

Form **990-EZ**

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

OMB No 1545 1150

2002

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)
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

A For the 2002 calendar year, or tax year beginning Sept 1, 2002, and ending August 31, 2003

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 International Health Foundation, Inc.
51 Conrad Drive
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: N/A
J Organization type (check only one) - 501(c) (3) (insert no) 4947(a)(1) or 527

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

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 **\$ 7458**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	5416
	2	Program service revenue including government fees and contracts	2	2028
	3	Membership dues and assessments	3	
	4	Investment income	4	14
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule):		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sale of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6a, 6b, 6c, 7c, and 8)	9	7458	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	10244
	13	Professional fees and other payments to independent contractors	13	1063
	14	Occupancy, rent, utilities, and maintenance	14	3358
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe)	16	4103
	17	Total expenses (add lines 10 through 16)	17	18768
18	Excess or (deficit) for the year (line 9 less line 17)	18	<11310>	
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	11310
	20	Other changes in net assets or fund balances (attach explanation)	20	-
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	-

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 Instructions)

	(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	11260	22	0
23	Land and buildings	0	23	0
24	Other assets (describe: <u>Office Equipment</u>)	50	24	0
25	Total assets	11310	25	0
26	Total liabilities (describe)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	11310	27	0

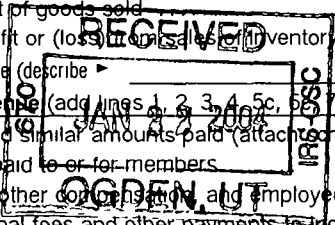
BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 01/24/03

Form 990-EZ (2002)

JAN 30 2004

SCANNED



Part III Statement of Program Service Accomplishments (See Instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>Providing info re. health disorders</u> 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			
28	<u>To provide information to relieve suffering by people with yeast-related health disorders and allergies. This is accomplished through printed material (including books, booklets, reports, and packets of information; answering calls on</u> (Grants \$)	28a	18768
29	<u>a weekly hotline and direct mail. Printed materials were sent to approximately 485 individuals from 8102 to 5103.</u> ----- ----- ----- (Grants \$)	29a	
30	----- ----- ----- (Grants \$)	30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
<u>William G. Crook, deceased</u> <u>45 Conrad Dr.</u> 1020102 <u>Jackson, TN</u>	President	none	none	none
<u>Bruce Edens</u> <u>Box 3100 Jackson, TN</u> 38303	V.P. & Director	none	none	none

Part V Other Information (Note the attachment requirement in the instructions)		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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year? <i>Articles of Termination</i>	<input checked="" type="checkbox"/>	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement) <i>Articles of Dissolution Attached</i>	<input checked="" type="checkbox"/>	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a <u>none</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 > <u>N/A</u> ; section 4912 > <u>N/A</u> ; section 4955 > <u>N/A</u>		
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		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		> <u>N/A</u>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		> <u>N/A</u>
41	List the states with which a copy of this return is filed > <u>Tennessee</u>		
42	The books are in care of > <u>International Health Foundation</u> Telephone no. > <u>731-660-5027</u>		
	Located at > <u>51 Conrad Drive Jackson, TN</u> ZIP + 4 > <u>38303</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		> <u>43</u>

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.

11/25/04

Date	Type or print name and title	Date	Check if self	Preparer's SSN or PTIN (See General Instruction W)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Supplementary Information — (See separate instructions.)

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 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 and deferred compensation	(e) Expense account and other allowances
N/A				none

Total number of other employees paid over \$50,000 ▶	0			

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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
N/A		

Total number of others receiving over \$50,000 for professional services ▶	0	

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	5416	43025	28132	17703	94276
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	2028	12699	16792	12175	43694
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	14	67	965	4264	5310
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	7458	55791	45889	34142	143280
24 Line 23 minus line 17	5430	43092	29097	21967	99586
25 Enter 1% of line 23	75	558	459	341	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

26a		1992
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		87240
26b		87240
c Total support for section 509(a)(1) test: Enter line 24, column (e)		99586
26c		99586
d Add: Amounts from column (e) for lines:	18 5310	19 0
	22 0	26b 1992
26d		7302
e Public support (line 26c minus line 26d total)		92284
26e		92284
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		1.08%
26f		1.08%

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:

(2001)	N/A	(2000)	N/A	(1999)	N/A	(1998)	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:

(2001)	None	(2000)	N/A	(1999)	N/A	(1998)	N/A
--------	------	--------	-----	--------	-----	--------	-----

c Add. Amounts from column (e) for lines:

15	94276	16	0
17	43694	20	0
21	0		0

d Add: Line 27a total and line 27b total

27c		
27d		
27e		

e Public support (line 27c total minus line 27d total)

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 1998 through 2001, 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.

