

Return of Organization Exempt From Income Tax

2006

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)

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

A For the 2006 calendar year, or tax year beginning _____, **and ending** _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
TOTAL HEALTH

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 424

City or town State or country ZIP + 4
LEWIS CENTER OH 43035

D Employer identification number
20-1071085

E Telephone number

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: **WWW.TOTALHEALTHHONDURAS.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **174,385**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

| | | 1a | | 1b | | 1c | | 1d | | 1e | |
|---|--|----------------|--|-----------|--|----|--|----|--|---------|--|
| 1 Contributions, gifts, grants, and similar amounts received: | | | | | | | | | | | |
| a Contributions to donor advised funds | | 0 | | 174,385 | | 0 | | 0 | | 174,385 | |
| b Direct public support (not included on line 1a) | | | | | | | | | | | |
| c Indirect public support (not included on line 1a) | | 0 | | 0 | | 0 | | 0 | | 0 | |
| d Government contributions (grants) (not included on line 1a) | | 0 | | 0 | | 0 | | 0 | | 0 | |
| e Total (add lines 1a through 1d) (cash \$ 111,411 noncash \$ 62,974) | | | | | | | | | | | |
| 2 Program service revenue including government fees and contracts (from Part VII, line 93) | | | | | | | | | | 0 | |
| 3 Membership dues and assessments | | | | | | | | | | 0 | |
| 4 Interest on savings and temporary cash investments | | | | | | | | | | 0 | |
| 5 Dividends and interest from securities | | | | | | | | | | 0 | |
| 6 a Gross rents | | 6a | | 6b | | | | | | 0 | |
| b Less: rental expenses | | | | | | | | | | 0 | |
| c Net rental income or (loss). Subtract line 6b from line 6a | | | | | | | | | | 0 | |
| 7 Other investment income (describe _____) | | | | | | | | | | 0 | |
| 8 a Gross amount from sales of assets other than inventory | | (A) Securities | | (B) Other | | | | | | 0 | |
| b Less: cost or other basis and sales expenses | | 0 | | 0 | | | | | | 0 | |
| c Gain or (loss) (attach schedule) | | 0 | | 0 | | | | | | 0 | |
| d Net gain or (loss). Combine line 8c, columns (A) and (B) | | | | | | | | | | 0 | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | | | | | | | | |
| a Gross revenue (not including \$ 0 of contributions reported on line 1b) | | 9a | | 9b | | | | | | 0 | |
| b Less: direct expenses other than fundraising expenses | | | | | | | | | | 0 | |
| c Net income or (loss) from special events. Subtract line 9b from line 9a | | | | | | | | | | 0 | |
| 10 a Gross sales of inventory, less returns and allowances | | 10a | | 10b | | | | | | 0 | |
| b Less: cost of goods sold | | | | | | | | | | 0 | |
| c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | | | | | | | | | | 0 | |
| 11 Other revenue (from Part VII, line 103) | | | | | | | | | | 0 | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | | | | | | | | | 174,385 | |
| 13 Program services (from line 44, column (B)) | | | | | | | | | | 159,323 | |
| 14 Management and general (from line 44, column (C)) | | | | | | | | | | 6,355 | |
| 15 Fundraising (from line 44, column (D)) | | | | | | | | | | 0 | |
| 16 Payments to affiliates (attach schedule) | | | | | | | | | | 0 | |
| 17 Total expenses. Add lines 16 and 44, column (A) | | | | | | | | | | 165,678 | |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | | | | | | | | | | 8,707 | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | | | | | | | | | | 8,581 | |
| 20 Other changes in net assets or fund balances (attach explanation) | | | | | | | | | | 0 | |
| 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | | | | | | | | | | 17,288 | |

