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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)

- 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](http://www.irs.gov/form990).

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 04-01-2014, and ending 03-31-2015

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization NARAL PRO-CHOICE MISSOURI	D Employer identification number 43-1044264
Number and street (or P O box, if mail is not delivered to street address) 1210 S VANDEVENTER	E Telephone number (314) 531-8616
City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63110	F Group Exemption Number ►

G Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► [WWW.PROCHOICEMISSOURI.ORG](http://WWW.PROCHOICEMISSOURI.ORG)J Tax-exempt status (check only one) -  501(c)(3)  501(c)( 4 )  (Insert no.)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 84,274

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

Revenue	<table border="0"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>57,785</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td></td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>6,590</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td></td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td></td></tr> <tr><td>b</td><td>Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td>6b</td><td>19,220</td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td>6c</td><td>692</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>18,528</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td>679</td></tr> <tr><td>9</td><td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>83,582</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	57,785	2	Program service revenue including government fees and contracts	2		3	Membership dues and assessments	3	6,590	4	Investment income	4		5a	Gross amount from sale of assets other than inventory	5a		b	Less cost or other basis and sales expenses	5b		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6	Gaming and fundraising events			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	19,220	c	Less direct expenses from gaming and fundraising events	6c	692	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	18,528	7a	Gross sales of inventory, less returns and allowances	7a		b	Less cost of goods sold	7b		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8	Other revenue (describe in Schedule O)	8	679	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	83,582
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Net Assets	<table border="0"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>-17,981</td></tr> <tr><td>19</td><td>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)</td><td>19</td><td>-20,263</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td>0</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year Combine lines 18 through 20</td><td>21</td><td>-38,244</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,981	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	-20,263	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	-38,244																																																				
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		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	44,688	22 21,659
23	Land and buildings		23
24	Other assets (describe in Schedule O)	2,034	24 9,216
25	<b>Total assets</b>	46,722	25 30,875
26	<b>Total liabilities</b> (describe in Schedule O)	66,985	26 69,119
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	-20,263	27 -38,244

<b>Part III Statement of Program Service Accomplishments</b> (see the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others )	
Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>			
What is the organization's primary exempt purpose? <u>GUARANTEEING REPRODUCTIVE CHOICES FOR WOMEN</u>			

28	NARAL PRO-CHOICE MISSOURI HAS A THRIVING INTERNSHIP AND YOUNG-ADULT OUTREACH PROGRAM DRAWING FROM DIVERSE COLLEGE CAMPUSES, NARAL IN MISSOURI HAD A DOZEN SUMMER INTERNS THEY ARE INTERESTED IN POLITICS, MARKETING, GRAPHIC DESIGN, SOCIAL MEDIA, WEB DESIGN, COMMUNICATIONS, MARKETING, AND GRASSROOTS ACTIVISM WORKING WITH STAFF, THEY MANAGED A VERY IMPRESSIVE SOCIAL NETWORK PRESENCE, MADE YOUTUBE VIDEOS ON ISSUES OF IMPORTANCE TO MISSOURIANS, AND EDUCATED MISSOURIANS ABOUT WOMEN'S HEALTH AND POTENTIAL POLITICAL THREATS STAFF, INTERNS, AND HUNDREDS OF VOLUNTEERS ORGANIZED AGAINST DOZENS OF THREATS TO WOMEN'S REPRODUCTIVE RIGHTS AND HEALTH IN THE LAST LEGISLATIVE SESSION IN MISSOURI THE ORGANIZATION HELPED TO ORGANIZE MEDIA CAMPAIGNS AND WROTE OP-ED PIECES AND EDITORIALS IN SUPPORT OF A WOMAN'S RIGHT TO CHOOSE CONTINUING A PREGNANCY TO TERM, HAVING HEALTHY BABIES, OFFERING CHILDREN FOR ADOPTION AND, WITHIN THE LIMITS OF THE LAW, TERMINATING A PREGNANCY ON A GRASSROOTS LEVEL, THE ORGANIZATION GAINED HUNDREDS OF NEW ACTIVISTS WE HELD VISIBILITY EVENTS TO HEIGHTEN PUBLIC AWARENESS ABOUT JUDICIAL RULINGS AFFECTING ACCESS TO REPRODUCTIVE HEALTHCARE, ON MULTIPLE OCCASIONS WE KNEW THAT AT LEAST THREE POTENTIAL ANTI-CHOICE LAWS MIGHT PASS, AND WE ALERTED OUT GRASSROOTS ACTIVISTS AND CAMPUS REPRESENTATIVES AND SUPPLIED THEM WITH MESSAGING POINTS THE ORGANIZATION ALSO PROVIDED BRIEFING PAPERS TO THE PUBLIC ABOUT PENDING LEGISLATION REPRESENTATIVES ON COLLEGE CAMPUSES DISTRIBUTED SAFE SEX, "NO MEANS NO" PAMPHLETS, AND CONDOMS OVER THE PAST 10 YERAS, THE ORGANIZATION HAS ADVOCATED ABOUT MATTERS REGARDING CONTRACEPTIVE ACCESS, RAPE SURVIVORS' ACCESS TO EMERGENCY CONTRACEPTION IN EMERGENCY ROOMS, ACCESS TO TITLE X SERVICES, THE EFFICACY OF CRISIS PREGNANCY CENTERS AND THE MATERIALS THEY CHOOSE TO USE, THE LANDSCAPE OF SEX ED IN MISSOURI, AND A HOST OF OTHER TOPICS RELATED TO REPRODUCTIVE RIGHTS THIS PAST YEAR WAS NOT DIFFERENT FEATURING A DOZEN EDUCATIONAL FORUMS AND GRASSROOTS ACTIVITIES, IN COOPERATION WITH OUR ALLIES THE ORGANIZATION HAS ACTIVELY RECRUITED YOUNG PEOPLE AND PEOPLE OF COLOR WITH SOME 25 ORGANIZATIONAL ALLIES, ALL WORKING FOR THE HEALTH AND SAFETY OF MISSOURI WOMEN AND FAMILIES, WE SOUGHT TO PROTECT HUMAN AND WOMEN'S RIGHTS AND THE RIGHTS OF FAMILIES, WORKED WITH FAITH-COMMUNITY ALLIES, AND ORGANIZED AGAINST THREATS POSED BY THE LEGISLATURE, POLICYMAKERS, AND IN THE COMMUNITY GENERALLY-TO PROTECT THE WOMEN AND FAMILIES OF MISSOURI, AS OUR MISSION DICTATES		
(Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	35,917

