

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545 1150

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

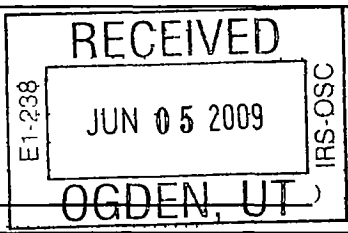
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public  
Inspection**

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **2008, and ending** \_\_\_\_\_

|   |   |  |   |                                 |
|---|---|--|---|---------------------------------|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Please use IRS label or print or type. See Specific Instructions.<br><b>AMERICAN ASSOCIATION FOR HEALTH FREEDOM</b><br>1350 CONNECTICUT AVENUE 5TH FLOOR<br>WASHINGTON, DC 20036 | <b>D</b> Employer identification number<br>54-1952806  | <b>E</b> Telephone number<br>800-230-2762 | <b>F</b> Group Exemption Number |
| <p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>  |   | <p><b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br/>Other (specify) _____</p>   |   |                                 |
| <p><b>I Website:</b> WWW HEALTHFREEDOM NET</p>  |   | <p><b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>  |   |                                 |
| <p><b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no) _____ 4947(a)(1) or _____ 527</p>   |   | <p><b>K</b> Check <input type="checkbox"/> if the organization is not a section 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.</p> |   |                                 |
| <p><b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.</p>  |   | <p align="right">▶ \$ 466,971</p>  |   |                                 |

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) |  |    |          |
|---|--|----|----------|
| 1   | Contributions, gifts, grants, and similar amounts received   | 1  | 370,109. |
| 2   | Program service revenue including government fees and contracts  | 2  |          |
| 3   | Membership dues and assessments  | 3  | 96,836.  |
| 4   | Investment income  | 4  | 26.      |
| 5a  | Gross amount from sale of assets other than inventory  | 5a |          |
| 5b  | Less cost or other basis and sales expenses  | 5b |          |
| 5c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)  | 5c |          |
| 6   | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>        |    |          |
| 6a  | Gross revenue (not including \$ _____ of contributions reported on line 1)   | 6a |          |
| 6b  | Less direct expenses other than fundraising expenses   | 6b |          |
| 6c  | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  | 6c |          |
| 7a  | Gross sales of inventory, less returns and allowances  | 7a |          |
| 7b  | Less cost of goods sold  | 7b |          |
| 7c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c |          |
| 8   | Other revenue (describe _____)   | 8  |          |
| 9   | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   | 9  | 466,971  |
| 10  | Grants and similar amounts paid (attach schedule)  | 10 |          |
| 11  | Benefits paid to or for members  | 11 |          |
| 12  | Salaries, other compensation, and employee benefits  | 12 | 241,258  |
| 13  | Professional fees and other payments to independent contractors  | 13 | 118,816  |
| 14  | Occupancy, rent, utilities, and maintenance  | 14 | 34,786   |
| 15  | Printing, publications, postage, and shipping  | 15 | 20,591.  |
| 16  | Other expenses (describe ▶ SEE STATEMENT 1)  | 16 | 142,909. |
| 17  | <b>Total expenses</b> (add lines 10 through 16)  | 17 | 558,360  |
| 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18 | -91,389  |
| 19  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 134,916. |
| 20  | Other changes in net assets or fund balances (attach explanation)  | 20 |          |
| 21  | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21 | 43,527.  |



| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) |  |                       |  |
|---|--|-----------------------|--|
|   |  | (A) Beginning of year | (B) End of year                                    |
| 22  | Cash, savings, and investments   | 168,903.              | 22 <span style="text-align: right;">23,218.</span> |
| 23  | Land and buildings   |                       | 23   |
| 24  | Other assets (describe ▶ SEE STATEMENT 2)  | 4,419                 | 24 <span style="text-align: right;">22,436</span>  |
| 25  | <b>Total assets</b>  | 173,322               | 25 <span style="text-align: right;">45,654</span>  |
| 26  | <b>Total liabilities</b> (describe ▶ SEE STATEMENT 3)                              | 38,406.               | 26 <span style="text-align: right;">2,127.</span>  |
| 27  | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 134,916               | 27 <span style="text-align: right;">43,527.</span> |

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.** Form 990-EZ (2008)

9-5 24

| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)  |  | <b>Expenses</b>  |         |
|---|--|--|---------|
| What is the organization's primary exempt purpose? <u>SEE STATEMENT 4</u>   |  | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.) |         |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title |  |  |         |
| 28  | <u>SEE STATEMENT 5</u>   |  |         |
|   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a  | 467,597 |
| 29  |  |  |         |
|   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a  |         |
| 30  |  |  |         |
|   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a  |         |
| 31  | Other program services (attach schedule)   |  |         |
|   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a  |         |
| 32  | <b>Total program service expenses</b> (add lines 28a through 31a)                        | 32   | 467,597 |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

