

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 2005 calendar year, or tax year beg. JULY 01, 2005, & end. JUNE 30, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: FULLNESS OF LIFE HEALTH FOUNDATION. D Employer identification number: 20-2571096. E Telephone number: (602) 569-4144. F Group Exemption Number.

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: X Cash, Accrual Other (specify).

I Website: N/A. H Check if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF). J Organization type: X 501(c)(3), 4947(a)(1) or 527.

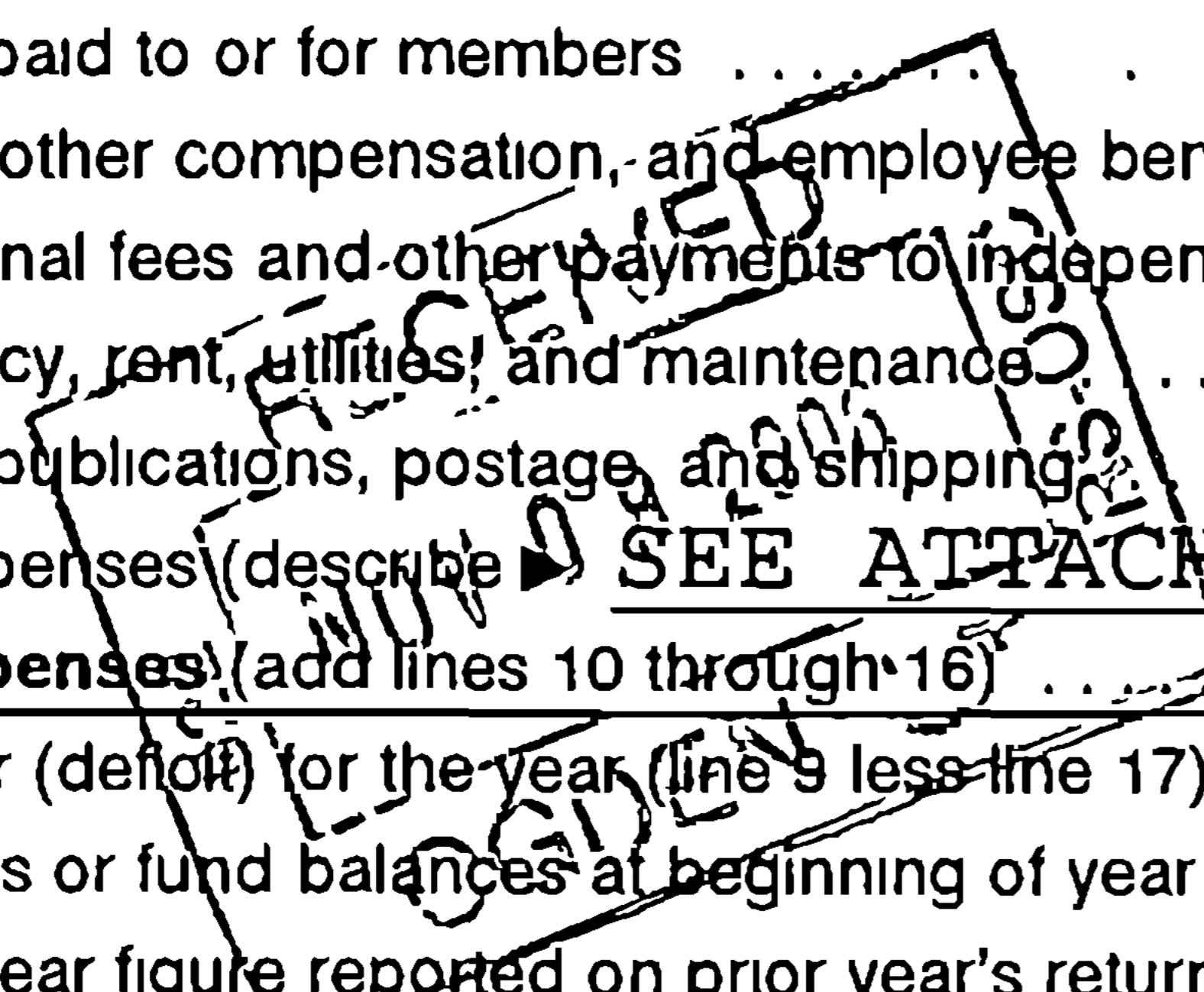
K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

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. \$ 42,263

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

SCANNED DEC 01 2006

Table with columns for Revenue (lines 1-9), Expenses (lines 10-17), and Assets (lines 18-21). Total revenue is 42,263. Total expenses are 4,453. Net assets at end of year are 37,810.



