Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total

assets less than \$2,500,000 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.

OMB No. 1645-1150

Open to Public Inspection

Form **990-EZ** (2008)

Α	For th	he 2008 caler	ıdar year,	or tax year beginning			, a	nd ending				
В	Check	if applicable:	Please	C Name of organization					D Emplo	yer ident	tification number	
	Addres	ss change	use IRS	TOTAL MEALTH						20-1071085		
	Name	change	label or print or	TOTAL HEALTH	17 11			T	E Telep			
	Initial r	eturn	type.	Number and street (or P.O. b	ox, if mail is not d	elivered to street address)		Room/suite	E Leieh	none no	imbei	
	Termin	nation	See	P.O. BOX 424								
	Amend	ded return	Specific	City, town, or country		State		ZIP + 4	F Grou	Fxem	otion	
	Applica	ation pending	Instruc- tions.	LEWIS CENTER		ОН		43035		oer	► N/A	
-	·			ons and 4947(a)(1) none	romnt obori		attaab	G Accounting	J		Cash Accrual	
•	Secur	<i>301(0)(3)</i> 0		eted Schedule A (Form	-		allacii	1	ecify)	. [_] Cash [] Accruai	
			u compr	cica concaute x (i oim	330 01 330 1	- <i></i> /·			· · · · · · · · · · · · · · · · · · ·			
	Wahei	to: > \^/\^/\	/ ΤΩΤΔΙ Έ	HEALTHHONDURAS.C)PC						ization is not	
						4047(0)(4)		l .			e B (Form 990,	
		zation type (che				4947(a)(1) or	527		r 990-PF			
				on is not a section 509(a)					rmally no	t more t	han \$25,000.	
				ne organization chooses to							P. (P. L. L. III.)	
			-	determine gross receipts; if \$						\$	185,698	
P	art i			ses, and Changes ir						s for P	art I.)	
	1			grants, and similar amo						1	185,698	
	2			enue including governi					ļ L	2		
	3			nd assessments					. L	3		
	4	Investment		L	4							
	5a	Gross amo										
	b	Less: cost										
9	С			e of assets other than inve					<u> </u>	5c		
'n	6	Special events										
Revenue	a Gross revenue (not including \$ of contributions reported on line 1)											
							6a					
	b			es other than fundraisir			6b					
	С			from special events ar		•	o from li	ne 6a) . . .	<u>L</u>	6c		
	7a Gross sales of inventory, less returns and allowances											
	b	b Less: cost of goods sold										
	8	Other reve	<u> </u>	8								
_	9			lines 1, 2, 3, 4, 5c, 6c,						9	185,698	
	10			mounts paid (attach so						10	97,221	
	11			or members						11		
nses	12			pensation, and employe						12		
SU6	13			nd other payments to in						13	13,760	
Expe	14			lities, and maintenance						14		
Ш	15			s, postage, and shippin						15	· · · · · · · · · · · · · · · · · · ·	
	16			scribe See attached						16	43,021	
\dashv	17	l otal expe	nses. Ad	d lines 10 through 16.		<u> </u>		<u> </u>		17	154,002	
Net Assets	18			r the year (Subtract line						18	31,696	
SS	19			alances at beginning o							40.404	
Ž	20			ported on prior year's r						19	40,401	
Š	20			t assets or fund balanc						20		
	21			alances at end of year.						21	72,097	
غند	art II	рајапсе 3		f Total assets on line 2		(B) are \$2,500,00	or mo					
20	01	الم	-	ne instructions for Part	•				nning of ye		(B) End of year	
22				nents					40,401	$\overline{}$	72,097	
23	Land	ana building	JS						1	23		
24	Uther	i assets (009	scribe –.)		40 :=	24		
25									40,401		72,097	
26	ı otal	liabilities (describe	ces (line 27 of column	(m))	<u> </u>		26		
27	Net a	issets or fui	าd baland	ces (line 27 of column -	(B) must a	aree with line 21)	١	ı	40 401	27	72 097	