None

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

N/A

	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?		N/A
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?		N/A
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.)		N/A
----- ----- -----		
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.)		
----- ----- -----		
34a 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 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	N/A
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 —	41	
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	
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					N/A
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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 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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c 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.)

Yes	No	Amount
		N/A

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
		N/A

FILED

BK CH39 PG 691

4 2 10 3 24 5

02263/55115 - WCB/JBP

RECEIVED
STATE OF TENNESSEE
03 JAN 28 AM 9:39
RILEY DARNELL
SECRETARY OF STATE

**ARTICLES OF DISSOLUTION
OF
INTERNATIONAL HEALTH FOUNDATION, INC.**

Pursuant to the provisions of § 48-64-104 of the Tennessee Non-Profit Corporation Act, the undersigned non-profit corporation submits the following Articles of Dissolution:

1. The name of the corporation is International Health Foundation, Inc.
2. The dissolution was authorized on January 7, 2003.
3. The resolution authorizing the dissolution was duly adopted by written consent of the Board of Directors, as the voting members of the Corporation.
4. The written consent of the Board of Directors of the Corporation authorizing the dissolution is attached hereto.
5. Notice to the Attorney General and Reporter, as required in T.C.A. § 48-64-103, has been given.
6. The dissolution of the Corporation shall be effective when the Articles of Dissolution are filed with the Tennessee Secretary of State.

Dated this 23RD day of JANUARY, 2003.

INTERNATIONAL HEALTH FOUNDATION, INC.

By: Bruce Edenton, V. P.
Bruce Edenton, Vice President

State of Tennessee, County of MADISON
Received for record the 07 day of
FEBRUARY 2003 at 3:17 PM. (RECH 2705)
Recorded in Book CH39 pages 691- 691
State Tax \$.00 Clerks Fee \$.00,
Recording \$ 7.00, Total \$ 7.00,
Register of Deeds CURTIS WHITE
Deputy Register LINDA WALDON

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

DATE: 01/28/03
REQUEST NUMBER: 4710-3245
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 01/28/03 0938
EFFECTIVE DATE/TIME: 01/28/03 0938
CONTROL NUMBER: 0160053

TO:
RAINEY KIZER BUTLER REVIERE & BELL PLC
PO BOX 1147
JACKSON, TN 38302-1147

RE:
INTERNATIONAL HEALTH FOUNDATION, INC.
ARTICLES OF DISSOLUTION -PROFIT/NONPROFIT

THIS WILL ACKNOWLEDGE THE FILING OF THE ARTICLES OF DISSOLUTION WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

PLEASE BE ADVISED THAT YOUR CORPORATION WILL REMAIN IN AN ACTIVE STATUS AND WILL BE REQUIRED TO FILE ANY AND ALL ANNUAL REPORTS THAT BECOME DUE PRIOR TO THE FILING OF THE ARTICLES OF TERMINATION IN OUR OFFICE.

THE TENNESSEE DEPARTMENT OF REVENUE HAS BEEN NOTIFIED OF THE FILING OF THIS DOCUMENT IN THAT TAX CLEARANCE MUST BE RECEIVED PRIOR TO TERMINATING CORPORATE EXISTENCE. THAT DEPARTMENT WILL CONTACT YOUR CORPORATION REGARDING REQUIREMENTS.

WHEN THE CORPORATION HAS DISTRIBUTED ALL OF ITS ASSETS IT MUST FILE ARTICLES OF TERMINATION OF CORPORATE EXISTENCE WITH THE SECRETARY OF STATE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION BY THE CORPORATE NAME AND CONTROL NUMBER GIVEN.

PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: ARTICLES OF DISSOLUTION -PROFIT/NONPROFIT

ON DATE: 01/28/03

FROM:
INTERNATIONAL HEALTH FOUNDATION, INC.
BOX 3494

RECEIVED: FEES \$20.00 \$0.00

TOTAL PAYMENT RECEIVED: \$20.00

JACKSON, TN 38303-0000

RECEIPT NUMBER: 00003199773
ACCOUNT NUMBER: 00068778



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

When Revenue Is Paid By Check, This Receipt Is Not Valid Until Check Is Paid By Bank

*** OFFICIAL RECEIPT ***

Receipt Number 2705

MADISON COUNTY REGISTER OF DEEDS
JACKSON, TENN. - FEBRUARY 07, 2003

Received of: RAINEY KIZER BUTLER ETAL

For: CHARTER

Time of Reception: 3:17 PM
Transfer | Mortgage
Item S(a) | Item S(b)

