

Return of Organization Exempt From Income Tax

2007

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:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **AMERICAN ASSOCIATION FOR HEALTH FREEDOM**
 Number and street (or P.O. box if mail is not delivered to street address): **4620 LEE HIGHWAY**
 Room/suite: **210**
 City or town, state or country, and ZIP + 4: **ARLINGTON, VA 22207**

D Employer identification number: **54-1952806**

E Telephone number: **703-294-6244**

F Accounting method: Cash Accrual
 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).

G Website: ▶ **WWW.HEALTHFREEDOM.NET**

J Organization type (check only one) ▶ 501(c) (**04**) ◀ (insert no.) 4947(a)(1) or 527

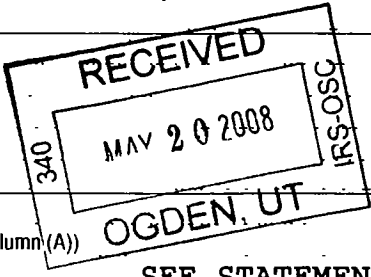
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **749,141.**

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

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

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)				645,407.							
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)											
e Total (add lines 1a through 1d) (cash \$ 645,407. noncash \$ _____)										645,407.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										2	
3 Membership dues and assessments										3 103,734.	
4 Interest on savings and temporary cash investments										4	
5 Dividends and interest from securities										5	
6 a Gross rents		6a									
b Less: rental expenses		6b									
c Net rental income or (loss). Subtract line 6b from line 6a										6c	
7 Other investment income (describe ▶ _____)										7	
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
b Less: cost or other basis and sales expenses		8a		8b							
c Gain or (loss) (attach schedule)		8c									
d Net gain or (loss). Combine line 8c, columns (A) and (B)										8d	
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	
10 a Gross sales of inventory, less returns and allowances		10a									
b Less: cost of goods sold		10b									
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										12 749,141.	
13 Program services (from line 44, column (B))										13 479,422.	
14 Management and general (from line 44, column (C))										14 123,597.	
15 Fundraising (from line 44, column (D))										15	
16 Payments to affiliates (attach schedule)										16	
17 Total expenses. Add lines 16 and 44, column (A)										17 603,019.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										18 146,122.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										19 -19,914.	
20 Other changes in net assets or fund balances (attach explanation)										20 8,708.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										21 134,916.	



SEE STATEMENT 1

SCANNED JUN 21 2008

20

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"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	212,582.	159,436.	53,146.	
27 Pension plan contributions not included on lines 25a, b, and c	4,380.	3,285.	1,095.	
28 Employee benefits not included on lines 25a - 27	9,900.	7,425.	2,475.	
29 Payroll taxes	16,803.	12,602.	4,201.	
30 Professional fundraising fees				
31 Accounting fees	6,075.		6,075.	
32 Legal fees	9,510.		9,510.	
33 Supplies	6,287.	4,715.	1,572.	
34 Telephone	5,645.	4,234.	1,411.	
35 Postage and shipping	4,042.	3,031.	1,011.	
36 Occupancy	23,965.	17,974.	5,991.	
37 Equipment rental and maintenance	5,865.	4,399.	1,466.	
38 Printing and publications	10,994.	8,245.	2,749.	
39 Travel	1,380.	1,035.	345.	
40 Conferences, conventions, and meetings	21,011.	21,011.		
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	3,019.		3,019.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	261,561.	232,030.	29,531.	
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	603,019.	479,422.	123,597.	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) 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? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
PROMOTE INTEGRATED HEALTH CARE SYSTEMS AND PROGRAMS 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 SEE STATEMENT 3 _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	479,422.
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) ▶	479,422.