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--|-----------|----------------------|----------------------------|-----------------|
| 22 a | Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22 b | Other grants and allocations (attach schedule) (cash \$ 65,643 noncash \$ 73,901) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | 139,544 | 139,544 | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | 0 | 0 | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | 0 | | |
| 25 a | Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) | 25a | 2,500 | 0 | 2,500 |
| b | Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) | 25b | 0 | 0 | 0 |
| c | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | 25c | 0 | 0 | 0 |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | 26 | 0 | | |
| 27 | Pension plan contributions not included on lines 25a, b, and c | 27 | 0 | | |
| 28 | Employee benefits not included on lines 25a - 27 | 28 | 0 | | |
| 29 | Payroll taxes | 29 | 0 | | |
| 30 | Professional fundraising fees | 30 | 0 | | |
| 31 | Accounting fees | 31 | 0 | | |
| 32 | Legal fees | 32 | 0 | | |
| 33 | Supplies | 33 | 0 | | |
| 34 | Telephone | 34 | 124 | | 124 |
| 35 | Postage and shipping | 35 | 1,162 | 1,100 | 62 |
| 36 | Occupancy | 36 | 0 | | |
| 37 | Equipment rental and maintenance | 37 | 0 | | |
| 38 | Printing and publications | 38 | 161 | | 161 |
| 39 | Travel | 39 | 18,679 | 18,679 | |
| 40 | Conferences, conventions, and meetings | 40 | 0 | | |
| 41 | Interest | 41 | 0 | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | 1,843 | 0 | 1,843 |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | Insurance | 43a | 880 | 0 | 880 |
| b | Bank Fees | 43b | 472 | 0 | 472 |
| c | State Registration Fees | 43c | 200 | 0 | 200 |
| d | P.O. Box Rental | 43d | 30 | 0 | 30 |
| e | Website | 43e | 83 | 0 | 83 |
| f | | 43f | 0 | 0 | 0 |
| g | | 43g | 0 | 0 | 0 |
| 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 165,678 | 159,323 | 6,355 |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? ▶ Volunteer medical care & funding | Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</small> |
|--|---|
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a Support and provide professional medical care to improverished at La Cieba Honduras through volunteer medical professionals, funding a medical clinic operating expenses, funding other local professional medical care and funding other local healthcare realted items. (Grants and allocations \$ <u>139,544</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 159,323 |
| b (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| e Other program services (attach schedule) (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 0 |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ | 159,323 |

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) | | (B) |
|---|--|--|-----|-------------|
| | | Beginning of year | | End of year |
| Assets | 45 Cash—non-interest-bearing | 8,581 | 45 | 17,288 |
| | 46 Savings and temporary cash investments | | 46 | |
| | 47 a Accounts receivable | 47a 0 | | |
| | b Less: allowance for doubtful accounts | 47b 0 | 47c | 0 |
| | 48 a Pledges receivable | 48a 0 | | |
| | b Less: allowance for doubtful accounts | 48b 0 | 48c | 0 |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | 0 |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51 a Other notes and loans receivable (attach schedule) | 51a 0 | | |
| | b Less: allowance for doubtful accounts | 51b 0 | 51c | 0 |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 a Investments—publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a | 0 |
| | b Investments—other securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b | 0 |
| | 55 a Investments—land, buildings, and equipment: basis | 55a 0 | | |
| | b Less: accumulated depreciation (attach schedule) | 55b 0 | 55c | 0 |
| | 56 Investments—other (attach schedule) | | 56 | 0 |
| | 57 a Land, buildings, and equipment: basis | 57a 2,779 | | |
| b Less: accumulated depreciation (attach schedule) | 57b 2,779 | 57c | 0 | |
| 58 Other assets, including program-related investments (describe _____) | | 58 | 0 | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | | 8,581 | 59 | 17,288 |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | 0 |
| | 64 a Tax-exempt bond liabilities (attach schedule) | | 64a | 0 |
| | b Mortgages and other notes payable (attach schedule) | | 64b | 0 |
| | 65 Other liabilities (describe _____) | | 65 | 0 |
| 66 Total liabilities. Add lines 60 through 65 | | 0 | 66 | 0 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | | 67 | |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | 8,581 | 72 | 17,288 |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 8,581 | 73 | 17,288 |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 8,581 | 74 | 17,288 |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

| | | | | |
|----------|--|----|----------|---|
| a | Total revenue, gains, and other support per audited financial statements | | a | |
| b | Amounts included on line a but not on Part I, line 12: | | | |
| 1 | Net unrealized gains on investments | b1 | | |
| 2 | Donated services and use of facilities | b2 | | |
| 3 | Recoveries of prior year grants | b3 | | |
| 4 | Other (specify): | b4 | 0 | |
| | Add lines b1 through b4 | | b | 0 |
| c | Subtract line b from line a | | c | 0 |
| d | Amounts included on Part I, line 12, but not on line a: | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify): | d2 | 0 | |
| | Add lines d1 and d2 | | d | 0 |
| e | Total revenue (Part I, line 12). Add lines c and d | | e | 0 |

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | |
|----------|--|----|----------|---|
| a | Total expenses and losses per audited financial statements | | a | |
| b | Amounts included on line a but not on Part I, line 17: | | | |
| 1 | Donated services and use of facilities | b1 | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | |
| 3 | Losses reported on Part I, line 20 | b3 | | |
| 4 | Other (specify): | b4 | 0 | |
| | Add lines b1 through b4 | | b | 0 |
| c | Subtract line b from line a | | c | 0 |
| d | Amounts included on Part I, line 17, but not on line a: | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | |
| 2 | Other (specify): | d2 | 0 | |
| | Add lines d1 and d2 | | d | 0 |
| e | Total expenses (Part I, line 17). Add lines c and d | | e | 0 |

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Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|--|--|---|---|--|
| Name JAY E. MARTIN, IV Str 792 McCALL COUR City COLUMBUS ST OH ZIP 43235 | Title PRESIDENT Hr/WK | 0 | 0 | 0 |
| Name DOUGLAS THOMI Str 2355 McCAULEY C City COLUMBUS ST OH ZIP 43220 | Title VP, SECRETAR Hr/WK | 0 | 0 | 0 |
| Name GARY ALEXANDE Str 2946 LEWIS CENTE City LEWIS CENTER ST OH ZIP 43035 | Title BOARD Hr/WK | 0 | 0 | 0 |
| Name JOHN J. FLINN Str 6376 BUCKMAN ST City LEWIS CENTER ST OH ZIP 43035 | Title TREASURER Hr/WK | 0 | 0 | 0 |
| Name DAGO IRIAS Str APDO POSTAL 373 City LA CEIBA ST ZIP | Title BOARD Hr/WK | 0 | 0 | 0 |
| Name MITCH GAY Str 5943 STEWART RO City GALENA ST OH ZIP 43021 | Title BOARD Hr/WK | 0 | 0 | 0 |
| Name RICH RUDOLPH Str 314 SUNLIGHT DRI City WOODSTOCK ST GA ZIP 30188 | Title BOARD Hr/WK | 2,500 | 0 | 0 |
| Name N/A Str City ST ZIP | Title Hr/WK | | | |
| Name N/A Str City ST ZIP | Title Hr/WK | | | |
| Name N/A Str City ST ZIP | Title Hr/WK | | | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 4 columns: Question, Yes, No. Rows include questions 75a-d regarding officer compensation and conflict of interest.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Multiple rows for listing individuals.

Part VI Other Information (See the instructions.)

Table with 4 columns: Question, Yes, No. Rows include questions 76-81 regarding organizational changes, income, and political expenditures.

Part VI Other Information (continued)

| | | Yes | No |
|------|--|-----|-----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| | 82b | N/A | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | | X |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | | X |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| | 84b | N/A | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | |
| | 85a | N/A | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| | 85b | N/A | |
| c | Dues, assessments, and similar amounts from members | 85c | N/A |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | 86a | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | |
| 87 | 501(c)(12) orgs. Enter: a Gross income from members or shareholders | 87a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A | | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | N/A |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | X |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | X |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | N/A |
| 90 a | List the states with which a copy of this return is filed | | OH |
| b | Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) | 90b | 0 |
| 91 a | The books are in care of Name John J Flinn Telephone no. 740-657-1900 Located at 6376 Buckman St. City Lewis Center ST OH ZIP + 4 43035 | | |
| 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 | 91b | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | 0 |

| | |
|-----|----|
| Yes | No |
| | |

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | 0 |

| | |
|-----|----|
| Yes | No |
| | |

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108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| | |
|-----|----|
| 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.

Please Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

| | | | | | | | | |
|---------------------------------|---|---|------|----------|------------------------|-------------------------------------|---|-----------|
| Paid Preparer's Use Only | Preparer's signature | <i>Cheryl L. Nowe, CPA</i> | Date | 9/7/2007 | Check if self-employed | <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) | P00064866 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | CHERYL L. NOWE, CPA 3817 WEDGEWOOD PLACE DR., POWELL, OH 43065 | | | EIN | | | |
| | | | | | Phone no. | 614-761-3108 | | |

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

TOTAL HEALTH

Employer identification number

20-1071085

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ 0 | | | | |

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ 0 | | |

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ 0 | | |

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM

2d X

e Transfer of any part of its income or assets?

2e X

3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year

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

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

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

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Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____ City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | 0 |

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
|---|---|--------------------|----------|----------|-------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 180,818 | 14,852 | | | 195,670 |
| 16 Membership fees received | | | | | 0 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | 0 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0 |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0 |
| 23 Total of lines 15 through 22 | 180,818 | 14,852 | 0 | 0 | 195,670 |
| 24 Line 23 minus line 17 | 180,818 | 14,852 | 0 | 0 | 195,670 |
| 25 Enter 1% of line 23 | 1,808 | 149 | 0 | 0 | |
| 26 Organizations described on lines 10 or 11: | a Enter 2% of amount in column (e), line 24 | | | | 26a 0 |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 0 |
| d Add: Amounts from column (e) for lines: | 18 | 19 | | | 26d 0 |
| | 22 | 26b | | | 26e 0 |
| e Public support (line 26c minus line 26d total) | | | | | 26e 0 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 0.00% |
| 27 Organizations described on line 12: | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: | | | | |
| | (2005) 8,700 | (2004) 3,365 | (2003) | (2002) | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: | (2005) | (2004) | (2003) | (2002) | |
| c Add: Amounts from column (e) for lines: | 15 195,670 | 16 | 17 | 20 | 21 195,670 |
| d Add: Line 27a total | 12,065 | and line 27b total | | | 27d 12,065 |
| e Public support (line 27c total minus line 27d total) | | | | | 27e 183,605 |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27f 195,670 |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g 93.83% |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h 0.00% |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) Affiliated group totals and (b) To be completed for all electing organizations.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2006, 2005, 2004, 2003, and Total. Includes a 'FILE COPY' watermark.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

Table for reporting lobbying activity with columns for Yes, No, and Amount. Lists activities like Volunteers, Paid staff, Media advertisements, etc.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

