

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 2005, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: AMERICAN ASSOCIATION FOR HEALTH FRE. D Employer identification number: 54-1952806. E Telephone number: (703) 294-6244. F Acctg. method: Cash, Accrual, Other.

G Website: www.healthfreedom.net

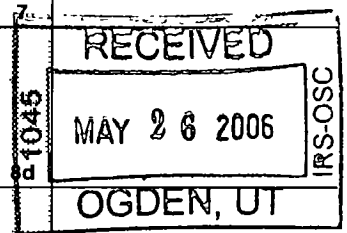
J Organization type (check only one): 501(c)(4), 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 249,070

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

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21). Total revenue: 248,977. Total expenses: 269,556. Net assets at end of year: -14,575.



SCANNED JUL 25 2006

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

Form 990 (2005)

21P

**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 (See the instructions)

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	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) . . . . .	23				
24	Benefits paid to or for members (attach schedule) . .	24				
25	Compensation of officers, directors, etc . . . . .	25				
26	Other salaries and wages . . . . .	26	161,700	121,275	40,425	
27	Pension plan contributions . . . . .	27	3,780	2,835	945	
28	Other employee benefits . . . . .	28				
29	Payroll taxes . . . . .	29	12,874	9,656	3,218	
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31	4,450		4,450	
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33	2,357	1,768	589	
34	Telephone . . . . .	34	3,962	2,971	991	
35	Postage and shipping . . . . .	35	2,021	1,516	505	
36	Occupancy . . . . .	36	21,374	16,031	5,343	
37	Equipment rental and maintenance . . . . .	37	5,272	3,854	1,418	
38	Printing and publications . . . . .	38	2,078	1,358	720	
39	Travel . . . . .	39	147		147	
40	Conferences, conventions, and meetings . . . . .	40				
41	Interest . . . . .	41				
42	Depreciation, depletion, etc (attach schedule) . .	42	1,763		1,763	
43	Other expenses not covered above (itemize):					
a	See attachment #3	43a	47,778	43,178	4,600	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	269,556	204,442	65,114	0

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) aggregate amount of these joint costs \$ \_\_\_\_\_; (II) amount allocated to Program services \$ \_\_\_\_\_;  
 (III) the amount allocated to Management and general \$ \_\_\_\_\_; and (IV) the amount allocated to Fundraising \$ \_\_\_\_\_

**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>PROMOTE INTEGRATED HEALTH CARE</u>	<b>Program Service Expenses</b>
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.)	<small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</small>
<b>a</b> See attachment #4     	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	204,442
<b>b</b>     	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>     	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>     	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	204,442

**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 .....	17,353	45	8,027
	46 Savings and temporary cash investments .....	24,580	46	
	47a Accounts receivable .....	886		
	b Less: allowance for doubtful accounts .....		47c	886
	48a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....	#5		50
	51a Other notes and loans receivable (attach schedule) .....	51a		
	b Less: allowance for doubtful accounts .....	51b		51c
	52 Inventories for sale or use .....			52
	53 Prepaid expenses and deferred charges .....		253	53
	54 Investments -- securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments -- land, buildings, and equipment: basis .....	55a		
	b Less: accumulated depreciation (attach schedule) .....	55b		55c
	56 Investments -- other (attach schedule) .....			56
	57a Land, buildings, and equipment basis #6 .....	22,596		
	b Less: accumulated depreciation (attach schedule) .....	15,880	7,632	57c
	58 Other assets (describe ► .....			58
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 .....	54,690	59	15,629	
LIABILITIES	60 Accounts payable and accrued expenses .....	4,342	60	1,574
	61 Grants payable .....		61	
	62 Deferred revenue .....	44,344	62	28,630
	63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a Tax-exempt bond liabilities (attach schedule) .....		64a	
	b Mortgages and other notes payable (attach schedule) .....		64b	
	65 Other liabilities (describe ► .....		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	48,686	66	30,204	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	6,004	67	-14,575
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	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 .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	6,004	73	-14,575	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	54,690	74	15,629	

