

Return of Organization Exempt From Income Tax

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)

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization OUR HEALTH, INC.		D Employer identification number 54-1972659
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 329 NORTH CAMERON		E Telephone number 540-536-1600
		City or town, state or country, and ZIP + 4 WINCHESTER, VA 22601		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify)
		* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**

G Website: **N/A**

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

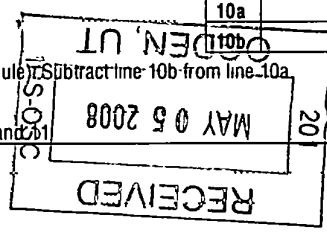
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **700,181.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	319,986.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	259,818.	
	e	Total (add lines 1a through 1d) (cash \$ 324,804. noncash \$ 255,000.)	1e		579,804.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		35,171.
	5	Dividends and interest from securities	5		
	6a	Gross rents SEE STATEMENT 1	6a	85,206.	
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		85,206.	
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		8d
		(B) Other	8b		
b	Less: cost or other basis and sales expenses	8c			
c	Gain or (loss) (attach schedule)				
d	Net gain or (loss). Combine line 8c, columns (A) and (B)				
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold				
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	700,181.
Expenses	13	Program services (from line 44, column (B))	13	600,888.	
	14	Management and general (from line 44, column (C))	14	100,281.	
	15	Fundraising (from line 44, column (D))	15	35,994.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		737,163.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	<36,982.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,859,590.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		4,822,608.



SCANNED JUN 06 2008

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 18,000, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22b	18,000.	18,000.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	212,888.	160,435.	46,476.	5,977.
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28	49,187.	34,234.	13,204.	1,749.
29 Payroll taxes 29				
30 Professional fundraising fees 30	18,591.	7,994.		10,597.
31 Accounting fees 31	9,559.	643.	8,883.	33.
32 Legal fees 32				
33 Supplies 33	2,926.	2,037.	785.	104.
34 Telephone 34	17,793.	12,385.	4,776.	632.
35 Postage and shipping 35				
36 Occupancy 36	35,775.	33,436.	2,339.	
37 Equipment rental and maintenance 37	34,995.	33,945.	1,050.	
38 Printing and publications 38	792.	551.	213.	28.
39 Travel 39	5,718.	3,980.	1,535.	203.
40 Conferences, conventions, and meetings 40				
41 Interest 41	1.		1.	
42 Depreciation, depletion, etc. (attach schedule) 42	108,401.	105,149.	3,252.	
43 Other expenses not covered above (itemize). a _____ 43a b _____ 43b c _____ 43c d _____ 43d e _____ 43e f _____ 43f g SEE STATEMENT 2 43g	222,537.	188,099.	17,767.	16,671.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	737,163.	600,888.	100,281.	35,994.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>IMPROVEMENT OF COMMUNITY HEALTH THROUGH COORDINATION WITH PROVIDERS AND PROVIDING SPACE FOR SERVICES.</u> 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	600,888.
b 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	600,888.

Form 990 (2007)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	308,932.	332,016.
	46 Savings and temporary cash investments	597,074.	701,353.
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable	135,200.	
	b Less allowance for doubtful accounts	5,007.	
	49 Grants receivable	6,457.	3,750.
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	3,441.	3,441.
	54 a Investments - publicly-traded securities		
	b Investments - other securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less accumulated depreciation		
	56 Investments - other		
	57 a Land, buildings, and equipment: basis	4,143,631.	
b Less: accumulated depreciation	463,676.		
58 Other assets, including program-related investments (describe ► SEE STATEMENT 5)	90,766.	16,197.	
59 Total assets (must equal line 74). Add lines 45 through 58	4,882,336.	4,866,905.	
Liabilities	60 Accounts payable and accrued expenses	16,535.	40,141.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ► PREPAID RENTS)	6,211.	4,156.
66 Total liabilities. Add lines 60 through 65	22,746.	44,297.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	4,795,567.	4,716,500.
	68 Temporarily restricted	64,023.	106,108.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,859,590.	4,822,608.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,882,336.	4,866,905.	

Form 990 (2007)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	682,181.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	682,181.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): SEE STATEMENT 6	d2	18,000.
	Add lines d1 and d2	d	18,000.
e	Total revenue (Part I, line 12) Add lines c and d	e	700,181.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	719,163.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	719,163.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): SEE STATEMENT 7	d2	18,000.
	Add lines d1 and d2	d	18,000.
e	Total expenses (Part I, line 17) Add lines c and d	e	737,163.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED LIST				
	0.00	0.	0.	0.

