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 private foundations) Do not enter Social Security numbers on this form as it may be made public.

2013

OMB No. 1545-1150

Open to Public Inspection

Form 990-EZ (2013)

Department of the Treasury Internal Revenue Service

HTA

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Description Control	Α	For t	the 2013 cale	dar year, or tax year beginning	, and ending		
Number and stated (or PC) box, firmal is not delivered its storest addictors) Roombasta 20-1071085 Polephone number	В	7		C Name of organization		D Employer identifi	cation number
Positive	<u> </u>	_ Addre	ss change				
Do BOX <24 Subte ZiP coxe Elegations number Foliage protein Foliage pro	_	Name	change	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	20-10	71085
Amender return Application pending Territorium returns Foreign province/bitalleteourity Foreign postal cade F Group Exemption Number ▶	L	Initial	return	P.O. BOX 424			·· -
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Application pending Fuerigin country name Foreign province/assate/country Foreign postal code Accounting Method: X Cash Accrual Other (specify) In Wobsite: P WWW IOTAL HEALTHHONDURAS.ORG J Tax-assempt status (cook only one) — X 551 (c)(3) Sotie) 3 Sotie) 4 Add Interest no. J 4447(a)(1) or J 577 K Form of organization: X Corporazion Trust Association Dure L Add Interest No. J Interest no. J 4447(a)(1) or J 577 K Form of organization: X Corporazion Trust Association Dure L Add Interest No. J 10 Interest no. J 4447(a)(1) or J 577 K Form of organization: X Corporazion Trust Association Dure L Add Interest No. J 10 Interest no. J 4447(a)(1) or J 577 K Form of organization: X Corporazion Trust Association Dure L Add Interest No. J 10 Interest no. J 4447(a)(1) or J 577 K Form of organization Used Organization State Interest No. J 4447(a)(1) or J 577 Part II Column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		Amend	ded return	LEWIS CENTER OH	13035		
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Accounting Method: Cash Account Activation Account Activation Accounting Method: Accounting Method: Activation Act		-	SAND COOKS - MARKEY CONSIDERAL		ordigii postar code		м
Website: ▶ WWW TOTAL HEALTHHONDURAS ORG 1	_	-				2000	
Tax exempt status (check only one)	G				Н	Check ► if the	organization is
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Revenue Form of organization: X Corporation Trust Association Other	J	Tax-exe	empt status (che	ck only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947	7(a)(1) or 527	(Form 990, 990-EZ	, or 990-PF).
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	K	Form	of organization				
Part							
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Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 24 275	ļ	11	Benefits pai	to or for members		10	134,1/8
Professional fees and other payments to independent contractors 13 270 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 22 275	S		Salaries, oth	er compensation, and employee benefits		11	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 22 275	SE		Professiona	fees and other navments to independent contractors		12	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 22 275	e		Occupancy	rent utilities and maintenance		13	270
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 22 275	X		Printing, put	lications postage and shipping		14	
17 Iotal expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 22 23 25			Other exper	ses (describe in Schedule O)		15	
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). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20 18 -33,297 19 57,572 20 21 21 22 21 22 23 25 26 27 28 29 20 21 21 22 23 24 275			Total expen	ses. Add lines 10 through 16		16	
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). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 22 275	()	100000	Excess or (c	eficit) for the year (Subtract line 17 from line 0)	* * * * * * * * *	P 17	
1 21 Not assets of fund balances at end of year. Combine lines 18 through 20	Set		Net assets of	r fund balances at beginning of year /from line 27, solver (4)\/	uot sames 22	18	-33,297
1 21 Not assets of fund balances at end of year. Combine lines 18 through 20	155	1000	end-of-vear				
1 21 Not assets of fund balances at end of year. Combine lines 18 through 20	17.	20	Other chang	es in net assets or fund balances (cynlain in Sabadula O)	10 K V (20 2 U 20	19	57,572
For Paperwork Reduction Act Notice, see the separate instructions	ž		Net assets of	r fund balances at end of year. Combined lines 19 through 20		20	
	For		work Reduction	on Act Notice, see the senarate instructions			