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

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

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**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 attachment #7				

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) Yes No

<p><b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">▶ _____</span></p> <p><b>b</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) . . . . .</p> <p><b>c</b> 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 this organization through common supervision or common control? . . . . .</p> <p><b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.</p> <p>If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization</p> <p><b>d</b> Does the organization have a written conflict of interest policy? . . . . .</p>	<b>75b</b>		X
	<b>75c</b>		X
	<b>75d</b>		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	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

**Part VI Other Information** (See the instructions.) Yes No

<p><b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .</p> <p><b>77</b> 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.</p> <p><b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .</p> <p><b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .</p> <p><b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .</p> <p><b>80a</b> 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? . . . . .</p> <p><b>b</b> If "Yes," enter the name of the organization ▶ <u>HEALTH FREEDOM FOUNDATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</p> <p><b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions) . . . . . <span style="float: right;"><b>81a</b> N/A</span></p> <p><b>b</b> Did the organization file Form 1120-POL for this year? . . . . .</p>	<b>76</b>		X
	<b>77</b>		X
	<b>78a</b>		X
	<b>78b</b>		X
	<b>79</b>		X
	<b>80a</b>	X	
	<b>81b</b>		X

Part VI Other Information (continued)		Yes	No
82a	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?		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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
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.		X
c	Dues, assessments, and similar amounts from members	85c	215,813
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	215,813
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	X
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	X
86	501(c)(7) orgs 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) orgs 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	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.	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs 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		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed ▶		N/A
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	4
91a	The books are in care of ▶ See attachment #8 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)? 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.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .				215,813	
<b>95</b> Interest on savings and temporary cash investments				84	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> See attachment #9				33,080	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		248,977	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))					248,977

Note: Line 105 plus line 1d, 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).
▼	See attachment #10

**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 int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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

(a) Did 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)

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

**Please Sign Here**

Signature of officer: Brenna Hill

Type or print name and title: Brenna Hill, Executive

**Paid Preparer's Use Only**

Preparer's signature: [Signature]

Firm's name (or yours if self-employed), address, and ZIP + 4: RONALD H THOMAS  
11301 SPUR WHEEL  
POTOMAC MD 20854-



**SCHEDULE OF OTHER INVESTMENT INCOME**

Attachment 1: page 1 - 990 Page 1, Part I, Line 7

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b> _____ <b>, and ending</b> _____
<b>Name of Organization</b> AMERICAN ASSOCIATION FOR HEALTH FRE	<b>Employer Identification Number</b> 54-1952806

Description	Amount
<b>Total</b>	

# SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 2: page 1 - 990 Page 1, Part I, line 10

Keep for Your Records

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b> _____ <b>, and ending</b> _____		
<b>Name of Organization</b> AMERICAN ASSOCIATION FOR HEALTH FRE			<b>Employer Identification Number</b> 54-1952806

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
BOOKS	93	93	
<b>Total</b>	<b>93</b>	<b>93</b>	

## SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990 Page 2, Part II, Line 43

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b> _____ <b>, and ending</b> _____		
<b>Name of Organization</b> AMERICAN ASSOCIATION FOR HEALTH FRE		<b>Employer Identification Number</b> 54-1952806	

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ADVERTISING	1,790	1,790		
WEB SITE	5,897	5,897		
BANK & CREDIT CARD EXPENS	4,132	2,066	2,066	
CONFERENCE BOOTHS	4,442	4,442		
DUES, FEES & SUBSCRIPTIONS	789	394	395	
ENTERTAINMENT & MEALS	303		303	
EQUIPMENT MAINTENANCE	2,561	1,921	640	
INSURANCE	4,665	3,965	700	
Lobbying	22,000	22,000		
Miscellaneous	38		38	
Personal PrPROPERTY= TAXES	224		224	
UTILITIES	937	703	234	
<b>Total</b>	<b>47,778</b>	<b>43,178</b>	<b>4,600</b>	