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 (describe in Schedule O)			
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		32	35,917

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JASON LANE PRESIDENT	3 00	0	0	0
ELEANOR SAFE BOARD MEMBER	1 00	0	0	0
JANE BOGETTO BOARD MEMBER	1 00	0	0	0
DENISE LIEBERMAN BOARD MEMBER	1 00	0	0	0
KEVIN SELTZER BOARD MEMBER	1 00	0	0	0
CHRISTINE SHORE-FITZGERALD BOARD MEMBER	3 00	0	0	0
ROSE-LYNN SOKOL BOARD MEMBER	1 00	0	0	0
SUSAN CARLSON BOARD MEMBER	1 00	0	0	0
STACEY DELESTE BOARD MEMBER	1 00	0	0	0
LEAH BOERSIG BOARD MEMBER	1 00	0	0	0
ASHLEY HOUSTEN BOARD MEMBER	1 00	0	0	0
PAMELA SUMNERS EXECUTIVE DIRECTORE	20 00	55,000	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	0
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	40d	0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	0
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	40f	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► PAMELA SUMMERS Telephone no ► (314) 531-8616 Located at ► 1210 S VANDEVENTER SAINT LOUIS, MO ZIP + 4 ► 63110		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ►	42c	No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**48** Is the organization 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 a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000  \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000.  \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer JASON LANE PRESIDENT Type or print name and title	2015-05-06 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFF A O'NEAL	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00833275
	Firm's name ► LOVOYSUMMerville & SHELTON LLC			Firm's EIN ► 63-0795199	
	Firm's address ► 361 SUMMIT BOULEVARD SUITE 210 BIRMINGHAM, AL 35243			Phone no (205) 970-9080	

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

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2014****Open to Public  
Inspection**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
NARAL PRO-CHOICE MISSOURI

Employer identification number

43-1044264

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION T-SHIRT SALES AMOUNT 80 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 599 TOTAL TO FORM 990-EZ, LINE 8 679
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION EVENT EXPENSE AMOUNT 554 DESCRIPTION MEMBERSHIP EXPENSE AMOUNT 3,263 D DESCRIPTION ORGANIZING EXPENSE AMOUNT 6,511 DESCRIPTION EXPENSE REIMBURSEMENT AMOUNT 185 DESCRIPTION BANK CHARGES AMOUNT 2,255 DESCRIPTION COMPUTER EXPENSE AMOUNT 261 DESCRIPTION CONTRACT LABOR AMOUNT 1,294 DESCRIPTION COPY SERVICE AMOUNT 2,053 DE SCRIPTION DUES & SUBSCRIPTIONS AMOUNT 71 DESCRIPTION INSURANCE AMOUNT 281 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 71 DESCRIPTION INSURANCE AMOUNT 281 DESCRIPTION INTEREST EXPENSE AMOUNT 7 DESCRIPTION LICENSES & PERMITS AMOUNT 103 DESCRIPTION MEALS AMOUNT 1,384 DESCRIPTION MEMBERSHIPS AMOUNT 175 DESCRIPTION OFFICE SUPPLIES AMOUNT 727 DESCRIPTION SOFTWARE AMOUNT 138 DESCRIPTION TELEPHONE AMOUNT 3,503 DESCRIPTION OTHER OVERHEAD EXPENSE AMOUNT 1,056 TOTAL TO FORM 990-EZ, LINE 16 23,82 1
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 374 END OF YEAR AMOUNT 325 DESCRIPTION SALES TAX DEPOSITS BEG OF YEAR AMOUNT 360 END OF YEAR AMOUNT 360 DESCRIPTION RENT DEPOSIT BEG OF YEAR AMOUNT 1,300 END OF YEAR AMOUNT 1,300 DESCRIPTION DUE FROM FC DESCRIPTION FOUNDATION BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 7,206 DESCRIPTION DUE FROM FC DESCRIPTION BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 25
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,087 END OF YEAR AMOUNT 2,307 DESCRIPTION ACCRUED SALARIES BEG OF YEAR AMOUNT 1,899 END OF YEAR AMOUNT 1,899 DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 3,246 END OF YEAR AMOUNT 2,680 DESCRIPTION DUE TO OTHER EXEMPT ORGANIZATIONS BEG OF YEAR AMOUNT 60,753 END OF YEAR AMOUNT 62,085 DESCRIPTION SUSPENSE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 148

## TY 2014 Transfers Personal Benefits Contracts Declaration

**Name:** NARAL PRO-CHOICE MISSOURI

**EIN:** 43-1044264

**Declaration:** 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.