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	6,494.	45	168,903.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	19,073.			
b Less: accumulated depreciation STMT 4	14,654.	4,763.	57c	4,419.
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		11,257.	59	173,322.
Liabilities	60 Accounts payable and accrued expenses	11,941.	60	
	61 Grants payable		61	
	62 Deferred revenue	19,230.	62	31,959.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> PAYROLL TAX PAYABLE)		0.	65
66 Total liabilities. Add lines 60 through 65		31,171.	66	38,406.
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	-19,914.	67	134,916.
	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 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)		-19,914.	73	134,916.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		11,257.	74	173,322.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2). Column 'a' contains 'N/A'. Rows include: a Total revenue, gains, and other support per audited financial statements; b Amounts included on line a but not on Part I, line 12; c Subtract line b from line a; d Amounts included on Part I, line 12, but not on line a; e Total revenue (Part I, line 12). Add lines c and d.

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

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2). Column 'a' contains 'N/A'. Rows include: a Total expenses and losses per audited financial statements; b Amounts included on line a but not on Part I, line 17; c Subtract line b from line a; d Amounts included on Part I, line 17, but not on line a; e Total expenses (Part I, line 17). Add lines c and d.

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.)

Table with 5 columns: (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. Row 1 contains 'SEE STATEMENT 5' and '0.'. Other rows are empty.

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 ▶ 12		
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>SEE STATEMENT 6</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 0.		
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	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	
85 a	501(c)(4), (5), or (6) 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	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?		N/A
85g			
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?		N/A
85h			
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 N/A; section 4912 N/A; section 4955 N/A		
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	NONE	
b	Number of employees employed in the pay period that includes March 12, 2007	90b	5
91 a	The books are in care of THE ORGANIZATION Telephone no. 703-294-6244 Located at 4620 LEE HIGHWAY, ARLINGTON, VA ZIP + 4 22207		
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	91b	X
	N/A See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.		

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
 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 ▶
 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)

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					103,734.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
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))		0.		0.	103,734.
105 Total (add line 104, columns (B), (D), and (E))					103,734.

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).
 ▼

94 MEMBER ACTIVITIES HELP TO IMPROVE AND ADMINISTER HEALTH RELATED SYSTEMS AND PROGRAMS

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	(D)	(E)
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, to...
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a...
 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.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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?

Yes	No

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: **Brenna Hill** Signature of officer, Date: **May 14, 2008**

Type or print name and title: **Brenna Hill, Executive Director**

Paid Preparer's Use Only: Preparer's signature: **Brian D Davis**, Date: **05/13/08**, Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): **EIN**

Firm's name (or yours if self-employed), address, and ZIP + 4: **BRIAN D. DAVIS, CPA**
1101 PENNSYLVANIA AVE SE
WASHINGTON, DC 20003