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990 Page 3, Part III

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b> _____ <b>, and ending</b> _____
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<b>Name of Organization</b> AMERICAN ASSOCIATION FOR HEALTH FRE	<b>Employer Identification Number</b> 54-1952806
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Part III - Statement of Program Service Accomplishments

<b>Grants and allocations</b>	<b>Amount includes foreign grants</b>	<b>Program service expenses</b>	<b>204,442</b>
<b>Exempt Purpose Achievements</b>			

PROMOTE INTEGRATED HEALTH CARE SYSTEMS AND PROGRAMS

**SCHEDULE OF RECEIVABLES FROM OFFICERS, DIRECTORS, TRUSTEES, AND OTHER KEY EMPLOYEES**

Attachment 5: page 1 - 990 Page 4, Part IV, Line 50

Open to Public Inspection For Calendar year 2005, or tax year period beginning and ending

Name of Organization: AMERICAN ASSOCIATION FOR HEALTH FRE  
 Employer Identification Number: 54-1952806

Borrower's Name and Title	Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate
NONE						
Total						

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV	Ending FMV (990-PF Only)
Total				

Travel advances for official business of the organization

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

Attachment 6: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection	For Calendar year 2005, or tax year period beginning	and ending
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Name of Organization AMERICAN ASSOCIATION FOR HEALTH FRE	Employer Identification Number 54-1952806
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Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
SEE SCHEDULE	22,596	15,880	6,716	
Total	22,596	15,880	6,716	

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 7: page 1 - 990 Page 5, Part V-A

Open to Public Inspection For calendar year 2005 or tax period beginning , and ending

Name of Organization: AMERICAN ASSOCIATION FOR HEALTH FRE  
 Employer Identification Number: 54-1952806

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (if not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
SHARI LIEBERMAN PHD New York, NY 10003	PRESIDENT 1.00		0	0
SHERRI TENPENNY Middleburg Heights, OH 44130	VICE PRESIDENT 1.00		0	0
AL CZAP Dover, ID 83825	SEC TREAS 1.00		0	0
BERKLEY BEDELL NAPLES, FA	DIRECTOR 1.00		0	0
MURRY SUSSER LOS ANGELES, CA	DIRECTOR 1.00		0	0
HARRY PREUSS WASHINGTON, DC	DIRECTOR 1.00		0	0

**BOOKS ARE IN CARE OF**

Attachment 8: page 0 - 990 Page 7, Part VI, Line 91a

	For calendar year 2005 or tax period beginning	Attac, and ending
Name of Organization AMERICAN ASSOCIATION FOR HEALTH FRE	Employer Identification Number 54-1952806	
Part VI - Line 91a		

Individual Name ..... BRENNA HILL  
or  
Business Name

Street Address ..... SAME

U S. Address.

Zip code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_  
or  
Foreign Address  
City \_\_\_\_\_  
Province or State .....  
Country .....  
Postal code .....  
Phone Number ..... (703) 759-0662



**SCHEDULE OF OTHER REVENUE**

Attachment 9: page 1 - 990 Page 8, Part VII, Line 103

Open to Public Inspection For calendar year 2005 or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization: AMERICAN ASSOCIATION FOR HEALTH FRE  
 Employer Identification Number: 54-1952806

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
a	REIMBURSEMENTS				33,080	
		Totals			33,080	

**SCHEDULE OF RELATIONSHIP OF ACTIVITIES  
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

Attachment 10: page 1 990 Page 8, Part VIII

<b>Open to Public Inspection</b>	<b>For calendar year 2005 or tax period beginning</b> _____ <b>, and ending</b> _____
<b>Name of Organization</b> AMERICAN ASSOCIATION FOR HEALTH FRE	<b>Employer Identification Number</b> 54-1952806

