			21 402
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; If \$1,000,000 or more, file Form 990 ins			
	7	Revenue, Expenses, and Changes in Net Assets or Fund Bala			
	1	Contributions, gifts, grants, and similar amounts received		<u> </u> _1	16,040.
	2	Program service revenue including government fees and contracts	•••••••	2	
	3	Membership dues and assessments		_8	2,325.
	4	investment income		💆	
	5a	Gross amount from sale of assets other than inventory 5a			20
	b	Less: cost or other basis and sales expenses			
	ء ا	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5e) (attach 5c	hedula)	5	
2	8	Special events and activities (complete applicable parts of Schedule G). If any amount is from p			
Ē	,	Gross revenue (not including \$ of contributions	anning, check hale		
Revenue	•		56 N	67.	
ш,	١ .	reported on line 1),	50,9	00	
		Less: direct expenses other than fundraising expenses Bb			
				B	5,069.
	i	Gross sales of inventory, less returns and allowances	7,0		
	b	Less: cost of goods sold		40.	
	-	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		71	2,320.
	В	Other revenue (describe)	
	g	Total revenue. Add lines 1, 2, 3, 4, Sc, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule)		. 🕨 🖠 8	25,754.
	10	Grants and similar amounts paid (attach schedule)	/LU	10)
	11	Banefits paid to or for members	<u> </u>	11	
8	12	Banefits paid to or for members Salaries, other compensation, and employee benefits SEP 13	201 <u>0</u>	12	2
Spanses	13	Professional fees and other payments to independent contractors		15	
Ď	14	Occupancy, rent, utilities, and maintenance EOCL)	16	
w	15	Printing, publications, postage, and shipping IRS OGDEN	LITAH	71	
	15	Other expanses (describe SEE S	TATEMENT	1) 16	
	17	Total expenses, Add lines 10 through 16			
PR	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	
Ĭ	19	Net assets or fund balances at beginning of year (from line 27, column (A))	***** * ******** ****	52	
ä		(must agree with end-of-year figure reported on prior year's return)		19	
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	******** ******** * ***	20	1
Z	21	Net assets or fund balances at end of yeer. Combine lines 18 through 20	****	▶ 21	
	11	Balance Sheets. If Total assets on line 25, column (8) are \$2,500,000 or more, file	Form 990 Instead of		7
		(See the Instructions for Part II.)	(A) Beginning of		(B) End of year
22	Casi	h, Gavings, and investments		283.2	
28	Land	and buildings			
24	Othe			2	
25		1 Assats	31	283. ₂	
28	Inte	A settings (describe	310		
27		assets or fund balances (line 27 of column (B) must agree with line 21)	21	0. z 283. z	
8321 12-1	71 -08	LHA For Privacy Act and Paparwork Reduction Act Notice, see the instructions for Form 6	311	CO3 . Z	
		J	IBU.		Form 990-EZ (2003)

What is th	Statement of Program Service Accompte organization's primary exempt purpose? SEE STAT what was achieved in carrying out the organization's exempt purpose.	EMENT	4			(Regulred and (4) o	xpenses I for 501(c)(3) rganizations and I) trusts; optional
provided, i	the number of persons benefited, or other relevant information	for each proc	gram title.			for others	i) (iusta, optional i.)
ZB PRO	OVIDE SUPPORT TO SCHOOL ATHLE	ETIC F	PROGRAMS				•
	nts \$) If this amount includes	s foreign gr	ante, check here ,			288	23,847.
29							
(Gren	nts \$) if this amount includes	s foreign pro	ants, check here	<u></u>		293	
					—— ———		
(Gran		s foreign gr	ants, check here		ليسل	80a	
					r		
(Gran			ants, check here			31R	25 047
82 Total	program service expenses (add lines 28a through 31a)	<u> </u>	<u></u>		<u></u> ▶	32	23,847.
Part	List of Officers, Directors, Trustees, and	d Key En	nployees. List each one or	ren if not compensated,	(Boo 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)	to e bane d	ontobutions imployee fit plans & eferred pensation	(e) Expense account and other allowances
MIPN	AM LLEB, 1304 TIMBERBRANCH		PRESIDENT		1		
COURT			<u> 25.80</u>	0.		0.	0.
	ROLLER, 1222 FOXCHASE RIDG	E,	PRESIDEN	T	1		•
CHARI	LOTTESVILLE, VA 22902		3.00	0.	Ì	0.	. 0.
YVON	NE HARMON	I	TREASURER				
3535	RIVANNA RIDGE, TROY, VA 229	74	3.00	\ O.	}	0.	.) o.
	DA KOONCE, 512 ROLLING VALLEY		SECRETARY				1
	r, CHARLOTTESVILLE, VA 22902		1.00	0.	1	0.	0.
			Vice an				
1150	a money make		prodent 30	6 0	1	\triangle	D
300	Hou: 115-UH- 24590						
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		- 1		ſ	1		1

