Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A	For t	he 2012 calendar year, or tax year beginning , 2012, and ending			
B_	Check	if applicable: C	mployer identification number		
H		s change CENTRAL AMERICAN HEALTHCARE INITIATIVE,	99-0382289		
X	Name of	ITNC FT	Telephone number		
H	Termin	1199 PARK AVENUE APT 8G			
H		INEW YORK, NY 10128			
H		I G	roup Exemption		
G			If the organization is not		
			attach Schedule B (Form		
			Z, or 990-PF).		
K		$k \rightarrow X$ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization			
		ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	card) may be required (see		
		actions). But if the organization chooses to file a return, be sure to file a complete return. Joines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota			
	asset	is (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$		
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct			
		Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments.			
	4	Investment income	4		
		Gross amount from sale of assets other than inventory			
	5,05	Less: cost or other basis and sales expenses			
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c		
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	1968		
Ž	b	Gross income from fundraising events (not including \$ of contributions			
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	С	Less: direct expenses from gaming and fundraising events 6 c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d		
	7 a	Gross sales of inventory, less returns and allowances	E42.0		
		Less: cost of goods sold			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
	8	Other revenue (describe in Schedule O)			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 0.		
	10	Grants and similar amounts paid (list in Schedule O).	10		
	11	Benefits paid to or for members	11		
E	12	Salaries, other compensation, and employee benefits	12		
EXPERSES	13	Professional fees and other payments to independent contractors	13		
N	14	Occupancy, rent, utilities, and maintenance	14		
E	15	Printing, publications, postage, and shipping	15		
5	16	Other expenses (describe in Schedule O)	16		
	17	Total expenses. Add lines 10 through 16.	17 0.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18 0.		
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)			
TT	20	Other changes in net assets or fund balances (explain in Schedule O)			
3	21	Net assets or fund balances at end of year. Combine lines 18 through 20.			
DΛ		r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-F7 (2012)		

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							
	Check it the organization asca delic	and o to respond to any que) Beginning of year		(B) End of year	
22					22		
23	Land and buildings				23		
24	Other assets (describe in Schedule O)				24		
25	Total liabilities (describe in Schedule O)			0.	25	0.	
	Net assets or fund balances (line 27 of c			0.	26 27	0.	
	t III Statement of Program Service Ac			· ·	21	Expenses U.	
	Check if the organization used Sch	nedule O to respond to any q	uestion in this Part III .			uired for section 501 and 501(c)(4)	
What	s the organization's primary exempt purpose? See	Schedule 0		12	rgar	nizations and section	
Desc mea: bene	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	ecomplishments for each of it manner, describe the service ach program title.	ts three largest program es provided, the number	r of persons	1947 or ot	(a)(1) trusts; optional hers.)	
28							
	(Grants \$) If thi	is amount includes foreign gr	ants check here		28 a		
29	(draits \$) ii di	s amount includes loreign gr	arits, cricon ricie		20 4		
16-15A							
					man il		
20	(Grants \$) If the	s amount includes foreign gr	ants, check here		29 a		
30							
	(Grants \$) If th	s amount includes foreign gr	ants, check here	-	30 a		
31	Other program services (describe in Sch	edule O)					
32	(Grants \$) If the Total program service expenses (add line)	is amount includes foreign gr			31 a 32		
	t IV List of Officers, Directors,					e instructions for Part IV	
	Check if the organization used Scl						
	(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 employ benefit plans, and defer compensation	red	(e) Estimated amount of other compensation	
	BERT A. JEFFE				10	(See)	
	nirman	8	0.		0.	0.	
-	ZABETH JEFFE	2	0.		0.	0.	
	THONY C. WOOD		· · ·		0.	0.	
-	easurer	6	0.		0.	0.	
	REMY BULOW						
	rector RY GOODENOUGH		0.		0.	0.	
	rector	1	0.		0.	0.	
BAA		TEEA0812L 0	03/14/13			Form 990-EZ (2012)	

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Form 990-EZ (2012) CENTRAL AMERICAN HEALTHCARE INITIATIVE,

and enter the amount of tax-exempt interest received or accrued during the tax year.

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

44 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.

44 c Did the organization receive any payments for indoor tanning services during the year?