Part V-A	Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>15</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)			
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI	Other Information (See the instructions.)	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ <u>N/A</u> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures (See line 81 instructions.) 81a <u>0.</u>	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	0
91 a	The books are in care of <u>DAVID ZIEGLER</u> Telephone no. <u>540-536-1600</u> Located at <u>329 N CAMERON STREET, WINCHESTER, VA</u> ZIP + 4 <u>22601</u>		
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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 Yes No

and enter the amount of tax-exempt interest received or accrued during the tax year N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	35,171.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property	531120	85,206.			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		85,206.		35,171.	0.
105 Total (add line 104, columns (B), (D), and (E))					120,377.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

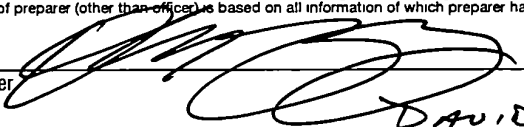
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

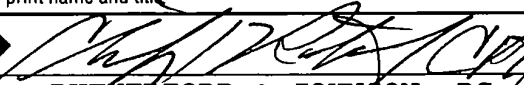
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: Signature of officer:  Date: 4/25/08
 Type or print name and title: DAVID M. ZIEGLER exec. DIR.

Paid Preparer's Use Only: Preparer's signature:  Date: 04/23/08 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: RUTHERFORD & JOHNSON, PC
 312 SOUTH CAMERON ST.
 WINCHESTER, VIRGINIA 22601
 EIN: Phone no.: 540-662-7070

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 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

OUR HEALTH, INC.

Employer identification number

54 1972659

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
DAVID ZIEGLER 120 BOYDTON PLANK DR, STEPHENS CITY,	EXEC DIRECTOR 40.00	88,249.		

Total number of other employees paid over \$50,000 ▶	1			

Part II-A 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
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 page 2 of the 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	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>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.)</p> <p>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.</p>	<p>1</p>		<p>X</p>
<p>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.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	<p>2a</p>		<p>X</p>
<p>b Lending of money or other extension of credit?</p>	<p>2b</p>		<p>X</p>
<p>c Furnishing of goods, services, or facilities?</p>	<p>2c</p>		<p>X</p>
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<p>2d</p>		<p>X</p>
<p>e Transfer of any part of its income or assets?</p>	<p>2e</p>		<p>X</p>
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	<p>3a</p>		<p>X</p>
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	<p>3b</p>		<p>X</p>
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	<p>3c</p>		<p>X</p>
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<p>3d</p>		<p>X</p>
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	<p>4a</p>		<p>X</p>
<p>b Did the organization make any taxable distributions under section 4966?</p>	<p>4b</p>	<p>N/A</p>	
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<p>4c</p>	<p>N/A</p>	
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			<p>0</p>
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			<p>0.</p>
<p>f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>			<p>0.</p>
<p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>			<p>0.</p>

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	660,169.	846,816.	882,727.	2,128,251.	4,517,963.
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	84,025.	89,498.	78,643.	17,035.	269,201.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	29,011.	12,154.	1,819.	12,203.	55,187.
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	773,205.	948,468.	963,189.	2,157,489.	4,842,351.
24 Line 23 minus line 17	689,180.	858,970.	884,546.	2,140,454.	4,573,150.
25 Enter 1% of line 23	7,732.	9,485.	9,632.	21,575.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 91,463.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,573,150.
d Add: Amounts from column (e) for lines: 18 <u>55,187.</u> 19 _____ 22 _____ 26b _____					26d 55,187.
e Public support (line 26c minus line 26d total)					26e 4,517,963.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.7932%
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: N/A (2006) (2005) (2004) (2003)					
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 11b, 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: N/A (2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines 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.)			0.

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 page 14 of the 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

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: **N/A**

	Yes	No
51a(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

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

52 a 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: **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
OUR HEALTH CAMPUS	1	85,206.	
TOTAL TO FORM 990, PART I, LINE 6A		85,206.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	3,786.	2,635.	1,016.	135.	
INSURANCE	10,322.	8,241.	2,081.		
WEBSITE SERVICES	212.	148.	57.	7.	
MISCELLANEOUS	2,878.	2,003.	773.	102.	
CONTRACTURAL SERVICES	49,328.	38,012.	7,476.	3,840.	
BOARD MEETING EXPENSES	2,054.		2,054.		
DUES & SUBSCRIPTIONS	869.	605.	233.	31.	
FOOD & ENTERTAINMENT	249.	173.	67.	9.	
SECURITY EXPENSES	901.	874.	27.		
SMALL EQUIPMENT	2,816.	1,960.	756.	100.	
DONOR LUNCHEONS & AWARDS	13,124.	440.	245.	12,439.	
TAXES AND LICENSES	3,412.	3,248.	156.	8.	
LOSS BAD DEBT PROVISION	2,826.		2,826.		
PHASE II SITE EVALUATION COSTS	129,760.	129,760.			
TOTAL TO FM 990, LN 43	222,537.	188,099.	17,767.	16,671.	