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

Pa	rt III Statement of Program Service Ac	complishments (See the	instructions for P	art III.)		Expenses
Wha	it is the organization's primary exempt purpose?	-		,	(Req	uired for 501(c)(3)
	ribe what was achieved in carrying out the organizatio					4) organizations
desc	ribe the services provided, the number of persons ben	efited or other relevant informat	ion for each program	HH C		947(a)(1) trusts;
28	Support and provide professional medical care to	improverished at La Ciopha	Honduras through	uue.	optioi	nal for others.)
	medical professionals, funding a medical clinic of	perating expenses funding o	ther lead profession	volunteer		
	medical care and funding local healthcare related	t items	ulei local professio	liai		
29		unt includes foreign grants, cl		· P	28a	51,277
23						
	(Grants \$) If this amou					
30		unt includes foreign grants, ch		<u> </u>	29a	
30						
•	(Grants \$) If this amou	untingly des femiles assets at		}		
31	Other program convince (attach schodule)	ınt includes foreign grants, ch	neck nere	. P	30a	
J1	Other program services (attach schedule) (Grants \$) If this amou	untingly doe foreign and at all				
22	,	int includes foreign grants, ch	ieck here	<u> </u>	<u>31a</u>	
32	Total program service expenses. (add lines 28	a through 31a)	<u> </u>	▶	32	51,277
Га	t IV List of Officers, Directors, Trustees, a	and Key Employees List each	one even if not comper	sated. (See t	ne instri	uctions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributi employee benefi		(e) Expense account and
		devoted to position	enter -0)	deferred compe		other allowances
	me Jay E. Martin Str 792 McCall Court	Title President	-			
	City Columbus ST OH ZIP 43235	Hr/WK				
	me Douglas Thompson Str 7700 Haverhill Court	Title VP, Sec'y		1		
	City Dublin ST OH ZIP 43017	Hr/WK				
	me John J. Flinn Str 2403 Deer Creek Roa	Title Treasurer		1		
	City Weston ST FL ZIP 33327	Hr/WK				
	me Gary Alexander Str 2946 Lewis Center R	Title Director				
	City Lewis Center ST OH ZIP 43035	Hr/WK				
	me Dago Irias Str Apdo Postal 373	Title Director				
	City La Ceiba ST ZIP	Hr/WK				
	me Rich Rudolph Str 314 Sunlight Drive	Title Director				
	City Woodstock ST GA ZIP 30188	Hr/WK				
Na		Title				
	City ST ZIP	Hr/WK				
Na	me Str	Title				
	City ST ZIP	Hr/WK				
Na	me Str	Title				
	ity ST ZIP	Hr/WK				
Na	ne Str	Title				
	ity ST ZIP	Hr/WK				
Naı	ne Str	Title				
	ity ST ZIP	Hr/WK			İ	
Naı	ne Str	Title				
	ity ST ZIP	Hr/WK			1	
Nar	ne Str	Title				
	ity ST ZIP	Hr/WK				
Nar	ne Str	Title				
С	ity ST ZIP	Hr/WK				
Nar		Title				
С	ity ST ZIP	Hr/WK				
Nar	ne Str	Title				
C	ity ST ZIP	Hr/WK			ļ	
Nar	ne Str	Title			_	
C	ity ST ZIP	Hr/WK				
Nar	ne Str	Title			$\neg \uparrow$	
C	ity ST 7IP	11.0406				