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 for Balance Sheets with columns (A) Beginning of year and (B) End of year. Total assets at end of year are 38,893. Total liabilities are 1,083. Net assets at end of year are 37,810.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2005)

| | | | |
|---|---|---|----------|
| Part III Statement of Program Service Accomplishments (See instructions) | | Expenses | |
| What is the organization's primary exempt purpose? SEE ATTACHMENT #3 | | (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others) | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title | | | |
| 28 | | | |
| (Grants \$) | If this amount includes foreign grants, check here | 28a | |
| 29 | | | |
| (Grants \$) | If this amount includes foreign grants, check here | 29a | |
| 30 | | | |
| (Grants \$) | If this amount includes foreign grants, check here | 30a | |
| 31 | Other program services (attach schedule) | | |
| (Grants \$) | If this amount includes foreign grants, check here | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 0 |

| 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 & average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred comp. | (E) Expense account and other allowances |
| SEE ATTACHMENT #4 | | | | |

| | | | | |
|--|--|-----|------------|-----------|
| Part V Other Information (Note the attachment requirement in General Instruction V) | | | 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. | 33 | | 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 | 34 | | 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? | 35a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | X |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | 37a | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | X |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | | |
| 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 ; section 4912 ; section 4955 | | | |
| 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 | 40b | | X |
| c | Enter amount of tax imposed on organization managers or disqualified persons during year under sections 4912, 4955, and 4958 | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization | | | |

Part V Other Information (Note the attachment requirement in General Instruction V) (Continued)

- 41 List the states with which a copy of this return is filed ▶ AZ
- 42a The books are in care of ▶ SEE ATTACHMENT #5 Telephone no. ▶ _____
 Located at ▶ _____ ZIP + 4 ▶ _____
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

| | | |
|-----|-----|----|
| | YES | NO |
| 42b | | X |

 If "Yes," enter the name of the foreign country. ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22 1
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?

| | | |
|-----|-----|----|
| | YES | NO |
| 42c | | X |

 If "Yes," enter the name of the foreign country ▶ _____
- 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 ▶ 43

Please Sign Here

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.

▶ [Signature] 10/11/04
 Signature of officer Date

▶ Santo Prato President
 Type or print name and title.

Paid Preparer's Use Only

| | | | |
|---|---------------------|--|---|
| Preparer's signature ▶ <u>[Signature]</u> | Date <u>9-27-06</u> | Check if self-employed ▶ <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. W) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>CHRISTOPHER M BRAINARD CPA</u> | | EIN ▶ _____ | |
| ▶ <u>6241 E FRIESS DRIVE</u> | | Phone no ▶ _____ | |
| ▶ <u>SCOTTSDALE AZ 85254</u> | | ▶ <u>480-483-6144</u> | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information -- (See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization
FULLNESS OF LIFE HEALTH FOUNDATION

Employer identification number
20-2571096

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 empl benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |

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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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 |
|---|---------------------|------------------|
| NONE | | |

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See instructions)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |

Total number of other contractors receiving over \$50,000 for other services ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

| Part III Statements About Activities (See 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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) | | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) | | |
| a | Sale, exchange, or leasing of property? | 2a | X |
| b | Lending of money or other extension of credit? | 2b | X |
| c | Furnishing of goods, services, or facilities? | 2c | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e | Transfer of any part of its income or assets? | 2e | X |
| 3a | Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) | 3a | X |
| b | Do you have a section 403(b) annuity plan for your employees? | 3b | X |
| c | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | 3c | X |
| 4a | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4a | X |
| b | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | X |

Part IV Reason for Non-Private Foundation Status (See 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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

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

BOOKS ARE IN CARE OF

ATTACHMENT 5 - 990-EZ PAGE 3, PART V, LINE 42A

For calendar year 2005 or tax period beginning 07-01, and ending 06-30-2006.

| | |
|---|---|
| Name of Organization FULLNESS OF LIFE HEALTH FOUNDATION | Employer Identification Number 20-2571096 |
|---|---|

Part V - Line 42a

Individual Name CHRIS BRAINARD, CPA

or
Business Name:

Street Address 6241 E FRIESS DR

U.S. Address:

Zip code 85254 City SCOTTSDALE State AZ

Foreign Address

City

Province or State

Country

Postal code

Phone Number (480) 483-6144