	1990-EZ (2008) MONTICELLO HIGH SCHOOL ATHLETIC BOOSTE		54-190	12798	<u> </u>	Page 8
	Other Information (Note the statement requirements in the instructions for Part V	1.)				
					Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed desc	ription of	each activity	. 33	<u> </u>	X
94	Were any changes made to the organizing or governing documents but not reported to the IRS? If You, attain	th a confor	med copy of the changes ,	34	<u>L</u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among	(aredfo g	, but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 99	O-T.				28.2
3	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, rep	orting, ar	nd proxy	1	ł	1
	tax requirements?			. 35a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			. 85b	X	L
38	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete	e applica	ble parts of Sch. N 🗼 ,	. 36	<u> </u>	X
97a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	(133	
b	Did the organization file Form 1120-POL for this year?				<u> </u>	LX.
	Old the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we					的类
	In a prior year and still unpaid at the start of the period covered by this return?		1	. 38a	[X
Þ	If "Yes," complete Schedule L. Part II and enter the total amount involved	38b	<u> N/A</u>			200
99	Section 501(c)(7) organizations. Enter.					
8		39a_	N/A			
Þ		396	N/A			
40 a	Section 501(c)(3) organizations. Enter amount of lax imposed on the organization during the year under					
	section 4911 ▶ 0 - ; section 4912 ▶ 0 - ; section 4955	>	0.			
ь	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit tran		ludng the year or	1	Ι	
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I			40b	1	X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under	.,				
	sections 4912, 4955, and 4958	>	0.			
d	Enter amount of tax on line 40c reimbursed by the organization	_	0.	200 (S)		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shefter					
	transaction? If "Yes," complete Form 8886-T			48B		X
41	List the states with which a copy of this return is filed. > NONE					
	The books are in care of ► YVONNE HARMON	Tele	phone no. > 434-2	45-5	850	
	Located at ► 3535 RIVANNA RIDGE, TROY, VA		ZIP+4			
ь	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:			73		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	and Fina	ncial Accounts.		770	100 H
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			. 42c	I	X
_	if "Yes," enter the name of the foreign country: >					
43	a strange bods and the bods to be a strange of the			- 	🕨	
•	and enter the amount of tax-exempt interest received or accrued during the tax year		_ 1 .)	N/A	<u>.</u>	
	The same of the sa		······			
					Yes	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			F35	133	
~~	Form 990-EZ			44	J	X
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?				143,53	
~~	completed instead of Form 990-EZ	•		45	1,,,,,,,	X
_	south-read among at the last and the last an		*** *** ****** ** ******* *****		190-F7	(200B
						,