	Check if the organization used Schedule O to	Participant of the Control of the Co	4 30	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			57,968	3 22	24,275
23	Land and buildings			31,333	23	21,270
24	Other assets (describe in Schedule O)			-	24	
25	Total assets			57,968	25	24,275
26	Total liabilities (describe in Schedule O)			396		
27	Net assets or fund balances (line 27 of column (B) must agree with line 2	1)	57,572	27	24,275
C	till Statement of Program Service Accomplis					Expenses
	Check if the organization used Schedule O		The second second second			quired for section (c)(3) and 501(c)(4)
	t is the organization's primary exempt purpose?	Volunteer medical care 8	& funding		orga	anizations and section
Des	cribe the organization's program service accomplish	ments for each of its thre	e largest program sei	vices,		7(a)(1) trusts; optional others.)
as II	easured by expenses. In a clear and concise mann ons benefited, and other relevant information for ea	er, describe the services	provided, the number	of		
28	Support and provide professional medical care to in	on program title.			ļ	<u> </u>
	Honduras through volunteer medical professionals,					100
	operating expenses, funding other local profession					
		nt includes foreign grants,	· - · · · · · · · · · · · · · · · · · ·	▶ □	28a	142 644
29	Support and provide professional medical care to in	nproverished at La Cienb			Zoa	143,641
	Honduras through volunteer medical professionals,		a 		ŧ.	
	operating expenses, funding other local profession		ng			
	(Grants \$) If this amour	nt includes foreign grants,	check here	•	29a	
30	~					
¥						
3				ELEMENT OF THE PROPERTY OF THE		
	(Grants \$) If this amour	nt includes foreign grants,	check here	🕨 🔲	30a	
31	Other program services (describe in Schedule O) .	E 1, 1, 1 2 7, 1 4 4 4				
	(Grants \$) If this amour	nt includes foreign grants.	check here	_ 1		
32	🖚 alima 🛊 na amaga ang ang ang ang ang ang ang ang ang		CHECKTICIE	<u> </u>	31a	(<u> </u>
6	Total program service expenses. (add lines 28a th	nrough 31a)	N 2 2 28 2 2 2		32	143 641
Pa	List of Officers, Directors, Trustees, and F	nrough 31a)	one even if not compe	nsated – see the ins	32 structio	143,641
Pa	Total program service expenses. (add lines 28a to the IV) List of Officers, Directors, Trustees, and Proceedings of the Organization used Schedule Otto	nrough 31a)	one even if not compe n in this Part IV	nsated – see the ins	32 structio	143,641
Pa	List of Officers, Directors, Trustees, and F	nrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641
Pai	Check if the organization used Schedule O t (a) Name and title	Arough 31a) Key Employees (list each orespond to any question (b) Average hours per week	one even if not compete in this Part IV (c) Reportable compensation	nsated – see the ins (d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Pai Jay I	Check if the organization used Schedule O t (a) Name and title	(b) Average hours per week devoted to position	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I	Check if the organization used Schedule O t (a) Name and title	Arough 31a) Key Employees (list each orespond to any question (b) Average hours per week	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Pres John	Check if the organization used Schedule O t (a) Name and title . Martin dent	(b) Average hours per week devoted to position	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay E Pres John Treas	Check if the organization used Schedule O t (a) Name and title i. Martin dent J. Flinn	(b) Average hours per week devoted to position	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Pres John Treas Gary	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander	(b) Average hours per week devoted to position	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay E Pres John Treas Gary Direc	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander	(b) Average hours per week devoted to position Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Pres John Freas Direc Dago	Check if the organization used Schedule O t (a) Name and title i. Martin dent J. Flinn surer Alexander tor	(b) Average hours per week devoted to position Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Pres John Treas Gary Direc Dago Direc Rich	Check if the organization used Schedule O t (a) Name and title i. Martin dent J. Flinn surer Alexander tor Irias tor Rudolph	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Pres John Treas Dago Direc Rich	Check if the organization used Schedule O t (a) Name and title i. Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Press John Treas Sary Direct Rich Direct Tony	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each orespond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Press John Treas Sary Direct Rich Direct Tony	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each orespond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Press John Treas Sary Direct Rich Direct Tony	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each orespond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Press John Treas Sary Direct Rich Direct Tony	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each orespond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
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Jay I Press John Treas Dago Direc Rich Direc	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Press John Treas Dago Direc Rich Direc	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Press John Treas Dago Direc Rich Direc	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Press John Treas Dago Direc Rich Direc	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Pres John Trea Gary Direc Dago Direc Rich	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Presson John Jago Direction	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)
Jay I Press John Treas Sary Direct Rich Direct Tony	Check if the organization used Schedule O t (a) Name and title Martin dent J. Flinn surer Alexander tor Irias tor Rudolph tor O'Neal Pierson	Arrough 31a) Key Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health beneficontributions to employee benefit pl	32 struction ts	143,641 ons for Part IV)

