

2000

Open to Public Inspection

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury  
Internal Revenue Service

**A** For the 2001 calendar year, or tax year beginning September 1, 2000 and ending August 31, 2001

**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: International Health Foundation, Inc.  
 Number and street (or P.O. box if mail is not delivered to street address): 45 Conrad Drive  
 Room/suite: \_\_\_\_\_  
 City or town state or country and ZIP + 4: Jackson, TN 38305

**D** Employer identification number: 62-1251608  
**E** Telephone number: (731) 660-5027  
**F** Enter 4-digit (GEN) ▶ \_\_\_\_\_

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶ \_\_\_\_\_

**I** Web site ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)

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

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 56,731.84

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 35)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	
Revenue	1	Contributions, gifts, grants, and similar amounts received	-	41,099.04													
	2	Program service revenue including government fees and contracts	-	14,897.00													
	3	Membership dues and assessments	-														
	4	Investment income	-			735.80											
	5a	Gross amount from sale of assets other than inventory	-														
	5b	Less cost or other basis and sales expenses	-														
	5c	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	-														
	6	Special events and activities (attach schedule)	-														
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	-														
6b	b Less direct expenses other than fundraising expenses	-															
6c	c Net income or (loss) from special events and activities (line 6a less line 6b)	-															
7a	7a Gross sales of inventory, less returns and allowances	-															
7b	b Less cost of goods sold	-															
7c	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	-															
8	8 Other revenue (describe ▶ _____)	-															
9	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	-														56,731.84	
Expenses	10	10 Grants and similar amounts paid (attach schedule)	-														
	11	11 Benefits paid to or for members	-														
	12	12 Salaries, other compensation, and employee benefits	-														8,881.17
	13	13 Professional fees and other payments to independent contractors	-														28,623.36
	14	14 Occupancy, rent, utilities, and maintenance	-														6,651.75
	15	15 Printing, publications, postage, and shipping	-														5,580.11
	16	16 Other expenses (describe ▶ <u>Adver, Equip, rent, Dep'n, travel, bank charges, etc.</u> )	-														3,560.09
17	17 Total expenses (add lines 10 through 16)	-														53,296.48	
Net Assets	18	18 Excess or (deficit) for the year (line 9 less line 17)	-														3,435.36
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	-														5,213.35
	20	20 Other changes in net assets or fund balances (attach explanation)	-														
	21	21 Net assets or fund balances at end of year (combine lines 18 through 20)	-														8,648.71

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Specific Instructions on page 39)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	4,534	8,466
23	23 Land and buildings		
24	24 Other assets (describe ▶ <u>office equipment</u> )	847	350
25	25 Total assets	5,381	8,816
26	26 Total liabilities (describe ▶ <u>Payroll tax withholdings</u> )	168	167
27	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,213	8,649

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)		Expenses
What is the organization's primary exempt purpose? <u>Providing Info. re health disorders</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
To provide information to relieve suffering by people with yeast-related health disorders and/or allergies. This is done thru printed materials (including books, booklets, compendia of reprints & packets of information)	28a	45,609.48
answering 378 calls on a weekly "hotline," maintaining a physician referral list, and by direct mail. Printed materials were sent to approx 1,645 people from 9/00 - 8/01.	29a	
	30a	
31 Other program services (attach schedule)	31a	
32 Total program service expenses (add lines 28a through 31a)	32	45,609.48

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)				
(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	(E) Expense account and other allowances
(See Attached schedule) Wm. G. Crook 45 Conrad Dr., Jackson, TN 38305	President	None	None	None
Rhuce Edenton Box 3100, Jackson, TN 38303	Vice President & Director	I	I	I
Ted Nelson Box 3608 Jackson, TN 38303	Treasurer & Director	I	I	I

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity			X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			X
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting and proxy tax requirements?		X	N/A
b If "Yes," has it filed a tax return on Form 990-T for this year?		X	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)			X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a None		X
b Did the organization file Form 1120-POL for this year?			X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b N/A		X
39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a N/A		X
b Gross receipts, included on line 9, for public use of club facilities	39b N/A		X
40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911	N/A		X
section 4912	N/A		X
section 4955	N/A		X
b 501(c)(3) and (4) organizations 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 an explanation			X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955 and 4958			N/A
d Enter Amount of tax on line 40c, above reimbursed by the organization			N/A
41 List the states with which a copy of this return is filed	Tennessee		
42 The books are in care of	T.A.S. Foundation	Telephone no	(731) 660-5027
Located at	45 Conrad Dr., Jackson, TN	ZIP + 4	38305
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			X
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A

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 he preparer has any knowledge

Date 1/14/02

**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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545 0047

**2000**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

*International Health Foundation, Inc*

Employer identification number

*62-1251608*

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 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
<i>None</i>				

Total number of other employees paid over \$50,000 ▶ *None*

**Part II 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
<i>None</i>		

Total number of others receiving over \$50,000 for professional services ▶ *None*

**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 ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI B)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities? <i>See attached explanation</i>	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

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 ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(7)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  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.)
- 11b  A community trust. Section 170(b)(1)(A)(vii). (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 supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2000 99	(b) 1999 98	(c) 1998 97	(d) 1997 96	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	28,132	17,703	30,885	61,153	137,873
16 Membership fees received	-	-	-	-	-
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	16,792	12,175	10,062	7,834	46,863
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	965	4,264	6,934	6,953	19,116
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	45,889	34,142	47,881	75,940	203,852
24 Line 23 minus line 17	29,097	21,967	37,819	68,106	156,989
25 Enter 1% of line 23	459	341	479	759	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 3,140
	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 1996 through 1999 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b 39,520
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 156,989
	d Add Amounts from column (e) for lines 18 19 22				26d 58,636
	e Public support (line 26c minus line 26d total)				26e 98,353
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 62.6 %
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				
	(2000)	(1999)	(1998)	(1997)	
	N/A				
	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 11 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				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines 15 16 17 20				27c
	d Add Line 27a total and line 27b total				27d
	e Public support (line 27c total minus line 27d total)				27e
	f Total support for section 509(a)(2) test Enter amount from line 23 column (e)				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 2000 99, 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				

N/A

**Part V Private School Questionnaire** (See page 7 of the instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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.		
<b>35</b> 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 9 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)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is—		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines through h)			
c Media advertisements			
d Mailings to members, legislators or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators their staffs, government officials or a legislative body			
h Rallies demonstrations, seminars conventions speeches lectures or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities





**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

**2001**

Name of organization

*International Health Foundation, Inc*

Employer identification number

*62-1251608*

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 box(es) 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 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 1 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 International Health Foundation, Inc Employer identification number 62-1251688

**Part I** Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	..... ..... .....	\$ <u>5,000.00</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>	..... ..... .....	\$ <u>20,000.00</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

*International Health Foundation, Inc.*

Employer identification number

*62-1251608*

**Part II** Noncash Property (See Specific Instructions)

*N/A*

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....
—	..... ..... .....	\$ .....	...../...../.....

INTERNATIONAL HEALTH FOUNDATION, INC

#62-1251608

Schedule A, Part III, Question 2 "C"

During the year ended August 31, 2001, the Foundation received secretarial help from Professional Books, Inc , and reimbursed Professional Books, Inc for all hours of help at its cost of \$26,763 36

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August 31, 2001

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