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	THE ACTIVITIES HELP TO IMPROVE & ADMINISTER HEALTH RELATED SYSTEMS & PROGRAMS
95	& DISTRIBUTE EDUCATIONAL MATERIAL
103	SHORT TERM INTEREST REIMBURSEMENTS USED FOR SAME AS #94

# Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return <b>AMERICAN ASSOCIATION FOR HEALTH</b>	Business or activity to which this form relates <b>FOR FORM 990</b>	Identifying number <b>54-1952806</b>
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**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	105,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	420,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- . . . . . see instructions . . . . .	5	0
<b>6</b> (a) Description of property (b) Cost (busn. use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 . . . . .	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	0
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 . . . . .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2005 . . . . .	17	1,591
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B -- Assets Placed In Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		860	05	HY	200DB	172
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs	MM	S/L	
			39 yrs.	MM	S/L	

**Section C -- Assets Placed In Service During 2005 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instr . . . . .	22	1,763
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

## 2005 Federal Depreciation Schedule

AMERICAN ASSOCIATION FOR HEALTH FRE  
54-1952806

05-03-2006

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Furniture</b>										
PHONES (2)	07-07-94	200DBHY	7	360	0	0	0	360	360	0
TABLES (2)	07-07-94	200DBHY	7	264	0	0	0	264	264	0
PHONE	09-09-94	200DBHY	7	209	0	0	0	209	209	0
FURN & EQUIP	08-08-96	200DBHY	7	674	0	0	0	674	560	0
FURN & EQUIP	12-12-97	200DBHY	7	911	0	0	0	911	658	0
FURN & EQUIP	01-07-98	200DBHY	7	300	0	0	0	300	208	13
FILE CABS	01-25-98	200DBHY	7	909	0	0	0	909	578	41
SHELVES	01-29-98	200DBHY	7	270	0	0	0	270	172	12
LAMP	02-24-98	200DBHY	7	126	0	0	0	126	84	6
BOOKCASE	02-26-98	200DBHY	7	106	0	0	0	106	80	5
FILE CABS	03-27-98	200DBHY	7	170	0	0	0	170	113	8
PHONES	03-27-98	200DBHY	7	997	0	0	0	997	666	44
SHELVES	04-27-98	200DBHY	7	138	0	0	0	138	105	6
FURN & EQUIP	06-02-98	200DBHY	7	696	0	0	0	696	530	31
FURN & EQUIP	01-02-99	200DBHY	7	967	0	0	0	967	677	86
FURN & EQUIP	07-21-99	200DBHY	7	536	0	0	0	536	309	48
PHONE	07-22-99	200DBHY	7	300	0	0	0	300	181	27
FURN & EQUIP	07-30-99	200DBHY	7	3,187	0	0	0	3,187	1,923	285
FILE CAB	05-31-00	200DBHY	7	240	0	0	0	240	123	21
TABLE PICKNIC	05-31-00	200DBHY	7	219	0	0	0	219	112	20
CHAIR	06-30-00	200DBHY	7	114	0	0	0	114	66	10
FILE DRAWER	03-30-01	200DBHY	7	334	0	0	0	334	215	30
22 Assets			Totals	12,027	0	0	0	12,027	8,193	693
<b>Computer Systems</b>										
PRINTER - HP	07-07-94	200DBHY	5	1,399	0	0	0	1,399	1,399	0
COMPUTER	06-03-98	200DBHY	5	418	0	0	0	418	279	0
COMPUTER	07-30-99	200DBHY	5	1,595	0	0	0	1,595	939	0
COMP SOFTWARE	07-31-00	200DBHY	5	287	0	0	0	287	143	17
COMP - DELL	12-29-00	200DBHY	5	1,631	0	0	0	1,631	730	94
PRINT - HP COLOR	03-30-01	200DBHY	5	174	0	0	0	174	125	20
COMP - DELL	04-30-01	200DBHY	5	1,108	0	0	0	1,108	807	128
PRINT- HP DESK JET	05-31-01	200DBHY	5	183	0	0	0	183	133	21
COMP - DELL	03-11-02	200DBHY	5	1,535	0	0	0	1,535	1,093	177
COMPUTER	02-11-04	200DBHY	5	856	0	0	0	856	171	274
COMPUTER	09-21-04	200DBHY	5	523	0	0	0	523	105	167
COMPUTER DELL	02-24-05	200DBHY	5	860	0	0	0	860	0	172
12 Assets			Totals	10,569	0	0	0	10,569	5,924	1,070
34 Assets			Grand Totals	22,596	0	0	0	22,596	14,117	1,763