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this Pa	art V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O.	33		X
J~	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	1 24		V
35 a		34		X
00 4	activities (such as those reported on lines 2, 6a, and 7a, among others)?	250		_v
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		77.5
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		
38 a	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 outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	- Journal of the state of the s			
b 40 a	Gross receipts, included on line 9, for public use of club facilities			
40 a	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
-	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	Essentia	Prinist	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100		
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
.12	transaction? If "Yes," complete Form 8886-T.	40e	2 55	X
41	List the states with which a copy of this return is filed. ► OH			
42 a	The organization's books are in care of ► John J. Flinn Telephone no. ►	954-6	14-215	4
	Located at ► 7212 Walipepper Court City Westerville ST OH ZIP + 4 ► 430	82		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
42				
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			
44 a	Did the examination registric and the state of the state		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
h	completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		Х
IJ	completed instead of Form 900 FZ			
С	completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?	44b		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		Χ
•	explanation in Schedule O	444		Certifi Certifi
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	_	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		^
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		X
		Form 9	90-EZ	

Form 9	90-EZ (2013) TOTAL HEALTH				20-1071085 Page 4
		Total Statement of the	APPL 1227420 00 00 10 L00200 00 00		Yes No
46	Did the organization engage, directly or indire	ctly, in political campaign a	ctivities on behalf of or i	n opposition	
D. (to candidates for public office? If "Yes," compl	ete Schedule C, Part I		<u> </u>	. 46 X
Part			47 401 1 50	5 3 32 2 27	27 17
	All section 501(c)(3) organizations 50 and 51.	must answer questions	47–49b and 52, and	complete the table	es for lines
	Check if the organization used Sch	andula O to respond to	any augetion in this D	ort \/I	_
-	- Gricok ii the organization used Ger	reduie O to respond to a	question in this P	arivi,	
					Yes No
47	Did the organization engage in lobbying activi	ties or have a section 501(h) election in effect durir	ig the tax	
40	year? If "Yes," complete Schedule C, Part II.				. 47 X
48	Is the organization a school as described in se	ection 1/0(b)(1)(A)(ii)? If "Y	es," complete Schedule	E	. 48 X
49 a	Did the organization make any transfers to an	exempt non-charitable rela	ated organization?		49a X
b	If "Yes," was the related organization a section	1 52/ organization?			. 49b
50	Complete this table for the organization's five	nighest compensated emp	loyees (other than office	rs, directors, trustees	and key
	employees) who each received more than \$10	UU,UUU of compensation fro	m the organization. If th	ere is none, enter "No	ne."
	tol Name and title of analysis and	(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimated amount of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	other compensation
100	None			compensation	
					