Forn	1 990-EZ (2008) TOTAL HEALTH		20 1071	005	D
Pa	rt V Other Information (Note the statement requirements in the instructions for Part	VI.)	20-1071	085	Page
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a	detailed			
24	description of each activity.		_ 33		X
34	were any changes made to the organizing or governing documents but not reported to the IRS	? If "Yes "			
35	attach a conformed copy of the changes		34		X
33	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (amo	ng others), but			
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on For	n 990-T.			
•	and a same and that a molated pasitiess gloss income of \$1,000 or more or section 603376	e) notice,			
k	reporting, and proxy tax requirements?		35a		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	• • • • • •	35b	-	
	If "Yes," complete applicable parts of Schedule N		36		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		30		X
t	Did the organization file Form 1120-POL for this year?		37b		364 3334
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emi	lovee or were	3.12		
	any such loans made in a prior year and still unpaid at the start of the period covered by this reti	uṛn?	38a		Х
39	If "Yes," complete Schedule L, Part II and enter the total amount involved				
ээ a	Section 501(c)(7) organizations. Enter:				
b	Gross receipts included on line O family 1				
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year		_		
	section 4911 ►; section 4912 ►; section 4955 ►	ar under:			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess	1 20			
	transaction during the year or did it become aware of an excess benefit transaction from a prior	s benefit			
	If "Yes," complete Schedule L, Part I.	/ear /	40b		
С	Effect amount of tax imposed on organization managers or disqualified persons during		400		X
_	the year under sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization		-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	shelter	_		
41	transaction? If "Yes," complete Form 8886-T.		40e		Χ
ті 42 а	List the states with which a copy of this return is filed.			·	<u> </u>
72 a	The books are in care of ► Name John J. Flinn Telep	ohone no. ►	954-24	19-161	6
b	Located at ▶ 2403 Deer Creek Road City Weston ST FL	ZIP + 4 ► 33	3327		
_	At any time during the calendar year, did the organization have an interest in or a signature or ot over a financial account in a foreign country (such as a bank account, securities account, or other	ner authority	Г	r	
	account)?	r tinancial		Yes	No
	If "Yes," enter the name of the foreign country: ▶		42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Fo	eign Bank			
	and Financial Accounts.	_			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		Χ
	If "Yes," enter the name of the foreign country:		<u> </u>		
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check	here		1	
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43 N/	A		L
4	Did the organization maintain any donor advised funded If IIVes II Ferry 200			Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed in Form 990-EZ	stead of			
! 5	Is any related organization a controlled entity of the organization within the meaning of section 51	 2/h\/13\2 If	44	+	X
	"Yes," Form 990 must be completed instead of Form 990-EZ.	Z(U)(13) ! II	45		Χ
			Form 99	0-FZ	

Form 99	00-EZ (2008) TOTAL HEALTH			2	0-1071085 Page
Part '	VI Section 501(c)(3) organizations on	lv. All section 501(c)(3) or	ganizations must	answer questions	0-10/1085 Page
	and complete the tables for lines 50 a	and 51.	9411124110113 111431	diswer questions	40-49
46	Did the organization engage in direct or indirect	t political campaign activities	on hehalf of or in	opposition to	Yes No
	candidates for public office? If "Yes," complete	Schedule C. Part I			
47	Did the organization engage in lobbying activitie	es? If "Yes." complete Sched	lule C. Part II		46 X
48	Is the organization operating a school as descri	bed in section 170(b)(1)(A)(i	i)2 If "Voe " comple	to Sobodule E	
49 a	Did the organization make any transfers to an e	exempt non-charitable related	torganization?	ete schedule E .	48 X
b	If "Yes," was the related organization(s) a section				49a X
50	Complete this table for the five highest compen	sated employees (other than	officere directors		49b
	each received more than \$100,000 of compens	ation from the organization	if there is none an	, irustees and key en	npioyees) who
	The same that the same of compone	adon nom the organization.	ii uiere is none, en	ter ivone."	
	(a) Name and address of each and it	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans &	account and
Name I		Title		deferred compensation	other allowances
City	ST ZIP	Hr/WK			
Name	Str	Title			
City	ST ZIP	Hr/WK			
Name	Str	Title			
City	ST ZIP	Hr/WK			
Name	Str	Title			
City	ST ZIP	Hr/WK			
Name	Str	Title			
City	ST ZIP	Hr/WK			
Total n	umber of other employees paid over \$100,000	>			
					<u> </u>
C	Complete this table for the five highest compens compensation from the organization. If there is r	sateu independent contractor	s wno each receiv	ed more than \$100,0	100 of
		ione, enter None.			
	(a) Name and address of each independent contract	or paid more than \$100,000	(b) T	ype of service	(c) Compensation
Name N			()	JAC OF BOLVIOC	(c) Compensation
City	ST	ZIP			
Name	Str				
City	ST	ZIP			
Name	Str				
City	ST	ZIP			
Name	Str				
City	ST	ZIP			
Name	Str				
City	ST	ZIP			
Total nu	imber of other independent contractors each re	ceiving over \$100,000	>		
	Under penalties of perjury, I declare that I have examine	ed this return, including accompanying	g schedules and stateme	ents, and to the hest of my	knowledge
	and belief, it is true, correct, and complete. Declaration	of preparer (other than officer) is base	ed on all information of w	hich preparer has any kno	wledge.
Sign	IN ALLE FILL			Philo	v
Here	Signature of officer			Date	
	John Jay Flin	1 TREASURE	12_		
	Type or print name and title.				
Paid	Preparer's	7 Date	Check if	Preparer's Identify	ying Number (See instructions)
Preparei	signature (Levy C)	owe CPA 5/2	28/2009 self- employed	P00064866	mig reastiber (See instructions)
Jse Onl			==:==ooo employed	EIN •	
JOE OIII	v i ii seii-eiiipioveu),	PLACE DRIVE, POWELL,	OH 43065	Phone no. ▶ 614-76	31-3109
/lay the	IRS discuss this return with the preparer shown	above? See instructions	0.1.40000	J	
· ·	The property of the state of th	. above. Occ manuchons .	· · · · · · · ·		X Yes No
					Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number TOTAL HEALTH Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: -----An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 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)(1 A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 X 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.) An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 ___ Type III–Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, ϕr Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. 11g(iii) (iii) Type of organization (i) Name of supported (iv) Is the organization (v) Did you notify (ii) EIN (vi) Is the (vii) Amount of (described on lines 1-9 organization in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col.(i) of your (i) organized in the (see instructions)) support? U.S.? Yes