	90-EZ (2008) MONTICELLO HIGH SCHOOL AT			54-1902			Page 4
Pari		501(c)(3) organizations n	nust answer ques	tions 46-49 and co	mple	le the	
	tables for lines 50 and 51.						
	id the organization engage in direct or indirect political campaign activities o				48	Yes	No X
	ffice? if "Yes." complete Schedule C, Part !				47	 	$\frac{x}{x}$
	the organization engage in loopying activities in 1986, complete sche- the organization operating a school as described in section 170(b)(1)(A)(ii)				48		X
	id the organization make any transfers to an exempt non-charitable related o				49 B		X
	"Yes," was the related organization(s) a section 527 organization?				49b		
50 C	omplete this table for the five highest compensated employees (other than of compensation from the organization. If there is none, enter "None."				iore th	an \$10	000,0
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hou per week devoted to position	rs (c) Compensat	(D) Contribution to employee benefit plans (deferred compensation	(I othe	E) Expe	and
	umber of other amployees natri over \$100 000						
51 C	umber of other employees paid over \$100,000	who each received more th	an \$100,000 of con	npensation from the	organi	zetion.	lf there
	(a) Name and address of each independent contractor paid more t	han \$100,000	(b) Type of	service (c) Corr	pensal	lon
10(a) Ni Sign Here	umber of other independent contractors each receiving over \$100,000 Under penelties of perjury, I declare that I have examined this return, including economic, and complete perpendies of processes (other based officer) is based on ell in	ompanying schedules and state formation of which properer has		_1_'1311	iser, it in		
. , a	YVONNE HARMON, TREASURER Type or print name and title			Dots			 , -
Paid Propare Use Onl	·		theck if self-	Preparer's leantifying N	umbar (i	3ee Iruti	:)
	THOMAS HANCHER & COMPAN I Self-employed. P.O. BOX 948 CHARLOTTESVILLE, VA 229) - -	N ► hone ► o. 434-9	79-	813	 3
May the	IRS discuss this return with the preparer shown above? See instructions		***************************************		Ye		N _{ii}
						30-EZ (_

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

Name of the organization

Employer identification number MONTICELLO HIGH SCHOOL ATHLETIC BOOSTERS 54-1902798 Part Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(lii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 L An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part il.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment Income and unrelated business taxable Income (less section S11 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 508(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type ! b ___ Type !! c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either gione or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 119(1) (ii) A family member of a person described in (i) above? 110(11) (III) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following Information about the organizations the organization supports. (III) Type of (vi) is the organization in col (tv) is the organization (v) Did you notify the (I) Name of supported (11) EIN (vii) Amount of organization organization in col. in col. (1) ilsted in your organization support (I) organized in the U.S.? (described on lines 1-9 governing document? (I) of your support? above or IRC section No Yes Yes Yes (saw instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Total

	dule A (Form 990 or 990-EZ) 2008				# CO = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Page 2
	Support Schedule for			Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi	i)
<u>-</u>	(Complete only if you checke	d the box on line 5	5. 7, or 8 of Part (.)				
	tion A. Public Support						
	nder year (or fiscal year beginning in)	(e) 2004	(b) 2005	(o) 200 <u>5</u>	(d) 2007_	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	ļ			}	İ	
	membership fees received. (Do not	·	}			}	
_	include any "unusual grants.")	\ <u></u>			 		
2	Tax revenues levied for the organ- ization's benefit and either paid to	1		İ	ļ		
	or expended on its behalf		{			i i	
2	The value of services or facilities	ļ			 		
-3	furnished by a governmental unit to	}	1		}	[
	the organization without charge	į			ļ		
4	Total. Add lines 1 · 3						
5	The portion of total contributions		X// 4-31(2)				
•	by each person (other than a						
	governmental unit or publicly		16875-87986-87877-8788		Davidian karang		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
8	Public Support. Support line 6 from line 4.						
	tion B. Total Support						
Cale	nder year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(cd) 2007	(e) 2008	(f) Total
7	Amounts from line 4				<u> </u>	_	
8	Gross income from interest,	1				1	
	dividends, payments received on			Į.	1	1	
	securities icens, rents, royalties					1	
	and income from emiliar sources	<u></u>					
9	Net income from unrelated business	}		}			
	activities, whether or not the	Ì	Į		1		
	business is regularly carried on	<u> </u>			ļ. —————	 	
10	Other Income. Do not include gain	}	j	<u> </u>]	
	or loss from the sale of capital	}	}	}	}	}	
	easete (Explain in Part IV.)			water and the state of the stat	Walter of Allert House	# 19 0 s 45 0 2 5 T 4 5	
						12	
	Gross receipts from related activities. First five years. If the Form 990 is for						
13							▶□
Sec	organization, chack this box and stop tion C. Computation of Publ	Ic Support Pe	rcentage			<u></u>	
14				column (fl)		14	%
15	Public support percentage from 2007			• • • • • • • • • • • • • • • • • • • •			%
	33 1/3% support test - 2008. If the (prognization did no	ot check the box o	n line 13, and line	14 ks 33 1/3% or n	nore, check this box	end
	stop hers. The organization qualifies						
þ	33 1/3% support test - 2007. If the d						
	and stop here. The organization qua						_
17#	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"	test. The organiza	ation qualifles as a	publicly supporter	nolization	,,	▶ 🗔
Ь	10% -fects-and-olrcumstances tea	nt - 2007. If the org	panization did not e	check a box on line	в 13, 16a, 16b, о г	17a, and line 15 is 1	0% or
	more, and if the organization meets to	he "facts-and-circu	imstances" test, c	heck this box and	stop here. Explair	In Part IV how the	
	organization meets the "facts-and-cin		-	-			
18	Private foundation. If the organization	on old not check a	box on line 13, 18	a, 16b, 17e, or 17			
					Scho	edule A (Form 990	or 890-EZ) 2008