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

## 2005 AMT Depreciation Schedule

AMERICAN ASSOCIATION FOR HEALTH FRE  
54-1952806

05-03-2006

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
<b>Furniture</b>								
PHONES (2)	07-07-94	150DBHY	10	360	47	0	0	0
TABLES (2)	07-07-94	150DBHY	10	264	35	0	0	0
PHONE	09-09-94	150DBHY	10	209	27	0	0	0
FURN & EQUIP	08-08-96	150DBHY	10	674	118	59	0	-59
FURN & EQUIP	12-12-97	150DBHY	10	911	160	80	0	-80
FURN & EQUIP	01-07-98	150DBHY	10	300	52	26	13	-13
FILE CABS	01-25-98	150DBHY	10	909	158	79	41	-38
SHELVES	01-29-98	150DBHY	10	270	48	24	12	-12
LAMP	02-24-98	150DBHY	10	126	22	11	6	-5
BOOKCASE	02-26-98	150DBHY	10	106	18	9	5	-4
FILE CABS	03-27-98	150DBHY	10	170	30	15	8	-7
PHONES	03-27-98	150DBHY	10	997	174	87	44	-43
SHELVES	04-27-98	150DBHY	10	138	24	12	6	-6
FURN & EQUIP	06-02-98	150DBHY	10	696	122	61	31	-30
FURN & EQUIP	01-02-99	150DBHY	7	967	236	118	86	-32
FURN & EQUIP	07-21-99	150DBHY	7	536	132	66	48	-18
PHONE	07-22-99	150DBHY	7	300	74	37	27	-10
FURN & EQUIP	07-30-99	150DBHY	7	3,187	780	390	285	-105
FILE CAB	05-31-00	150DBHY	7	240	58	29	21	-8
TABLE PICKNIC	05-31-00	150DBHY	7	219	54	27	20	-7
CHAIR	06-30-00	150DBHY	7	114	28	14	10	-4
FILE DRAWER	03-30-01	150DBHY	7	334	91	41	30	-11
22 Assets		Totals		12,027	2,488	1,185	693	-492
<b>Computer Systems</b>								
PRINTER - HP	07-07-94	150DBHY	5	1,399	0	0	0	0
COMPUTER	06-03-98	150DBHY	5	418	35	0	0	0
COMPUTER	07-30-99	150DBHY	5	1,595	399	0	0	0
COMP SOFTWARE	07-31-00	150DBHY	5	287	96	24	17	-7
COMP - DELL	12-29-00	150DBHY	5	1,631	544	136	94	-42
PRINT - HP COLOR	03-30-01	150DBHY	5	174	60	29	20	-9
COMP - DELL	04-30-01	150DBHY	5	1,108	383	185	128	-57
PRINT- HP DESK JET	05-31-01	150DBHY	5	183	63	30	21	-9
COMP - DELL	03-11-02	150DBHY	5	1,535	665	256	177	-79
COMPUTER	02-11-04	150DBHY	5	856	128	218	274	56
COMPUTER	09-21-04	150DBHY	5	523	78	133	167	34
COMPUTER DELL	02-24-05	150DBHY	5	860	0	129	172	43
12 Assets		Totals		10,569	2,451	1,140	1,070	-70
34 Assets		Grand Totals		22,596	4,939	2,325	1,763	-562

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction