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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)

OMB No 1545-1150

2015Department 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 the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GREENWICH KENNEL CLUB Number and street (or P O box, if mail is not delivered to street address) Room/suite 5 WAKEMAN HILL RD City or town, state or province, country, and ZIP or foreign postal code SHERMAN, CT 06784 D Employer identification number 06-1074344 E Telephone number 860-354-2617 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.GREENWICHKC.ORG J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527 K 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. \$ 43,541.

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	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	1,235.
	4 Investment income	4	224.
	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	40,982.
c Less direct expenses from gaming and fundraising events	6c	41,581.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<599.>	
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	1,100.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	1,960.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,800.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	500.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	506.
	16 Other expenses (describe in Schedule O)	16	2,550.
	17 Total expenses Add lines 10 through 16	17	5,356.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<3,396.>	
Net Assets	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	46,857.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	19.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	43,480.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	46,857.	22	43,480.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	46,857.	25	43,480.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,857.	27	43,480.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒
Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	STRIVE TO EDUCATE THE GENERAL PUBLIC ON HOW TO CHOOSE AND RAISE DOGS AND TO BE RESPONSIBLE DOG OWNERS THROUGH THE DOG SHOW AND OTHER CLUB ACTIVITIES		
	(Grants \$) If this amount includes foreign grants, check here ☐	28a	5,356.
29			
	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	5,356.

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 ☐

(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
KEN BERENSON				
PRESIDENT	3.00	0.	0.	0.
JOY S BREWSTER				
DIRECTOR	0.25	0.	0.	0.
STACEY BLAU				
2ND VICE PRESIDENT	3.00	0.	0.	0.
VERONICA SCHEER				
TREASURER	1.00	0.	0.	0.
DONNA L JOHNSTON				
DIRECTOR	0.25	0.	0.	0.
DONNA GILBERT				
DIRECTOR	0.25	0.	0.	0.
JEANNE HURTY				
1ST VICE PRESIDENT	1.00	0.	0.	0.
JACQUELINE KULIKOWSKI				
DIRECTOR	0.25	0.	0.	0.
PAUL WARNER				
DIRECTOR	0.25	0.	0.	0.
ALICE THOMPSON				
SECRETARY	2.00	0.	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 Sch. 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		X
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)		X
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)?		X
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b 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 outstanding at the end of the tax year covered by this return?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ 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		X
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 ▶ 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 ▶ 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		X
41 List the states with which a copy of this return is filed ▶ CT		
42a The organization's books are in care of ▶ VERONICA SCHEER Telephone no ▶ 860-354-2617 Located at ▶ 5 WAKEMAN HILL RD, SHERMAN, CT ZIP + 4 ▶ 06884		
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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		X
43 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 ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		

Form 990-EZ (2015)

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

Yes No

46

X

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 Sch. C, Part II

Yes No

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

b If "Yes," was the related organization a section 527 organization?

49b

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
N/A				

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" N/A

(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.

Sign Here *Veronica Scheer* Date *11-21-2016*
Type or print name and title *Veronica Scheer, Treasurer*

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	BRIAN C. WHITE	<i>Brian C. White</i>	<i>10/31/16</i>		P00058320
	Firm's name	STUDLEY, WHITE & ASSOCIATES P C			Firm's EIN
	Firm's address	P.O. BOX 399 DANBURY, CT 06813			06-0990132
				Phone no	203-748-6517

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Form 990-EZ (2015)

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DOG SHOW (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	40,982.			40,982.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	40,982.			40,982.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	41,581.			41,581.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41,581.
	11 Net income summary. Subtract line 10 from line 3, column (d)				<599.>

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No _____ %	☐ Yes _____ % ☐ No _____ %	☐ Yes _____ % ☐ No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV Supplemental Information *(continued)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ 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

2015

Open to Public
Inspection

Name of the organization

GREENWICH KENNEL CLUB

Employer identification number

06-1074344

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INVESTMENT INCOME

224.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

ANNUAL DINNER

1,100.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: TAKE THE LEAD

GRANTEE ADDRESS: PO BOX 6353 WATERTOWN, NY 13601

GRANTEE RELATIONSHIP: CHARITABLE ORGANIZATION

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: FAIR MARKET VALUE

METHOD USED TO DETERMINE FMV: CASH

DATE OF GIFT: 09/30/16

AMOUNT GIVEN:

250.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: D.A.W.G.S

GRANTEE ADDRESS: PO BOX 1894 HARTFORD, CT 06144

GRANTEE RELATIONSHIP: CHARITABLE ORGANIZATION

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: FAIR MARKET VALUE

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Name of the organization

GREENWICH KENNEL CLUB

Employer identification number
06-1074344

METHOD USED TO DETERMINE FMV: CASH

DATE OF GIFT: 09/30/16

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: BAKER INSTITUTE - CORNELL UNIVERSITY

GRANTEE ADDRESS: HUNGERFORD HILL RD ITHACA, NY 14853

GRANTEE RELATIONSHIP: CHARITABLE ORGNAIZATION

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: FAIR MARKET VALUE

METHOD USED TO DETERMINE FMV: CASH

DATE OF GIFT: 09/30/16

AMOUNT GIVEN: 175.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: WEILL CORNELL LEUKEMIA PROGRAM

GRANTEE ADDRESS: 525 EAST 68TH ST NEW YORK, NY 10065

GRANTEE RELATIONSHIP: CHARITABLE ORGNAIZATION

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: FAIR MARKET VALUE

METHOD USED TO DETERMINE FMV: CASH

DATE OF GIFT: 08/24/16

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: AKC CANINE HEALTH FOUNDATION

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Schedule O (Form 990 or 990-EZ) (2015)

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Name of the organization

GREENWICH KENNEL CLUB

Employer identification number
06-1074344

GRANTEE ADDRESS: PO BOX 900061 RALEIGH, NC 27675

GRANTEE RELATIONSHIP: CHARITABLE ORGNAIZATION

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 09/30/16

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: AKC REUNITE

GRANTEE ADDRESS: 8051 ARCO CORP DR RALEIGH, NC 27617

GRANTEE RELATIONSHIP: CHARITABLE ORGNAIZATION

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 09/30/16

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: THE VETINARY CANCER CENTER

GRANTEE ADDRESS: PO BOX 30855 COLUMBIA, MO 65205

GRANTEE RELATIONSHIP: CHARITABLE ORGNAIZATION

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 09/30/16

AMOUNT GIVEN: 175.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: MEMORIAL SLOAN KETTERING CANCER

GRANTEE ADDRESS: PO BOX 5028 HAGERSTOWN, MD 21741

GRANTEE RELATIONSHIP: CHARITABLE ORGNAIZATION

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532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE O
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Employer identification number

06-1074344

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 01/26/16

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: PAWS CT PET ANIMAL WELFARE SOCIETY

GRANTEE ADDRESS: 504 MAIN AVE NORWALK, CT 06851

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: FAIR MARKET VALUE

DATE OF GIFT: 09/30/16

AMOUNT GIVEN: 250.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,800.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MEETINGS 1,668.

AKC DUES ETC 218.

DUES 25.

INSURANCE 569.

BANK CHARGES 45.

OTHER - ANIMAL CANCER 25.

TOTAL TO FORM 990-EZ, LINE 16 2,550.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT:

PRIOR YEAR RECLASSIFICATION 19.

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532211
09-02-15

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Employer identification number
06-1074344

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTE THE PUBLIC
EDUCATION OF DOGS AND DOG RELATED ISSUES

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.