SCI	edule A (Form 990 or 990-E2) 2008 M	On I ICELLO On I ICELLO	Described in S	Section 509(a)	(2) (Complete only	ERS54-19U	2/98 Page 3
	ction A. Public Support					TYDO CHECKED (HE D	OX OII IIII 9 OI PAR 1)
$\overline{}$	ender year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total_
	Gifte, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1,126.	411.	2,038.	_3,451.	11,595.	18,621.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tex-exempt purpose	33,065.	18,220.	59, <u>13</u> 2.	78,211.	65,174.	253,802.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- inese under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ĺ		ľ			
	the organization without charge						
	Total. Add lines 1 - 5	34,191.	18,631.	61,170.	B1,662.	76,769.	272,423.
76	Amounts included on lines 1, 2, and		j	j			
Ŀ	3 received from disqualified persons of the control						
	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						
c	: Add lines 7a and 7b						
8_	Public support (Subtractions 7c from time 6)						272,423.
Sec	tion B. Total Support						
Cak	endar year (or fiscal year beginning In)	(a) 2004	(ы) 2005	(e) 2006	(d) 2007	(e) 200B	(f) Total
	Amounts from line 8	34,191.	18,631.	61,170.	81,662.	76,769.	272,423.
10a	Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8.					8.
b	Unrelated business taxable income		İ	ł	ł	ľ	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10s and 10b	8 -					8.
	Net income from unrelated business sativities not included in line 10b, whether or not the business is regularly carried on	3,926.	8,238.		3,068.	2,320.	17,552.
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	372233	37233		2,000.	3/320	2,7302
13	Total support (Add lines 9, 10c, 11, and 12)						289,983.
	First flue years. If the Form 990 is for	the organization's		• • • • • • • • • • • • • • • • • • • •			ation,
Sec	tion C. Computation of Publi						
15	Public support percentage for 2008 (II	ne B, column (f) div	ided by line 13, co	olumn (1))		16	93.94 %
16	Public support percentage from 2007	Schedule A, Part I	V-A, Ilne 27g			16	90.57 %
Sec	tion D. Computation of Inves	tment income	Percentage		·····		
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2					18	<u>.01 %</u>
	33 1/3% support tests - 2008. If the more than 33 1/3%, check this box ar	nd stop here. The c	organization qualif	lee as a publiciy su	opported organiza	tlon	> X
0	33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
				,, _, _, _, _, _, _, _, _, _, _, _,			D or 990-EZ) 2008

54-1902798

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
EQUIPMENT PROGRAMS		10,985. 12,862.
TOTAL TO FORM 990-EZ, LIN	NE 16	23,847.

54-1902798

FORM 990-EZ	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A	S	TATEMENT 2
INCOME			
	OWANCES	7,060	7.000
3. LINE 1 LESS LINI			7,060
	OLD (LINE 13)	4,740	2,320
COST OF GOODS SOLD			
7. MERCHANDISE PURC 8. COST OF LABOR 9. MATERIALS AND SU	UPPLIES	4,740	
10. OTHER COSTS 11. ADD LINES 6 THRO	OUGH 10	-	4,740
12. INVENTORY AT END 13. COST OF GOODS SO	O OF YEAR		4,740

54-1902798

990-EZ PG 2

STATEMENT 4

TO PROVIDE SUPPORT TO THE SCHOOL'S ATHLETIC PROGRAMS

11

54-1902798

FO:	RM 990-EZ	990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT				
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY F R INDIRECTLY, TO PAY PREMIUMS ON A PERSONA NTRACT?	AL	[j	YES	[X]	NO		
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRA		- (J	YES	[x]	NO		