Total

Pari	Support Schedule for Organi (Complete only if you checked				1)(A)(iv) and	d 170(b)(1)(A)	(vi)
Sect	ion A. Public Support	the box on line	e 3, 7, 01 0 01	raiti.)			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")				1		
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	!			1		
	organization without charge		*****				
4	Total Add lines 1-3						
5	The portion of total contributions by each	3.5					
	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)		1000				
6	Public support. Subtract line 5 from line 4.	O production of the control of the c					
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
0	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 activities, etc. (s					12	
13	First five years. If the Form 990 is for the c						
	organization, check this box and stop here						
	ion C. Computation of Public Suppor			1 (6)		T 44	
14	Public support percentage for 2008 (line 6, Public support percentage from 2007 Scheol					15	
15	33 1/3% support test–2008. If the organiza						ock this hov
16a	and stop here . The organization qualifies a	ation did not che	eck the box on aported argani:	iiiie 13, anu iii zation	IE 14 IS 33 1/3	5 /6 OF HIOTE, CHE	LCK UIIS DOX
L	33 1/3% support test–2007. If the organization						
b	box and stop here . The organization qualifi	ies as a nublich	v supported or	ne io or ioa, a nanization		33 1/3/0 OF HIGH	, oncor and
17a	10%-facts-and-circumstances-test–2008.	. If the organiza	tion did not ch	eck a box on li	ne 13. 16a. or	16b, and line 1	4 is 10%
.,	or more, and if the organization meets the "	facts-and-circu	mstances" tes	, check this bo	x and stop he	ere. Explain in F	art IV how
	the organization meets the "facts-and-circuit						
b	10%-facts-and-circumstances test-2007.	. If the organiza	ition did not ch	eck a box on li	ne 13, 16a, 16	Sb, or 17a, and I	ine 15 is 10%
	or more, and if the organization meets the "	facts-and-circu	mstances" tes	t, check this bo	x and stop he	ere. Explain in l	Part IV how
	the organization meets the "facts-and-circul	mstances" test.	. The organizat	ion qualifies as	s a publicly su	pported organiz	ation • [
18	Private foundation. If the organization did not cl	neck a box on line	e 13, 16a, 16b, 1	7a ,or 17b, chec	k this box and s	see instructions	