Title Name	· · · · · · · · · · · · · · · · · · ·	Hr/WK		<u> </u>	
Title					
Name	······································	Hr/WK			
Title		···- Hr/WK			
Name		THI/VVIC			
Title		 Hr/WK			
Name		111/1/1/		<u> </u>	
Title	·~	Hr/WK			
f	Total number of other employees paid over \$1		D		
51	Complete this table for the organization's five		pendent contractors who	each received more	than
	\$100,000 of compensation from the organizat	tion. If there is none, enter	"None."	caon received more	tiaii
	(a) Name and business address of each indeper				200_ 000
		THE CONTRACTOR	(b) Type of service	e (0	c) Compensation
	None Str				
City	ST	ZIP			
Name	Str		-		
City	ST ST	ZIP			
Name	Str .				
City	ST	ZIP			<u> </u>
Name	Str		-		
City	ST St	ZIP			
Name	Str		-		
City d	Total number of other independent contractors	ZIP	000		
52	Did the organization complete Schedule A? No	teach receiving over \$100,	000	(4)	
-	nonexempt charitable trusts must attach a com	ne. All section 50 n(c)(3) on inleted Schedule A	ganizations and 4947(a)	(1)	voo □ No
		The state of the s		<u> </u>	► X Yes No
rue, cor	enalties of perjury, I declare that I have examined this return, rrect, and complete. Declaration of preparer (other than office	including accompanying schedule er) is based on all information of wh	s and statements, and to the be	est of my knowledge and be	lief, it is
2			The parer has any knowledge	. Т	
Sign	Signature of officer				
Here	Light and of onlocal			Date	
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid	CHERYLL NOWE CRA	Keust		Check X	if
Prep	arer Firm's name A CHERVI I NOWE		D. JourscPA6/1	10 1000	[P00064866
Use (Only Firm's address ► 5263 BAYPOINTE D			Firm's EIN ►	10) 047 5400
May th	ne IRS discuss this return with the preparer sho			······································	40) 917-5433
	The state and total in the proparer 3/10	above : Oee mandelidh	· · · · · · · · · · · · · · · · · · ·	<u> </u>	► X Yes No
					Form 990-EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Employer identification number

		EALTH									071085	i.	
	rt i	Reasor	n for Public C	harity Status (All or	ganizatio	ons must	complet	te this pa	ırt.) See	instructio	ons.		
10020	orgar	nization is no	t a private found	ation because it is: (Fo	r lines 1 tl	nrough 11,	check or	ily one bo	x.)			855	
1	Щ			rches, or association o			d in secti	on 170(b)	(1)(A)(i).				
2		A school de	scribed in sectio	on 170(b)(1)(A)(ii). (Att	ach Sche	dule E.)							
3		A hospital o	r a cooperative h	nospital service organiz	zation des	cribed in s	ection 17	70(b)(1)(A)(iii).				
4	Ш		esearch organiza ame, city, and sta	ation operated in conjui ate:	nction with	n a hospita	al describe	ed in sect i	ion 170(b)(1)(A)(iii). Enter	the	
5		An organizatin section 1	tion operated fo 70(b)(1)(A)(iv).	r the benefit of a colleg (Complete Part II.)	e or unive	ersity owne	ed or oper	ated by a	governme	ental unit	describe	∍d	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	П					mplete Pa	art II.)						
9	X	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.) 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 exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)											
10									3.5				
11 e		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section											
f			section 509(a)(2	00.500.00				N 100000 AND					
-		organization	zation received a , check this box	a written determination			is a Type	I, Type II,	or Type I	II supporti	ing		10
g				the organization accep	 ted anv di		bution fro	m any of	tha				L
-		following per	rsons?	and organization docep	ted arry gr	iit Or Contin	DULION NO	illi ariy or	ule				
				or indirectly controls, e	ither alon	e or togeth	ner with p	ersons de	scribed in	(ii)		Yes	No
		and (ii	ii) below, the gov	erning body of the sup	ported or	ganization	?				11g(i)	1.00	
		(ii) A fam	i) A family member of a person described in (i) above?								No.		
h		(iii) A 35%	controlled entity	y of a person described	d in (i) or (ii) above?					11g(iii)		
<u>h</u>	Name -			ation about the support	5.3						1		**
(1)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	(iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support?		(vi) is the organization in col. (i) organized in the U.S.?		(vii) Amount of moner support		onetary	
					Yes	No	Yes	No	Yes	No			
A)													
B)	14400-10												
٠,													
C)													· · ·
D)												-	
E)												_	
otal		- 10											