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
NETWORK GRANT TRANSFERS VARIOUS LOCAL NON-PROFIT AGENCIES WINCHESTER, VA 22601	18,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	18,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 4

EXPLANATION

IMPROVE HEALTH OF THE COMMUNITY BY INCREASING COORDINATION OF PREVENTATIVE TREATMENT OF MEDICAL/SOCIAL SERVICES IN AN ACCESSIBLE, AFFORDABLE LOCATION

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
INTEREST RECEIVABLE	16,197.
CONSTRUCTION IN PROGRESS	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	16,197.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
AGENCY PAYMENTS NETTED AGAINST REVENUE ON AUDITED FINANCIALS	18,000.
TOTAL TO FORM 990, PART IV-A	18,000.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
AGENCY PAYMENTS NETTED AGAINST REVENUE ON AUDITED FINANCIALS	18,000.
TOTAL TO FORM 990, PART IV-B	18,000.

Our Health, Inc.
Board of Directors
2007

Board Member	Address	Board Position
Borg, John	109 War Memorial Drive Berkeley Springs, WV 25411	
Byrd, Barbara J.	P.O. Box 472 Berryville, VA 22611	
Burroughs, Martha	1723 Valley Avenue Winchester, VA 22601	Secretary
Capehart, John, Ph.D.	532 Bellview Drive Winchester, VA 22601	
Gaunt, Hunter M., Jr., M.D.	1404 Magruder Court Winchester, VA 22601	
Jones, Sue	16 Rosemont Manor Lane Berryville, VA 22611	Chairperson
Kendall, Robert, M.D.	332 Ridge Avenue Winchester, VA 22601	Chairman Emeritus
Malcolm, Tom	The Shockey Companies P. O. Box 2530 Winchester, VA 22604	
McKay, Alan, Ph.D.	Shenandoah University 1460 University Drive Winchester, VA 22601	Treasurer
Millholland, Leonard	Sheriff, City of Winchester 5 N. Kent Street Winchester, VA 22601	
Power, Faith	Power-Warner Communications 3 W. Piccadilly St. Winchester, VA 22601	
Riley, John	Frederick County Govt. 107 North Kent Street Winchester, VA 22601	
Taylor, Carla	Winchester DSS 33 E. Boscawen Street Winchester, VA 22601	
Terry Sinclair, M.D.	508 Princess Court Winchester, VA 22601	
Weiss, Charlie	2 North Cameron Street Winchester, Virginia 22601	

Our Health, Inc.
Depreciation Expense [Depreciation]
GAAP
For the Period January 1, 2007 to December 31, 2007