Pa	art III Support Schedule for Organi	zations Desc	ribed in Sect	tion 509/a\/2		-	20-107108	35 Page
	(Complete only if you checked	the box on line	9 of Part I \	1011 309(a)(Z	'			
Se	ction A. Public Support	LITO BOX OIT IIITO	3 0 011 art 1.j					
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(a) 2006	(-1) 2	207	() 0000	
1	Gifts, grants, contributions, and	(a) 2004	(b) 2003	(c) 2006	(d) 20	307	(e) 2008	(f) Total
	membership fees received. (Do not							
	include any "unusual grants.")	14.050	100.010	474.00				
_		14,852	180,818	174,385	16	7,260	185,698	723,01
2	Gross receipts from admissions, merchandise		ĺ			1	ł	
	sold or services performed, or facilities furnished		1			l l	ŧ	
	in any activity that is related to the					1	ļ	
_	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
_	unrelated trade or business under section 513			ĺ				
4	Tax revenues levied for the organization's				-			
	benefit and either paid to or expended on	ĺ	i				[
	its behalf					ĺ		
5	The value of services or facilities							
	furnished by a governmental unit to the	1				İ		
	organization without charge		ļ			- 1	ļ	
6	Total. Add lines 1-5.	14,852	180,818	174,385	18	7,260	185,698	702.046
7a	Amounts included on lines 1, 2, and 3	,,,,,,	100,010	177,000	13	7,200	100,096	723,013
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified			i				
	persons that exceed the greater of 1%		1					
	of the total of lines 9, 10c, 11, and 12 for					İ		
	the year or \$5,000							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6.)	E						
Sec	tion B. Total Support							723,013
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(-I) OO	07	() 0000	
9	Amounts from line 6	14,852	180,818		(d) 20		(e) 2008	(f) Total
10a	Gross income from interest, dividends,	14,002	100,010	174,385	167	,260	185,698	723,013
	payments received on securities loans,	Ì	İ					
	rents, royalties and income from similar					İ	1	
	sources			ļ		ł		
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses			ŀ		[
	acquired after June 30, 1975	J						
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly	ĺ	į.				İ	
	carried on					Ì		
12	Other income. Do not include gain or							
	loss from the sale of capital assets	ĺ		Ì			İ	
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14		opization's first		5 41 5150				723,013
	First five years. If the Form 990 is for the organization, check this box and stop here .	anization's ilist,	secona, tnira,	fourth, or fifth	tax year	as a se	ction 501(c)(3)
2004				<u> </u>				▶ 🔙
Seci	ion C. Computation of Public Support I	Percentage						
15	Public support percentage for 2008 (line 8, col	lumn (f) divided	by line 13, colu	umn (f))		. 1	5	100.00%
16	Public support percentage from 2007 Schedul	e A Part IV-A I	ine 27a				6	100.0070
Sect	ion b. Computation of investment inco	me Percentac	ae				<u> </u>	
7	Investment income percentage for 2008 (line 1	Oc. column (f)	divided by line	13 column (f)		. 1	7	
8	Investment income percentage from 2007 Sch	edule A Part IV	/- Δ line 27h	10, column (1))	• • •			· · · · · · · · · · · · · · · · · · ·
	33 1/3% support tests-2008. If the organizati	on did not chao	k the hoven !!		15:-	. 1	00.4/00/	14
	not more than 33 1/3% check this how and at	on did not chec	r uie box on ill	ie 14, and line	ı sı cı	ore than	33 1/3% and	line 17 is
b	not more than 33 1/3%, check this box and sto	h neter the ord	yanızation qua	ines as a publ	icly supp	orted o	rganization .	▶ [X]
~	of its in support tests-2007. If the organization did	not check a box	on line 14 or line	: 19a. and line 16	is more	than 33 :	1/3% and	
	line 18 is not more than 33 1/3%, check this box and	a stop here. The	organization qua	alifies as a public	ly suppφr	ted orga	nization	▶ 🔲
:0	Private foundation. If the organization did not	check a box or	<u>line</u> 14, 19a, d	or 19b, check t	his box a	and see	instructions.	>

Schedule A (Form	990 or 990-EZ) 2008	TOTAL HEALT	Н			20-1071085	Page 4
Part IV	Supplemental	Information. C	omplete this part t	o provide the ex	planation re	quired by Part II, line 10;	
	Part II, line 1/a	or 1/b; or Part	III, line 12. Provide	e any other addi	tional inform	ation. (see instructions)	
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Pa	rt I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amoun	ts Re	ceived	
1	Contributions		. 1	185,698
	NonCash contributions			
3	Membership dues and assessments (contributions from the public)		. 3	
4	Government contributions (grants)		. 4	
5	Commercial co-venture		. 5	
6	Special events contributions (Line 6 - Special Events)		6	
7	Associated organization contributions		7	·
8			8	
9			9	
10			10	
11	Total		. 11	185,698

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Part I, Line 10 (990-EZ) - Grants and Similar Amounts

	, , , , , , , , , , , , , , , , , , ,							
			-					
			Check (X) It					
			grantee is					
	Class of activity	Grantee's name	a business	Address	City	State	Zip code	Foreign Country
-		IGC - Honduras			La Cienba			Honduras
2		IGC - Honduras			La Cienba			Honduras
က		IGC - Nicaragua						Nicaragua
4		IGC - Honduras			La Cienba			Honduras
5							1	
9								
7								
8								
6								
10								