Employer identification number

TOTAL HEALTH

20-1071085

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

TOTAL HEALTH

Employer identification number

20-1071085

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| <u>1</u> | KING BENEVOLENT FUND 1119 COMMONWEALTH AVE. BRISTOL VA 24201 Foreign State or Province: _____ Foreign Country: _____ | \$ <u>61,974</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>2</u> | GLOBAL IMPACT P.O. BOX 7148 ALEXANDRIA VA 22307 Foreign State or Province: _____ Foreign Country: _____ | \$ <u>8,689</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>3</u> | HOWELL COMMUNITY CHURCH 1554 MAXIM SOUTHARD ROAD HOWELL NJ 07731 Foreign State or Province: _____ Foreign Country: _____ | \$ <u>23,950</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>4</u> | JACK MARTIN 1917 BAYVIEW DRIVE MADISONVILLE KY 42431 Foreign State or Province: _____ Foreign Country: _____ | \$ <u>13,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>5</u> | JAY MARTIN 792 McCALL COURT COLUMBUS OH 43235 Foreign State or Province: _____ Foreign Country: _____ | \$ <u>8,700</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>6</u> | INNOPAK 1932 PITTSBURG DRIVE DELAWARE OH 43015 Foreign State or Province: _____ Foreign Country: _____ | \$ <u>5,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--------------------------------------|--|
| Name of organization TOTAL HEALTH | Employer identification number 20-1071085 |
|--------------------------------------|--|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 7 | CARDINAL HEALTH FOUNDATION 7000 CARDINAL PLACE DUBLIN OH 43016 Foreign State or Province: _____ Foreign Country: _____ | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | _____ _____ _____ Foreign State or Province: _____ Foreign Country: _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | _____ _____ _____ Foreign State or Province: _____ Foreign Country: _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | _____ _____ _____ Foreign State or Province: _____ Foreign Country: _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | _____ _____ _____ Foreign State or Province: _____ Foreign Country: _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | _____ _____ _____ Foreign State or Province: _____ Foreign Country: _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| | |
|--------------------------------------|--|
| Name of organization TOTAL HEALTH | Employer identification number 20-1071085 |
|--------------------------------------|--|

Part II Noncash Property (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 1 | <div style="border-bottom: 1px solid black; margin-bottom: 2px;">MEDICATIONS</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> | \$ 61,974 | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> | \$ | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> | \$ | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> | \$ | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> | \$ | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> | \$ | |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> | \$ | |

| | |
|---|--|
| Name of organization TOTAL HEALTH | Employer identification number 20-1071085 |
|---|--|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)
 For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once—see instructions.) ▶ \$ 0

| | | | |
|---|-------------------------|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| 1 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ For. Prov. _____ Country _____ | | _____ _____ _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| 2 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ For. Prov. _____ Country _____ | | _____ _____ _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| 3 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ For. Prov. _____ Country _____ | | _____ _____ _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| 4 | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ For. Prov. _____ Country _____ | | _____ _____ _____ | |

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| | |
|---|--|
| Name of organization TOTAL HEALTH | Employer identification number 20-1071085 |
|---|--|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)
 For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once—see instructions.) ▶ \$ 0

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| 5 | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| For. Prov. _____ Country _____ | | | |
| 6 | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| For. Prov. _____ Country _____ | | | |
| 7 | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| For. Prov. _____ Country _____ | | | |
| — | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| For. Prov. _____ Country _____ | | | |

Line 1 (990) - Public Support and Contributions

| | Cash | | Non Cash |
|---|---------|----|----------|
| Line 1a - Contributions to Donor Advised Funds | | | |
| Line 1b - Direct public support | | | |
| 1 Contributions | 111,411 | 1 | 62,974 |
| 2 Membership dues and assessments (contributions from the public) | | 2 | |
| 3 Commercial co-venture | | 3 | |
| 4 Special events contributions (Line 9 - Special Events) | 0 | 4 | |
| 5 _____ | | 5 | |
| 6 _____ | | 6 | |
| 7 _____ | | 7 | |
| 8 _____ | | 8 | |
| 9 _____ | | 9 | |
| 10 Total | 111,411 | 10 | 62,974 |
| Line 1c - Indirect public support | | | |
| Line 1d - Government contributions (grants) | | | |