Phone no.: **202-544-3501**

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & EQUIPMENT											
1	BOOKCASE	01	200DB	7.00	17	106.			106.	85.		14.
2	CHAIR	01	200DB	7.00	17	114.			114.	86.		19.
10	FILE CAB	01	200DB	7.00	17	240.			240.	165.		50.
11	FILE CABS	01	200DB	7.00	17	909.			909.	619.		193.
12	FILE CABS	01	200DB	7.00	17	170.			170.	121.		33.
13	FILE DRAWER	01	200DB	7.00	17	334.			334.	275.		39.
14	FURN & EQUIP	01	200DB	7.00	17	674.			674.	560.		76.
15	FURN & EQUIP	01	200DB	7.00	17	911.			911.	658.		169.
16	FURN & EQUIP	01	200DB	7.00	17	300.			300.	221.		53.
17	FURN & EQUIP	01	200DB	7.00	17	696.			696.	561.		90.
18	FURN & EQUIP	01	200DB	7.00	17	967.			967.	806.		107.
19	FURN & EQUIP	01	200DB	7.00	17	536.			536.	381.		103.
20	FURN & EQUIP	01	200DB	7.00	17	3,187.			3,187.	2,350.		558.
21	LAMP	01	200DB	7.00	17	126.			126.	90.		24.
22	PHONE	01	200DB	7.00	17	209.			209.	209.		0.
23	PHONE	01	200DB	7.00	17	300.			300.	221.		53.
24	PHONES (2)	01	200DB	7.00	17	360.			360.	360.		0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
25	PHONES		01200DB	7.00	17	997.			997.	710.		191.
28	SHELVES		01200DB	7.00	17	270.			270.	184.		57.
29	SHELVES		01200DB	7.00	17	138.			138.	111.		18.
30	(D)TABLE PICNIC		01200DB	7.00	17	219.			219.	152.		23.
31	TABLES (2)		01200DB	7.00	17	264.			264.	264.		0.
32	FURN & EQUIP	010107	200DB	7.00	19C	2,818.			2,818.			403.
	* 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT					14,845.		0.	14,845.	9,189.	0.	2,273.
	COMPUTER EQUIPMENT											
3	COMPUTER GATEWAY		04200DB	5.00	17	1,108.			1,108.	999.		44.
4	(D)COMP - DELL		04200DB	5.00	17	1,535.			1,535.	1,447.		18.
5	COMPUTER DELL		05200DB	5.00	17	860.			860.	447.		165.
6	COMPUTER GATE		06200DB	5.00	17	550.			550.	110.		176.
7	COMPUTER GATE		06200DB	5.00	17	550.			550.	110.		176.
8	COMPUTER GATE		04200DB	5.00	17	856.			856.	609.		99.
9	COMPUTER COMPAQ		04200DB	5.00	17	523.			523.	372.		60.
26	(D)PRINT - HP COLOR		04200DB	5.00	17	174.			174.	155.		4.
27	(D)PRINT - HP DESK JET		04200DB	5.00	17	183.			183.	165.		4.
	* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT					6,339.		0.	6,339.	4,414.	0.	746.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* GRAND TOTAL 990 PAGE 2 DEPR					21,184.		0.	21,184.	13,603.	0.	3,019.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
OTHER CHANGES IN FUND BALANCE		4,913.	
WASHINGTON STATE CHAPTER		3,795.	
TOTAL TO FORM 990, PART I, LINE 20		8,708.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	15,745.	11,809.	3,936.		
WEBSITE	28,013.	21,010.	7,003.		
BANK CHARGES	5,985.		5,985.		
DUES & SUBSCRIPTIONS	2,002.	1,502.	500.		
ENTERTAINMENT & MEALS	1,414.	1,060.	354.		
FURNITURE & EQUIPMENT	4,027.		4,027.		
INSURANCE	2,429.		2,429.		
LOBBYING	46,000.	46,000.			
MEMBER BENEFITS	2,988.	2,988.			
OFFICE OPERATIONS	3,919.		3,919.		
PUBLIC RELATIONS	3,314.	3,314.			
PROJECT DEVELOPMENT	2,900.	2,900.			
MISCELLANEOUS	1,378.		1,378.		
STATE COORDINATOR	47,499.	47,499.			
CONSULTING FEES	6,500.	6,500.			
AFFILIATE CHAPTERS - EXPENSES	87,448.	87,448.			
TOTAL TO FM 990, LN 43	261,561.	232,030.	29,531.		

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

- A. GENERATED GRASSROOTS FOR NUMEROUS FEDERAL BILLS. SUPPORTING OR OPPOSING BILLS THAT AFFECT HEALTH FREEDOM. OVER 100,000 LETTERS SENT TO CONGRESS FROM ACTIVIST THROUGH OUR WEBSITE.
- B. CREATED STATE CHAPTER POLICY & PROCEDURES IN ORDER TO HAVE A MORE DIRECT IMPACT ON PUBLIC POLICY. WE CREATED CHAPTERS IN WA, CT AND OH. ASSISTED IN PASSING BILLS SUCH AS ABRAHAM'S LAW IN VA
- C. PREPARE COMMENTS TO THE FDA RE: FUNCTIONAL FOODS; CAM GUIDANCE; AND EVIDENCE BASED MEDICINE
- D. BRAIN INJURY, RESEARCH & REHABILITATION. PROJECT ASKING CONGRESS FOR \$10 MILLION TO TREAT BRAIN INJURED SOLDIERS AND VETERANS WITH HYPERBARIC OXYGEN.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		479,422.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BOOKCASE	106.	99.	7.
CHAIR	114.	105.	9.
COMPUTER GATEWAY	1,108.	1,043.	65.
COMPUTER DELL	860.	612.	248.
COMPUTER GATE	550.	286.	264.
COMPUTER GATE	550.	286.	264.
COMPUTER GATE	856.	708.	148.
COMPUTER COMPAQ	523.	432.	91.
FILE CAB	240.	215.	25.
FILE CABS	909.	812.	97.
FILE CABS	170.	154.	16.
FILE DRAWER	334.	314.	20.
FURN & EQUIP	674.	636.	38.
FURN & EQUIP	911.	827.	84.
FURN & EQUIP	300.	274.	26.
FURN & EQUIP	696.	651.	45.