Par	t II Support Schedule for Organiza	tions Describ	oed in Section	ns 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi))			
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)									
	Part III. If the organization fails to	qualify under	the tests liste	ed below, plea	ase complete	Part III.)				
Sec	tion A. Public Support				,					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and			7.70		` '				
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organization's		77 3 48		-	-				
	benefit and either paid to or expended on									
	its behalf									
3	The value of services or facilities						72			
	furnished by a governmental unit to the									
	organization without charge				5355					
4	Total. Add lines 1 through 3				200		<u>.</u>			
5	The portion of total contributions by each						A .			
	person (other than a governmental unit									
	or publicly supported organization)									
	included on line 1 that exceeds 2%									
	of the amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
	tion B. Total Support			39.3						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4		<u> </u>	8-30 <u>-0</u>	59					
8	Gross income from interest, dividends,									
	payments received on securities loans,					1				
	rents, royalties and income from similar									
.1	sources			<u> </u>	× ×					
9	Net income from unrelated business									
	activities, whether or not the business is			*						
40	regularly carried on				·					
10	Other income. Do not include gain or			200	50					
	loss from the sale of capital assets									
44	(Explain in Part IV.)									
11 12	Total support. Add lines 7 through 10.									
13	Gross receipts from related activities, etc. (se	e instructions) .			5 A 35 5 A	12	-			
15	First five years. If the Form 990 is for the organization, check this have and stan have	ganization's first	, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)				
Cast	organization, check this box and stop here.			<u> </u>			<u> </u>			
	ion C. Computation of Public Support	Percentage	100				-			
14 15	Public support percentage for 2013 (line 6, co	olumn (t) divided	by line 11, col	umn (f))		14	7.			
16a	Public support percentage from 2012 Schedu	lie A, Paπ II, line	914			15				
IVa	33 1/3% support test—2013. If the organization qualifies are	tion at a not chec	ck the box on lit	ne 13, and line	14 is 33 1/3% c	or more, check th	nis box			
b	and stop here. The organization qualifies as	a publicly suppo	oπed organizati	on			▶ 🔲			
	33 1/3% support test—2012. If the organization qualified	s ac a publicly c	ok a box on line	13 or 16a, and	l line 15 is 33 1/	/3% or more, che	eck this			
17a	box and stop here . The organization qualifies	s as a publicly s	upported bigan	ization			. ▶ 🔃			
114	10%-facts-and-circumstances test—2013.	if the organization	on did not chec	k a box on line	13, 16a, or 16b	, and line 14				
	is 10% or more, and if the organization meets	s the "facts-and-	circumstances'	test, check this	s box and stop	here. Explain in				
	Part IV how the organization meets the "facts	-and-circumstar	nces" test. The	organization qu	ialifies as a pub	licly supported	P			
b	organization.						▶ ∐_			
D	10%-facts-and-circumstances test—2012.	ii the organizatio	on aid not chec	k a box on line	13, 16a, 16b, o	r 17a, and line				
	15 is 10% or more, and if the organization me	ets the "facts-al	na-circumstand	es" test, check	this box and st	op here. Explai	in in			
	Part IV how the organization meets the "facts supported organization."	-and-circumstar	ices" test. The	organization qu	ialifies as a pub	licly				
ıο	supported organization			A STATE OF THE STA			▶∐			
18	Private foundation. If the organization did no instructions	ot check a box o	n line 13, 16a,	16b, 17a, or 17	b, check this bo	ox and see				