45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45 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 (2012) CENTRAL AMERICAN HE	ALTHCARE INIT	IATIVE,	99-038	32289	-	age
46 Did t	he organization engage, directly or indirec	etly in political campa	ian activities on behalf a	of or in apposition to		Yes	No
cand	lidates for public office? If 'Yes,' complete	Schedule C, Part I		or or an opposition to	46		X
Part VI		only					
	All section 501(c)(3) organization	ons must answer of	questions 47-49b an	d 52, and complete	the table	es	
	for lines 50 and 51.						_
	Check if the organization used Schedule	e O to respond to any	question in this Part VI.			1 000	_
7 Did th	he organization engage in lobbying activities	or have a section 501(h	n) election in effect during	the tax year? If 'Yes,'		Yes	No
comp	plete Schedule C, Part II						X
	e organization a school as described in se						X
	he organization make any transfers to an					-	X
	es,' was the related organization a section						
	plete this table for the organization's five high oyees) who each received more than \$100,00				ey		
	-,,	1000000	1				
	(a) Name and title of each employee paid more than \$100,000	(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) Estimate other com	d amour	nt of on
one							
-15			-				
o store singularity							
	I number of other employees paid over \$1			_			
51 Com	plete this table for the organization's five high pensation from the organization. If there is	hest compensated inder	endent contractors who e	ach received more than \$	100,000 of		
	Name and address of each independent contractor paid		T	of service	(c) Comp	pensatio	n
		300 00	10000		5/20 10		_
lone			-				
			-				
			-				
			_				
			-				
			#100.000				
	I number of other independent contractors the organization complete Schedule A? N			2/17/2\(1) nonevernit			2000
	itable trusts must attach a completed Sch			·····	► X Yes	5 [N
nder penalti	es of perjury, I declare that I have examined this return, and complete. Declaration of pregrarer (other than office	including accompanying sch	edules and statements, and to the	ne best of my knowledge and be	elief, it is		
ue, correct,	and complete. Declaration of preparer (other trial office	er) is based on all information	of which preparer has any know	4/23/	14		
ian	Signature of officer	11/1	7175	Date // Date			
ign lere	ROBERT A. JEFFE	000		Chairman			
	Type or print name and litle.			CHAILMAN			
	Print/Type preparer's pame	Preparer's signature	Date		PTIN		
aid	Steven R. Salver	Steven R. Sil	ver	Check LJ if self-employed	P0017303	35	
aid reparer	Firm's name - Topel Silver,	CPA's PA					91955
se Only	Firm's address ► 29 Plaza Nine			Firm's EIN	22-2710	0702	
	Manalapan, NJ 0	7726		Phone no. (73	32) 780-	1200)
lay the IF	RS discuss this return with the preparer sh	nown above? See inst	ructions		► X Yes	s 🗌	No
					Form 99	0-F7	(2012

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL AMERICAN HEALTHCARE INITIATIVE, INC.

Employer identification number

99-0382289

Part				(All organizations					See in	nstructi	ons.		
he o	rgar	nization is not a priva	te foundation because	e it is: (For lines 1 throu	ugh 11, c	check or	nly one b	oox.)					
1	П	A church, convention	of churches or assoc	ciation of churches desc	ribed in	section	170(b)	1)(A)(i).					
2	П	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	E.)								
3	П	A hospital or a coope	erative hospital servic	e organization describe	d in sec	tion 170	(b)(1)(A)(iii).					
4	П	A medical research of	rganization operated	in conjunction with a he	ospital d	escribed	d in sec	tion 170	(b)(1)(A	A)(iii). En	ter the hos	pital's	;
	ш	name, city, and state	:										
5	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.)												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	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.)												
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	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 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10	П		그리트리 얼마 아무리는 사람들이 나는데 안 하게 된 것을 가게 있다고 하지만 모네.	xclusively to test for pu					NOTE:				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 I b	Type II c	Type III - Function	nally inte	grated		T	ype III	– Non-fu	inctionally	integra	ated
е	e 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												
f	section 509(a)(2). f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.												
g		Since August 17, 200	06. has the organizati	on accepted any gift or	r contrib	ution fro	m anv o	of the fo	llowina	persons?)		
9		, , , , ,		, , , , , ,			,		3	,		Yes	No
		(i) A person who obelow, the gove	directly or indirectly co	ontrols, either alone or soported organization?	together	with pe	rsons de	escribed	in (ii) a	and (iii)	11 g (i)		
		(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)		
		7/17		described in (i) or (ii) al									
h		. [1] 프랑스 프스		e supported organizatio							119(11)		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (i your go	(iv) Is the organization in column (i) listed in your governing document?		u notify zation in) of your ort?	organiz colur organize	s the ration in mn (i) ed in the S.?	(vii) Amount of mon- support		etary
					Yes	No	Yes	No	Yes	No			
_	_												
A)													
	-												
B)													
C)													
-									x				
D)													
E)													
Γotal													

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	×							
begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3		- XXXXII - XXX						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support		1			r			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc (see ins	tructions)		· · · · · · · · · · · · · · · · · · ·				
13	First five years. If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🔲		
	tion C. Computation of Pul								
	Public support percentage for 20						%		
	Public support percentage from 2						%		
16 a	a 33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a organization	nd the line 14 is 3	3-1/3% or more, ch	neck this box		
ŀ	b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	V how		
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization	V how the ▶		
18	Private foundation. If the organization	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see insti	ructions		
BAA					Cal	hadula A (Form 00)	ar 000 EZ) 2012		