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	Beginning Accum Depr	Current Depr & AFYD	YEAR TO DATE		
								Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
<i>Asset Type Commercial Property</i>										
000010	Building II - Fairfax									
	10/15/2003	SL100FM	40 0	2,447,315 55	61,182 89	198,844.39	61,182 89	0.00	0 00	260,027 28
000260	Building I - Baker Street									
	04/15/2003	SL100FM	40 0	463,176 00	11,579 40	43,422 75	11,579 40	0 00	0 00	55,002 15
000430	Building II Extenor Lightng									
	03/11/2004	SL100FM	40 0	1,998 74	49 97	141 58	49 97	0 00	0 00	191 55
<i>Subtotal Commercial Property (3)</i>				2,912,490 29	72,812 26	242,408.72	72,812 26	0.00	0 00	315,220 98
<i>Asset Type Furniture & Fixtures</i>										
000020	Steelcase Workstations- 38 desks and 64 panels									
	05/08/2003	SL100FM	10 0	24,850 00	2,485 00	9,111 67	2,485 00	0 00	0.00	11,596 67
000030	Office Furniture									
	05/08/2003	SL100FM	10 0	500 00	50 00	183 33	50 00	0 00	0 00	233 33
000040	Six to Eight work cubicles, desks, file cabinets & Chairs									
	05/08/2003	SL100FM	10 0	250.00	25 00	91 67	25 00	0 00	0 00	116 67
000050	Furniture									
	05/08/2003	SL100FM	10 0	2,615 91	261 59	959 16	261 59	0 00	0 00	1,220 75
000080	Office Furniture									
	05/20/2003	SL100FM	10 0	1,808 38	180 84	663 08	180 84	0 00	0 00	843 92
000120	American Woodmark-Furniture									
	08/15/2003	SL100FM	10 0	12,667 15	1,266 72	4,327 96	1,266 72	0 00	0 00	5,594 68
000130	American Woodmark-Furniture									
	08/18/2003	SL100FM	10 0	4,262 47	426 25	1,456 35	426 25	0 00	0 00	1,882 60
000140	Work Station Installaton									
	10/01/2003	SL100FM	10 0	2,650 00	265 00	861.25	265 00	0.00	0 00	1,126 25
000150	Norvac Lock									
	10/08/2003	SL100FM	10 0	139 51	13.95	45 34	13 95	0 00	0 00	59 29
000160	EBS Gallery									
	10/21/2003	SL100FM	10 0	900 00	90.00	292 50	90 00	0 00	0 00	382 50
000170	Shenandoah Fine Arts									
	10/21/2003	SL100FM	10 0	536 09	53 61	174.23	53 61	0 00	0 00	227.84
000180	MISCELLANEOUS									
	10/24/2003	SL100FM	10 0	36.58	3 66	11 89	3 66	0 00	0.00	15 55
000190	Conference Furniture									
	11/24/2003	SL100FM	10 0	43,065 51	4,306 55	13,637 41	4,306 55	0 00	0 00	17,943 96
000210	MISCELLANEOUS									
	12/11/2003	SL100FM	10 0	1,066.16	106.62	328 74	106 62	0 00	0 00	435.36
000220	MISCELLANEOUS									
	12/11/2003	SL100FM	10 0	1,390 30	139.03	428 68	139 03	0 00	0 00	567 71
000290	Workstations donated by BK									
	05/08/2003	SL100FM	10 0	14,250 00	1,425 00	5,225 00	1,425 00	0 00	0 00	6,650 00
000320	B & B for Winng									
	11/24/2003	SL100FM	10 0	253 45	25 35	80 27	25 35	0 00	0.00	105 62
000340	Desk (BK Office Supply) - Financial Mgr.									
	03/18/2004	SL100FM	10 0	1,341 78	134 18	380 18	134 18	0 00	0 00	514 36
000350	Intenor Office Signs									
	03/11/2004	SL100FM	10 0	2,041 88	204 19	578.54	204.19	0 00	0 00	782 73
000360	Extenor Office Signs									
	06/07/2004	SL100FM	10 0	2,596 50	259 65	670 76	259.65	0 00	0 00	930 41
000380	Audible Alarm									
	08/31/2004	SL100FM	10 0	3,117 60	311 76	753 42	311 76	0 00	0 00	1,065 18
000390	Hutch and Credenza									
	12/31/2004	SL100FM	10 0	821.00	82 10	171 04	82 10	0 00	0 00	253 14
000410	Dishwasher/Icemaker									