FURN & EQUIP	967.	913.	54.
FURN & EQUIP	536.	484.	52.
FURN & EQUIP	3,187.	2,908.	279.
LAMP	126.	114.	12.
PHONE	209.	209.	0.
PHONE	300.	274.	26.
PHONES (2)	360.	360.	0.
PHONES	997.	901.	96.
SHELVES	270.	241.	29.
SHELVES	138.	129.	9.
TABLES (2)	264.	264.	0.
FURN & EQUIP	2,818.	403.	2,415.
TOTAL TO FORM 990, PART IV, LN 57	19,073.	14,654.	4,419.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE		
			BEN PLAN CONTRIB	EXPENSE ACCOUNT	
SHERRI TENPENNY, D.O. C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	PRESIDENT 0.00		0.	0.	0.
PAMELA POPPER, PH.D, N.D. C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	VICE PRESIDENT 0.00		0.	0.	0.
JIM BURK, ESQ. C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	TREASURER 0.00		0.	0.	0.
ROBBAN SICA, M.D. C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	SECRETARY 0.00		0.	0.	0.
SHARI LIEBERMAN, PH.D, CNS, FACN C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	PAST PRESIDENT 0.00		0.	0.	0.
BOB BEISWENGER C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	BOARD MEMBER 0.00		0.	0.	0.
RASHID BUTTAR, D.O., FAAPM, FACAM, FAAIM C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	BOARD MEMBER 0.00		0.	0.	0.

PAUL HARCH, M.D. C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	BOARD MEMBER 0.00	0.	0.	0.
JONATHAN LIZOTTE C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	BOARD MEMBER 0.00	0.	0.	0.
MELINNA GIANINNI C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	BOARD MEMBER 0.00	0.	0.	0.
HARRY G. PREUSS, M.D., MACN, CNS C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	BOARD MEMBER 0.00	0.	0.	0.
DEBORAH RAY, M.T. C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	BOARD MEMBER 0.00	0.	0.	0.
CHRIS REA C/O AAHF, 4620 LEE HIGHWAY ARLINGTON, VA 22207	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 6
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
HEALTH FREEDOM FOUNDATION	X	
AAHF PAC	X	

4562

Form

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No 1545-0172

2007

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AMERICAN ASSOCIATION FOR HEALTH FREEDOM FORM 990 PAGE 2

54-1952806

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.

Table with 5 main rows for Part I. Line 1: 125,000. Line 3: 500,000. Line 7: [blank]. Line 8: [blank]. Line 9: [blank]. Line 10: [blank]. Line 11: [blank]. Line 12: [blank]. Line 13: [blank].

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.)

Table with 3 rows for Part II. Line 14: [blank]. Line 15: [blank]. Line 16: [blank].

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

Section A

Table with 2 rows for Section A. Line 17: 2,616. Line 18: [checkbox].

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Row c: 2,818, 7 YRS, HY, 200DB, 403.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) [blank], (c) [blank], (d) [blank], (e) [blank], (f) [blank]. Row b: 12 yrs, S/L. Row c: 40 yrs, MM, S/L.

Part IV Summary (see instructions)

Table with 2 main rows for Part IV. Line 21: [blank]. Line 22: 3,019. Line 23: [blank].

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44