	Date received										
	Method used to determine FMV		700 Cost		Cost			Address .			
13,901	Fair market value		7007		13,201 Cost	White Advantage of the Control of th				7.00	
	How book value determined			The second secon					The state of the s	AND THE RESERVE OF THE PARTY OF	
	Book value		And the second s								
	Purpose of payment to affiliate							A STATE OF THE STA			
	Description of the property Purpose of p	Cash	Medical Equipment	Cash	Medications		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Relationship										
83,320	Amount of cash grant	79,170		4,150		i					

Pa	art I, Line 16 (990-EZ) - Other Expenses		43,021
1	Travel, Meals and Entertainment		,
	- Terrori	1a	38,076
	b Total meals and entertainment		
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	176
7	Interest	7	
8	Supplies	8	
9	Telephone	9	115
10	Unrelated business income taxes	10	
	Insurance	11	827
	Bank Charges	12	595
13	Office Expense	13	713
	Website	14	122
	Registration Fees	15	1,125
	Miscellaneous	16	1,272
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

(Rev. April 2008) Department of the Treasury

(HTA)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Internal Revenue Servic	te	
If you are filing.	for an Automatic 3-Month Extension, complete only Part I and check the	his box ▶ X
If you are filing.	for an Additional (Not Automatic) 3-Month Extension, complete only I	Part II (or page 2 of this form).
Do not complete	Part II unless you have already been granted an automatic 3-month exte	ension on a previously filed Form 8868.
Part I Aut	omatic 3-Month Extension of Time. Only submit original (no copie	es needed).
		1
A corporation requ	uired to file Form 990-T and requesting an automatic 6-month extension—	cneck this box and complete
All other cornoration	ons (including 1120-C filers), partnerships, REMICs, and trusts must use F	Form 7004 to request an extension of
time to file income		
	(e-file). Generally, you can electronically file Form 8868 if you want a 3-m	nonth automatic extension of time to file one
Electronic Filing	ed below (6 months for a corporation required to file Form 990-T). Howeve	er you cannot file Form 8868
of the returns note	you want the additional (not automatic) 3-month extension or (2) you file	Forms 990-BL, 6069, or 8870, group
returns or a comm	posite or consolidated Form 990-T. Instead, you must submit the fully com	pleted and signed page 2 (Part II) of
Form 8868 For m	nore details on the electronic filing of this form, visit www.irs.gov/efile and	click on e-file for Charities & Nonprofits.
		Employer identification number
. 7 -	Name of Exempt Organization	20-1071085
	OTAL HEALTH	120-107 1000
	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for filing your	O. BOX 424	10
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instruction	
	EWIS CENTER	OH 43035
Check type of re	turn to be filed (file a separate application for each return):	
X Form 990	Form 990-T (corporation)	Form 4720
Form 990-BL	Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227
=		Form 6069
Form 990-EZ		Form 8870
Form 990-PF	Form 1041-A	Form 6070
Telephone No If the organiza If this is for a (is for the whole q	ation does not have an office or place of business in the United States, che Group Return, enter the organization's four digit Group Exemption Number roup, check this box ▶	eck this box
	es and EINs of all members the extension will cover.	
until	n automatic 3-month (6 months for a corporation required to file Form 990- 8/15/2009 , to file the exempt organization return for the organization return for	ganization named above. The extension
	rganization's return for: endar year <u>2008</u> or	
=		
► tax	year beginning, and ending	
2 If this tax y	rear is for less than 12 months, check reason: Initial return Fina	al return Change in accounting period
3 a If this appli	ication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentati	ive tax,
	onrefundable credits. See instructions.	3a \$
h if this appli	ication is for Form 990-PF or 990-T, enter any refundable credits and estin	
normanta	made. Include any prior year overpayment allowed as a credit.	3b \$
payments	Due. Subtract line 3b from line 3a. Include your payment with this form, or,	
c Balance D	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Pa	wment
		3c \$
System). S	See instructions. are going to make an electronic fund withdrawal with this Form 8868, see F	
for payment instr		Form 8868 (Rev. 4-2008
For Privacy Act at	nd Paperwork Reduction Act Notice, see Instructions.	, Sim 2222 (1311 / 2222