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
<i>Asset Type Furniture & Fixtures</i>										
000420	02/26/2004	SL100FM	10 0	1,650 00	165 00	481 25	165 00	0 00	0 00	646 25
000440	10/28/2003	SL100FM	10 0	298 87	29 89	97.14	29 89	0 00	0.00	127 03
000490	05/31/2004	SL100FM	10 0	1,170 00	117 00	312 00	117.00	0 00	0 00	429 00
000570	04/14/2005	SL100FM	10 0	2,536 40	253 64	443 87	253 64	0.00	0 00	697 51
000580	09/24/2007	SL100FM	10 0	8,180 05	272 67	0 00	272 67	0 00	0 00	272 67
	11/09/2007	SL100FM	10 0	3,757 00	62 62	0 00	62 62	0 00	0 00	62 62
<i>Subtotal Furniture & Fixtures (28)</i>				138,752 59	13,016 87	41,766 73	13,016 87	0 00	0 00	54,783 60
<i>Asset Type Land</i>										
000300	05/08/2003	None	0 0	785,278 00	0 00	0 00	0 00	0 00	0 00	0 00
<i>Subtotal Land (1)</i>				785,278 00	0 00	0 00	0.00	0 00	0 00	0 00
<i>Asset Type Land Improvements</i>										
000250	10/20/2003	SL100FM	20 0	8,466 80	423 34	1,375 86	423 34	0 00	0 00	1,799 20
000310	06/15/2003	SL100FM	20 0	141,524 00	7,076 20	25,356 38	7,076 20	0 00	0 00	32,432 58
000330	10/31/2003	SL100FM	20 0	10,538 94	526 95	1,712 59	526 95	0 00	0 00	2,239 54
000550	06/08/2006	SL100FM	20 0	1,000 00	50 00	29 17	50 00	0 00	0 00	79 17
000560	07/09/2007	SL100FM	20 0	835 00	20 88	0 00	20 88	0 00	0 00	20 88
<i>Subtotal Land Improvements (5)</i>				162,364 74	8,097 37	28,474 00	8,097 37	0 00	0 00	36,571 37
<i>Asset Type Office Equipment</i>										
000060	05/08/2003	SL100FM	10 0	1,250 00	125 00	458 33	125 00	0 00	0.00	583 33
000070	05/08/2003	SL100FM	10 0	4,100 00	410 00	1,503 33	410 00	0 00	0 00	1,913 33
000090	05/20/2003	SL100FM	10 0	3,521 30	352 13	1,291 14	352 13	0 00	0 00	1,643.27
000100	06/12/2003	SL100FM	10 0	14,853 00	1,485.30	5,322 33	1,485 30	0 00	0 00	6,807 63
000110	06/25/2003	SL100FM	10 0	94 02	9 40	33 68	9 40	0 00	0.00	43 08
000200	11/24/2003	SL100FM	10 0	5,724 96	572 50	1,812 92	572 50	0 00	0 00	2,385 42
000230	12/11/2003	SL100FM	10 0	3,351 50	335 15	1,033 38	335 15	0 00	0 00	1,368 53
000240	10/28/2003	SL100FM	10 0	59,084 88	5,908 49	19,202 59	5,908 49	0 00	0 00	25,111 08
000270	06/30/2003	SL100FM	10 0	4,500.00	450 00	1,612 50	450 00	0 00	0 00	2,062 50
000280	06/30/2003	SL100FM	10 0	450 00	45 00	161 25	45.00	0 00	0.00	206 25
000370	08/17/2004	SL100FM	10 0	27,692 34	2,769 23	6,692 31	2,769 23	0 00	0 00	9,461 54
000450	08/17/2004	SL100FM	10 0	1,389 57	138 96	335.82	138 96	0 00	0 00	474 78
000460	10/27/2004	SL100FM	10 0	1,290.46	129 05	290 36	129.05	0 00	0 00	419 41
000470										

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	Beginning Accum Depr	Current Depr & AFYD	YEAR TO DATE		Ending Accum Depr
								Net Sec 179/Sec 179A	Net Additions Deletions	
<i>Asset Type Office Equipment</i>										
000480	02/10/2005	SL100FM	10 0	9,434 05	943 41	1,808 20	943 41	0.00	0 00	2,751 61
	Dell computer for computer lab									
	03/29/2005	SL100FM	10 0	507 21	50 72	92 99	50 72	0.00	0 00	143 71
000500	Alarm System									
	04/14/2005	SL100FM	10 0	1,363.30	136 33	238 58	136.33	0 00	0 00	374 91
000510	Dell Computer									
	04/30/2005	SL100FM	10 0	1,557 00	155 70	272.48	155 70	0 00	0 00	428 18
000520	Projector									
	09/29/2005	SL100FM	10 0	1,089 00	108 90	145 20	108 90	0 00	0.00	254 10
000530	Aramark Cleaning Equipment									
	11/29/2005	SL100FM	10 0	1,963 20	196 32	229 04	196 32	0.00	0 00	425 36
000540	Dell Laptop Computer for Conference Rm									
	06/21/2006	SL100FM	10 0	1,529 85	152 99	89 24	152 99	0 00	0 00	242 23
<i>Subtotal Office Equipment (20)</i>				144,745 64	14,474 58	42,625 67	14,474 58	0 00	0 00	57,100 25
<i>Grand Total</i>				4,143,631 26	108,401 08	355,275 12	108,401 08	0 00	0 00	463,676 20

Our Health, Inc.
Depreciation Expense [Amortization]
GAAP
For the Period January 1, 2007 to December 31, 2007

Asset ID	Placed in Service	Amort Meth/Conv	Life Yr Mo	Book Cost	Amortization This Period	YEAR TO DATE			
						Beginning Accum Amort	Amortization	Ending Accum Amort	
<i>Asset Type. intangible Asset</i>									
000400	Loan Fees								
	01/01/2004	SL100FM	2 0	4,500 00	0 00	4,500 00	0 00	0 00	4,500 00
<i>Subtotal Intangible Asset (1)</i>				4,500.00	0.00	4,500 00	0 00	0.00	4,500 00
<i>Grand Total</i>				4,500 00	0.00	4,500 00	0 00	0 00	4,500 00