

Short Form

OMB No 1545-1150

Form 990-EZ

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)

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form header section containing organization name (International Health Foundation, Inc.), EIN (62-1251608), address (45 Conrad Drive, Jackson, TN 38305), and accounting method (Cash).

Form section containing website information, organization type (501(c)(3)), and gross receipts information (\$55,791).

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

Table with 21 rows detailing revenue (Total: 55,791) and expenses (Total: 53,130), resulting in net assets of 11,310 at the end of the year.

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

Table with 7 rows showing balance sheet details for beginning and end of year, including cash, land, office equipment, and total assets/liabilities.

SCANNED DEC 03 2001

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)

What is the organization's primary exempt purpose? Phonduy info Re health disorders

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

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	To provide information to relieve suffering by people with yeast-related health disorders and for allergies. This is done thru printed materials (including Books, Booklets, Compendia of) (Grants \$ 10,000)	28a 52830
29	Articles + packets of information, Announcements (calls on a weekly basis, members, etc. phone calls, etc. of info; and direct mail. Printed materials were sent to approximately (Grants \$)	29a
30	659 individuals for year 9/1-31/02.	
		(Grants \$) 30a
31 Other program services (attach schedule)		(Grants \$) 31a
32 Total program service expenses (add lines 28a through 31a)		32 52830

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 William G Cook 45 Conrad Dr. Jackson TN 38305	President	N/A	N/A	N/A
Bruce Edelman Box 3102 Jackson, TN 38303	V.P. & Director Treasurer & Director	?	?	?

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		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice reporting and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		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	N/A
b Did the organization file Form 1120-POL for this year?		N/A
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
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	N/A	
section 4912	N/A	
section 4955	N/A	
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	International Heart Foundation	Telephone no
Located at	45 Conrad Drive, Jackson, TN	ZIP + 4
		38305
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year	43	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 (other than officer) is based on all information of which preparer has any knowledge

Date

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

2001

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 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>N/A</i>	<i>None</i>			
Total number of other employees paid over \$50,000 ▶	<i>N/A</i>			

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>N/A</i>		
Total number of others receiving over \$50,000 for professional services ▶	<i>N/A</i>	

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) 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		X
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 Expenses</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
Note 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)(1)(A)(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)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees, and gross receipts from activities related to its charitable etc functions—subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and 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	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28)	43025	28132	17103	30885	119745
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	12699	16792	12175	10062	51728
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	67	965	4264	6934	12230
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	55791	45889	34147	47222	183703
24 Line 23 minus line 17	43092	29097	21972	37160	131975
25 Enter 1% of line 23	558	459	341	472	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 2640
	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 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b 24620
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 131975
	d Add Amounts from column (e) for lines 18 12230 19 0 22 0 26b 2640				26d 14870
	e Public support (line 26c minus line 26d total)				26e 117105
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 88 %
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)	
		NIA			
	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 _____ 21 _____				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 1997 through 2000, prepare a list for your records to show for each year the name of the contributor the date and amount of the grant and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

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

NIA

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions programs and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If Yes please describe if 'No,' please explain (If you need more space attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body faculty and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
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		

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

Employer identification number

International Health Foundation, Inc.

62-1201-08

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 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

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

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

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 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 1257608

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 10,000.	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>		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ 5,000.	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)

Name of organization

International Health Foundation, Inc.

Employer identification number

62-1251608

Part II Noncash Property (See Specific Instructions)

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

Name of organization

Employer identification number

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

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—		n/A	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

IHF BOARD OF DIRECTORS ADDRESSES

William G Crook, M D
45 Conrad Drive
Jackson, TN 38305

Bruce Edenton
1104 N Parkway
Jackson, TN 38301

Ted Nelson
P O Box 3608
Jackson, TN 38303

Marilynn Ames
11 Barrett Place
Jackson, TN 38305

Vernessa Ekelem, M D
2815 N Highland Avenue
Jackson, TN 38305

Elizabeth Ford
P O Box 56
Cedar Grove, TN 38321

Curtis Graves
8 O'Keena Dr
Jackson, TN 38305

Brent Lay
36 Sutton Place
Jackson, TN 38305

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

Shirlene Mercer
528 Magnolia
Jackson, TN 38301

INTERNATIONAL HEALTH FOUNDATION, INC

62-1251608

Schedule I, Form 990, Line 16
Other Expenses

Advertising and Promotions	753
Automobile Expense	45
Bank Service Charges	221
Books and Materials	97
Equipment Rental/Lease	380
License and Permits	170
Meals and Entertainment-Conference	357
Miscellaneous	345
Office Supplies	2337
Reimbursed Expenses	641
Travel-Conference	183
Computer Supplies	102
Depreciation Expense	300
Total Other Expenses	5931

INTERNATIONAL HEALTH FOUNDATION, INC

62-1251608

Schedule A, Part III, Question 2 C

During the year ended August 31, 2002, International Health Foundation, Inc received secretarial help from Professional Books, Inc and reimbursed the company for all hours of help at its cost of \$27,418 90