Greater of:
Consideration \$.00
or Value \$.00

Grantor: STATE OF TENNESSEE
Grantee: INTERNATIONAL HEALTH

Paid By: CHECK 4194
Check Amount Received: 7.00
Cash Amount Received: .00
Amount Charged: .00
Amount Refunded/Check #: .00

RECORDING FEES:

Warranty Deed \$.00
Trust Deed \$.00
Certified Copy \$.00
U.C.C. \$.00
Release/Misc Item \$ 5.00
Data Processing Fee \$ 2.00
STATE TAX:
Transfer-S(a) \$.00
Mortgage-S(b) \$.00
Register's Fee \$.00
TOTAL: \$ 7.00

CURTIS WHITE
-----Register-----
LINDA WALDON
-----Deputy Register-----

INSTRUMENT RETURNED TO: RAINEY KIZER BUTLER ETAL



November 7, 2002

BOARD OF DIRECTORS
 William C. Crook, M.D., President
 Bruce Edenton, First Vice President
 Ted Nelson, Treasurer
 Marilyn Ames, Secretary
 Robert Caldwell, CPA
 Allison Climer, DVM
 Sally Ford
 Bruce Herron, M.D.
 Florence Hornsby
 Mrs. Bo (Avery) Lawrence
 Brent Lay, D.Min
 Shylene Mercer

Ted Nelson
 P.O. Box 3608
 Jackson, TN 38303

Dear Ted:

We are all still in shock that Billy Crook is no longer physically walking among us. His legacy and his memories, however still live in our hearts and in the lives of the many people he helped.

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We welcome your thoughts and suggestions. If you are in agreement with the proposed course of action, please sign below and return by mail or fax.

Thank you for all you have given of your time and resources to IHF.

With gratitude,

Bruce

Bruce Edenton, Vice-President
 International Health Foundation

Sounds like a good plan to follow.

Ted Nelson
Elizabeth Crook (gs)

Elizabeth Crook, Co-Executor
 William G. Crook Estate

INTERNATIONAL ADVISORS
 Sally Bunney, England
 Brendan Fitzpatrick, M.D., Ireland
 Jessica Rochester, Ph.D., Canada
 Henk Sanicmann, M.D., Norway
 Mona Tong, Malaysia
 Victoria Vrn Wirt, M.D., Australia



Anything I can do to help, let me know. 664-8948,

November 7, 2002

*Sincerely,
Marilynn*

Marilynn Ames
11 Barrett Place
Jackson, TN 38305

Dear Marilynn:

We are all still in shock that Billy Crook is no longer physically walking among us. His legacy and his memories, however still live in our hearts and in the lives of the many people he helped.

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Bruce

Bruce Edenton, Vice-President
International Health Foundation

Elizabeth Crook (gs)

Elizabeth Crook, Co-Executor
William G. Crook Estate

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November 7, 2002

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Shirley Mercer

Vernessa Davis, M.D.
2815 N. Highland Avenue
Jackson, TN 38305

Dear Vernessa:

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With gratitude,

Bruce

Bruce Edenton, Vice-President
International Health Foundation

Elizabeth Crook

Elizabeth Crook, Co-Executor
William G. Crook Estate

Vernessa Davis, MD



Agreed - please let me know how I can be of assistance. Sincerely, (Elizabeth)

November 7, 2002

Elizabeth Ford
P. O. Box 56
Cedar Grove, TN 38321

Dear Elizabeth:

We are all still in shock that Billy Crook is no longer physically walking among us. His legacy and his memories, however still live in our hearts and in the lives of the many people he helped.

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Elizabeth Crook, Co-Executor
William G. Crook Estate

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- Maria Tong, Malaysia
- Victoria Von Witt, M.D., Australia



November 7, 2002

Curtis Graves
8 O'Keena Dr.
Jackson, TN 38305

Dear Curtis:

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With gratitude,

Bruce Edenton, Vice-President
International Health Foundation

Elizabeth Crook, Co-Executor
William G. Crook Estate

ihfboard110702

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 Brendan Fitzpatrick, M.D., Ireland
 Jessica Rochester, Ph.D., Canada
 Henke Sorenliaman, M.D., Norway
 Marib Tong, Malaysia
 Victoria Van Wer, M.D., Australia



11/7/02 I concur with this course of action.

November 7, 2002

Brent Lay

Brent Lay
36 Sutton Place
Jackson, TN 38305

Our prayers are with the family. Thanks Bruce for always being a friend.