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support				The second second		
Calend	ar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received. (Do not include	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	any unusual grants.)						0.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		Č.				0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)			ESTATE OF			0.
	tion B. Total Support	4 \ 2000 T	41,0000	/ \ 0010 T	(d) 2011	410010	40 T L I
	lor year (or final ur baginging in)	(2) 2008		(c) 2010	(4) 2011	(e) 2012	(f) Total
	lar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010			
9	Amounts from line 6	(a) 2008 0.	0.	0.	0.	0.	0.
9 10 a	Amounts from line 6						0.
9 10 a b	Amounts from line 6						0.
9 10 a b	Amounts from line 6	0.	0.	0.	0.	0.	0.
9 10 a b	Amounts from line 6	0.	0.	0.	0.	0.	0. 0. 0.
9 10 a b c 11	Amounts from line 6	0.	0.	0.	0.	0.	0. 0. 0. 0.
9 10 a b c 11	Amounts from line 6	0. 0. s for the organization	0. 0. tion's first, second	0. 0.	0. 0. fifth tax year as a	0. 0. a section 501(c)(3	0. 0. 0. 0.
9 10 a b c 11 12	Amounts from line 6	0. 0. s for the organizar stop here	0. 0. tion's first, second	0. 0.	0. 0. fifth tax year as a	0. 0. a section 501(c)(3	0. 0. 0. 0.
9 10 a b c 11 12	Amounts from line 6	0. 0. s for the organizat stop here	0. 0. tion's first, second	0. 0. t, third, fourth, or	0. 0. fifth tax year as a	0. 0. a section 501(c)(3	0. 0. 0. 0.
9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6	0. o. s for the organizat stop here	0. tion's first, second	0. 0. 1, third, fourth, or	0. 0. fifth tax year as a	0. 0. a section 501(c)(3	0. 0. 0. 0. 0.
9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Put Public support percentage from 20 Public support percentage from 2	0. s for the organization here	0. tion's first, second ercentage (f) divided by line Part III, line 15	0. 0. 1, third, fourth, or	0. 0. fifth tax year as a	0. 0. a section 501(c)(3	0. 0. 0. 0. 0. 0. 0. 1. 1. 1. 2. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	0. s for the organization here	0. tion's first, second ercentage (f) divided by line Part III, line 15	0. 0. 1, third, fourth, or 13, column (f)).	0. 0. fifth tax year as a	0. 0. a section 501(c)(3	0. 0. 0. 0. 0. 0. 0. 1. 1. 1. 2. 3. 1. 1. 1. 2. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	0. s for the organizal stop here	0. 0. ion's first, second crcentage (f) divided by line Part III, line 15	0. 0. i, third, fourth, or 13, column (f).	0. 0. fifth tax year as a	0. 0. a section 501(c)(3	0. 0. 0. 0. 0. 0. 0. 1. 1. 1. 2. 3. 1. 1. 2. 3. 1. 1. 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	0. s for the organizat stop here	0. ition's first, second crcentage (f) divided by line Part III, line 15 e Percentage column (f) divided a A, Part III, line 1 did not check the b	0. 0. 1, third, fourth, or 13, column (f)). by line 13, column 7. box on line 14, an	0. 0. fifth tax year as a	0. 0. 15 16 17 18 than 33-1/3%, a	0. 0. 0. 0. 0. 0. 8 8 8 nd line 17
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	0. s for the organizat stop here Dlic Support Per 12 (line 8, column 2011 Schedule A, restment Income or 2012 (line 10c, come 2011 Schedule the organization of this box and stop the organization of	0. ition's first, second crcentage (f) divided by line Part III, line 15 re Percentage column (f) divided a A, Part III, line 1 did not check the to there. The organization of the check a bo	0. 0. 1, third, fourth, or 13, column (f)). 1 by line 13, column 17. 18 cox on line 14, and exaction qualifies as a x on line 14 or line	0. fifth tax year as a more sa publicly supported to the same same same same same same same sam	0. 0. a section 501(c)(3 15 16 17 18 than 33-1/3%, a rited organization 6 is more than 3	0. 0. 0. 0. 0. 0. 3) X

	(Form 990 or 990-					ARE INITIA				Page 4
Part IV	Supplementa Part II, line 1 (See instruct	al Informatio 7a or 17b; a ions).	n. Comple nd Part III	ete this pa , line 12. A	rt to provid Also comple	e the explar ete this part	nations re for any a	equired by P additional in	art II, line formation.	10;

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.

OMB No. 1545-0047 2012

Open to Public Inspection

Employer identification number

Name of the organization CENTRAL AMERICAN HEALTHCARE INITIATIVE,	Employer identification number
INC.	99-0382289
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
To develop , support and promote innovative, efficient healthcar	e management and
delivery in Central American nationss.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direct	tly or
indirectly, on a personal benefit contract?	No