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Line 57 (990) - Land, Buildings, and Equipment

| Land (net of any amortization) | | Land (net of any amortization) | |
|--------------------------------|--|--------------------------------|-----|
| | | Beginning | End |
| 1 | ..... |  |  |
| 2 | ..... |  |  |
| 3 | ..... |  |  |
| 4 | ..... |  |  |
| 5 | ..... |  |  |
| 6 | Total land (net of any amortization) | 0 | 0 |

| Buildings and equipment | | Buildings and equipment | | Accumulated depreciation | |
|-------------------------|---|-------------------------|-------|--------------------------|-------|
| | | Beginning | End | Beginning | End |
| 7 | LAPTOP COMPUTER | 936 | 936 | 936 | 936 |
| 8 | COMPUTER | 0 | 1,843 | 0 | 1,843 |
| 9 | ..... |  |  |  |  |
| 10 | ..... |  |  |  |  |
| 11 | ..... |  |  |  |  |
| 12 | ..... |  |  |  |  |
| 13 | ..... |  |  |  |  |
| 14 | ..... |  |  |  |  |
| 15 | ..... |  |  |  |  |
| 16 | ..... |  |  |  |  |
| 17 | Total buildings and equipment | 936 | 2,779 | 936 | 2,779 |
| 18 | Buildings and equipment (less accumulated depreciation) | | | 0 | 0 |
| 19 | Total land, buildings and equipment | | | 0 | 0 |

| Category or Item | | Cost/Other Basis | | Accumulated Depreciation | | Book Value | |
|------------------|-----------------|------------------|---|--------------------------|---|------------|---|
| | | | | | | | |
| 1 | ..... |  |  |  |  |  |  |
| 2 | ..... |  |  |  |  |  |  |
| 3 | ..... |  |  |  |  |  |  |
| 4 | ..... |  |  |  |  |  |  |
| 5 | ..... |  |  |  |  |  |  |
| 6 | ..... |  |  |  |  |  |  |
| 7 | ..... |  |  |  |  |  |  |
| 8 | ..... |  |  |  |  |  |  |
| 9 | ..... |  |  |  |  |  |  |
| 10 | ..... |  |  |  |  |  |  |
| 11 | Total | 0 | 0 | 0 | 0 | 0 | 0 |

Line 22 (990) - Cash Grants Paid Schedule

65,643

| | Check box if grantee is a business | Other grants and allocations | Class of activity | Grantee's name | Address | City | State | Zip code | Foreign Country | Amount given | Relationship |
|----|------------------------------------|------------------------------|-------------------|----------------|---------|------|-------|----------|-----------------|--------------|--------------|
| 1 | | X | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |

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ATTORNEY GENERAL
 STATE OF OHIO

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 150 E. Gay St., 23rd Floor
 Columbus, OH 43215-3130

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 Facsimile: (614) 466-9788
 www.ag.state.oh.us

VERIFICATION OF FILING WITH THE INTERNAL REVENUE SERVICE

This form is to be completed by 501(c)(3) non-profit organizations, located in Ohio, that file one of the federal tax forms listed below. NOTE: This form should be filed in lieu of a copy of the federal tax return. Do not submit the federal return with this form.

I hereby certify that I am a trustee or officer of

Total Health

(Name of Organization as filed with the Attorney General's Office)

792 McCall Court Columbus 43235

Charity Street Address City Zip Code

20-1071085 1458357

(Federal Employer Identification Number) (State Charter Number if applicable)

and that the above named organization completed and/or will complete and file: (check one of the following)

Form 990 **Form 990-PF** **Form 990-EZ**

required by the Internal Revenue Service for the: (check and complete one of the following)

calendar year 2006

tax year beginning _____, 20____, and ending _____, 20____

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and that such filing occurred on/or will occur on _____
 (Filing Date)

Did the organization request a federal extension of time to file this report? **Y** **N**

If yes, what was/is the extended due date? **November 15, 2007**
 (Federal Extended Due Date)

For fee purposes, please indicate the fair market value (FMV) of assets, or if filing this form prior to an extended federal due date, estimate the FMV of assets, at year end \$ **17,288**

John J. Flinn

740-657-1900

Name of Trustee/Officer (Please Print)

Telephone number

Signature of Trustee/Officer

Treasurer

Trustee/Officer Title

Date

totalhealthhonduras.org

E-mail Address of Charitable Organization

OFFICE USE ONLY
FILING FEE PAID

Amount _____

Date _____

Check # _____