-	instructions	<u>, , , , , , , , , , , , , , , , , , , </u>		0 0 2 0 2 2		<u> </u>	▶ 🗌			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	200	,			* "	3 1 (5)
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		~ ~~	2000			
17.1	received. (Do not include any "unusual grants.")	106,989	137,657	191,610	111,097	113,486	660,839
2	Gross receipts from admissions, merchandise		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101,010	111,001	110,400	000,000
	sold or services performed, or facilities furnished	í					
	in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		**	36.3			
	unrelated trade or business under section 513.		30				
4	Tax revenues levied for the organization's	200	****				···
	benefit and either paid to or expended on						
-	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	106,989	127 657	101.010	444.007	440 400	222 222
7a	Amounts included on lines 1, 2, and 3	100,909	137,657	191,610	111,097	113,486	660,839
·u	received from disqualified persons	9,700	11,050	32,525		2	E2 27E
b	Amounts included on lines 2 and 3 received	0,700	11,030	52,020			53,275
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b	9,700	11,050	32,525	76_8 — 8	-	53,275
8	Public support (Subtract line 7c from						
	line 6.)						607,564
	tion B. Total Support				38		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	106,989	137,657	191,610	111,097	113,486	660,839
10a	Gross income from interest, dividends,		,			1.0,100	000,000
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	*					
_	acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
1.1	activities not included in line 10b, whether]	1		
	or not the business is regularly carried on	ľ		1			
12	Other income. Do not include gain or	-			0		
	loss from the sale of capital assets		İ				
	(Explain in Part IV.)				*		
13	Total support. (Add lines 9, 10c, 11,	3/8				-	
	and 12.)	106,989	137,657	191,610	111,097	113,486	660,839
14	First five years. If the Form 990 is for the organization	tion's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here						▶ □
	ion C. Computation of Public Support F	Percentage					
15	Public support percentage for 2013 (line 8, column (f) divided by line	13, column (f)) .			15	91.94%
16	Public support percentage from 2012 Schedule A, P	art III, line 15	<u> </u>	<u> </u>	* * * * *	16	91.93%
	ion D. Computation of Investment Inco	me Percentag	ge				
17	Investment income percentage for 2013 (line 10c, co	olumn (f) divided l	by line 13, colun	nn (f))		17	-
18 100	Investment income percentage from 2012 Schedule	A, Part III, line 17	7		[18	
19a	33 1/3% support tests—2013. If the organization of	iid not check the i	box on line 14, a	ınd line 15 is mor	e than 33 1/3%,	and line 17 is	
b	not more than 33 1/3%, check this box and stop her	re. The organizat	ion qualifies as a	a publicly support	ed organization		▶ [X]
U	33 1/3% support tests—2012. If the organization d line 18 is not more than 33 1/3%, check this box and	iiu iiut check a bo	x on line 14 or li	ne 19a, and line	16 is more than	33 1/3%, and	. —
20	Private foundation. If the organization did not show	de la la la constanta de la co	organization qua	annes as a public	y supported org	anization	▶ ∐
	Private foundation. If the organization did not chec	n a box on line 14	4, 19a, or 19b, c	neck this box and	I see instruction	S	▶

Schedule A (Form 9	990 or 990-EZ) 2013	TOTAL HEAL	ΤΗ		20-1071085	Page 4
Part IV	Supplemental	Information.	Provide the explanations required by	Part II line 10: Pa	ort II line 17a or 1	7h
	and Part III line	12 Also com	plete this part for any additional infor	mation (Socinate	uctions)	<i>1</i> D,
		12.7100 0011	piece the part for any additional into	mation. (See instit	actions).	
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				total personal residence of		
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			2000			