Dear Brent:

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With gratitude,

Bruce

Elizabeth Crook (sp)

Bruce Edenton, Vice-President
International Health Foundation

Elizabeth Crook, Co-Executor
William G. Crook Estate

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 Valerie Von Witt, M.D., Australia



November 7, 2002

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 Shirlene Metzer

Don Lewis, M.D.
1719 N. Highland
Jackson, TN 38301

Dear Don:

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With gratitude,

Bruce

Bruce Edenton, Vice-President
International Health Foundation

Elizabeth Crook (sp)

Elizabeth Crook, Co-Executor
William G. Crook Estate

P O BOX 3494 • JACKSON, TENNESSEE 38303 • FAX 901-660-5029

*Sorry, I've been out of town & just
home! This*

BK CH39 PG 801



November 7, 2002

Shirlene Mercer
528 Magnolia
Jackson, TN 38301

Dear Shirlene:

We are all still in shock that Billy Crook is no longer physically walking among us. His legacy and his memories, however still live in our hearts and in the lives of the many people he helped.

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With gratitude,

Shirlene Mercer

Bruce Edenton, Vice-President
International Health Foundation

Elizabeth Crook, Co-Executor
William G. Crook Estate

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State of Tennessee, County of MADISON
Received for record the 13 day of
MAY 2003 at 3:54 PM. (RECH# 9820)
Recorded in Book CH39 pages 792- 801
State Tax \$.00 Clerks Fee \$.00,
Recording \$ 7.00, Total \$ 7.00,
Register of Deeds CURTIS WHITE
Deputy Register LINDA WALDON

Secretary of State

Division of Business Services

312 Eighth Avenue North

6th Floor, William R. Snodgrass Tower

Nashville, Tennessee 37243

DATE: 05/01/03

REQUEST NUMBER: 4804-0454

TELEPHONE CONTACT: (615) 741-2286

FILE DATE/TIME: 04/30/03 0914

EFFECTIVE DATE/TIME: 04/30/03 0914

CONTROL NUMBER: 0160053

**TO:
RAINEY KIZER REVIERE & BELL PLC
PO BOX 1147**

JACKSON, TN 38302-1147

**RE:
INTERNATIONAL HEALTH FOUNDATION, INC.
ARTICLES OF TERMINATION OF CORPORATE EXISTENCE**

THIS WILL ACKNOWLEDGE THE FILING OF THE ATTACHED DOCUMENT WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: ARTICLES OF TERMINATION OF CORPORATE EXISTENCE

ON DATE: 05/01/03

**FROM:
INTERNATIONAL HEALTH FOUNDATION, INC.
BOX 3494**

JACKSON, TN 38303-0000

**RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00**

**RECEIPT NUMBER: 00003275243
ACCOUNT NUMBER: 00068778**



Riley C. Darnell

**RILEY C. DARNELL
SECRETARY OF STATE**

When Revenue Is Paid By Check, This Receipt Is Not Valid Until Check Is Paid By Bank

*** OFFICIAL RECEIPT ***

Receipt Number 9820

MADISON COUNTY REGISTER OF DEEDS
JACKSON , TENN. - MAY 13, 2003

Received of: RAINEY KIZER BUTLER ETAL

For: CHARTER

Time of Reception: 3:54 PM

Transfer | Mortgage
Item S(a) | Item S(b)

Greater of:

Consideration
or Value \$.00 \$.00

Grantor: STATE OF TENNESSEE

Grantee: INTERNATIONAL HEALTH FOUNDATIO

Paid By: CHECK 4195

Check Amount Received: 7.00

Cash Amount Received: .00

Amount Charged: .00

Amount Refunded/Check #: .00

RECORDING FEES:

Warranty Deed	\$.00
Trust Deed	\$.00
Certified Copy	\$.00
U.C.C.	\$.00
Release/Misc Item	\$	5.00
Data Processing Fee	\$	2.00
STATE TAX:		
Transfer-S(a)	\$.00
Mortgage-S(b)	\$.00
Register's Fee	\$.00
TOTAL:	\$	7.00

CURTIS WHITE

-----Register-----

LINDA WALDON

-----Deputy Register-----

INTERNATIONAL HEALTH FOUNDATION, INC.

EIN 62-1251608

Schedule A, Part III, Question 2C

During the year ended August 31, 2003, International Health Foundation, Inc. received secretarial help from Professional Books, Inc. and reimbursed the company for all hours of help at its cost of \$10244.23.

INTERNATIONAL HEALTH FOUNDATION, INC.
62-1251608

Schedule I, Form 990, Line 16

OTHER EXPENSES

Advertising and Promotions	339
Bank Service Charge	91
Books and Materials	50
Equipment Rental/Lease	86
Meals and Entertainment	254
Office Expense	215
Travel	30
Depreciation Expense	50
Dissolution Expenses-Attorney Fees	2934
Dissolution Expenses-Articles of Dissolution, Termination	54
	4103