| (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 and deferred compensation | (e) Expense account and other allowances |
|--|--|---|---|--|
| HUNTER LEWIS<br>1531 RUGBY ROAD<br>CHARLOTTESVILLE, VA 22903                     | PRESIDENT<br>0   | 0   | 0   | 0  |
| ROBBAN SICA MD<br>370 BOSTON POST ROAD<br>ORANGE, CT 06477                       | SECRETARY<br>0   | 0   | 0   | 0  |
| PAUL HARCH MD<br>1816 INDUSTRIAL BLVD<br>HARVEY, LA 70058                        | DIRECTOR<br>0  | 0   | 0   | 0  |
| HARRY PREUSS MD CNS FACN<br>4000 RESERVOIR RD NW<br>WASHINGTON, DC 20057         | DIRECTOR<br>0  | 0   | 0   | 0  |
| CHRIS RAE<br>8345 WALNUT HILL LANE<br>DALLAS, TX 75231                           | DIRECTOR<br>0  | 0   | 0   | 0  |
| DEBORAH RAY MT<br>PO BOX 17522<br>CLEARWATER, FL 33762                           | DIRECTOR<br>0  | 0   | 0   | 0  |
| ROBERT BEISWENGER LT COL USAF<br>498 NEWELL DRIVE<br>HUNTINGDON VALLEY, PA 19006 | OFFICER<br>0   | 0   | 0   | 0  |
| SHERRI TENPENNY DO<br>7271 ENGLE ROAD #115<br>MIDDLEBURG HEIGHTS, OH 44130       | PAST PRESIDENT<br>0                                      | 0   | 0   | 0  |
| JIM BURKE<br>1818 N ST NW SUITE 400<br>WASHINGTON, DC 20036                      | DIRECTOR<br>0  | 0   | 0   | 0  |
| RASHID BUTTAR DO<br>9630 JULIAN CLARK AVE<br>HUNTERSVILLE, NC 28078              | DIRECTOR<br>0  | 0   | 0   | 0  |
| MELINNA GIANNINI<br>6121 INDIAN SCHOOL RD NE STE 1<br>ALBUQUERQUE, NM 87110      | DIRECTOR<br>0  | 0   | 0   | 0  |
| JONATHAN LIZOTTE<br>2 NORTH ROAD<br>EAST WINDSOR, CT 06088                       | TREASURER<br>0   | 0   | 0   | 0  |

**Part V Other Information** (Note the statement requirement in General Instruction V.)

|     |  | Yes | No |
|-----|--|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity   |     | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes   |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T  |     |    |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?   |     | X  |
| 35b | If 'Yes,' has it filed a tax return on Form 990-T for this year?   |     |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N   |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions   |     |    |
|     | ▶ 37a   0  |     |    |
| 37b | Did the organization file Form 1120-POL for this year?   |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                      |     | X  |
| 38b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved   |     |    |
|     | 38b   N/A  |     |    |
| 39  | 501(c)(7) organizations. Enter:  |     |    |
| 39a | Initiation fees and capital contributions included on line 9   |     |    |
|     | 39a   N/A  |     |    |
| 39b | Gross receipts, included on line 9, for public use of club facilities  |     |    |
|     | 39b   N/A  |     |    |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A  |     |    |
| 40b | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I |     | X  |
| 40c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |     |    |
|     | ▶ 0  |     |    |
| 40d | Enter amount of tax on line 40c reimbursed by the organization   |     |    |
|     | ▶ 0.   |     |    |
| 40e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T   |     | X  |
| 41  | List the states with which a copy of this return is filed ▶ NONE   |     |    |

42a The books are in care of ▶ TYRONE BUTLER Telephone no ▶ 800-230-2762  
 Located at ▶ 1350 CONNECTICUT AVENUE 5TH FLOOR WASHINGTON DC ZIP + 4 ▶ 20036

|     |  | Yes | No |
|-----|--|-----|----|
| 42b | 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 ▶ _____ |     | X  |
| 42c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ▶ _____   |     | X  |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 43 |  N/A  
N/A

|    |   | Yes | No |
|----|---|-----|----|
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  |     | X  |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ |     | X  |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

|  | Yes | No |
|--|-----|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I |     |    |
| <b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   |     |    |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   |     |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   |     |    |
| <b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?   |     |    |

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

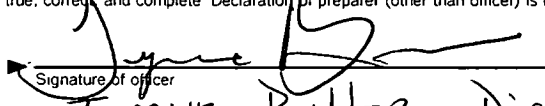
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
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| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| -----  |  |                  |   |  |
| Total number of other employees paid over \$100,000            |  |                  |   |  |

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| -----  |                     |                  |
| -----  |                     |                  |
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| -----  |                     |                  |
| -----  |                     |                  |
| Total number of other independent contractors receiving over \$100,000       |                     |                  |

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 knowledge.

**Sign Here**

Signature of officer  
  
 TYRONE BUTLER, DIRECTOR  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ► DAVID BRADSHER  
 Firm's name (or yours if self employed), address, and ZIP + 4 ► BAY BUSINESS GROUP  
 180 SOUTH WASHINGTON STREET  
 FALLS CHURCH, VA 22046

May the IRS discuss this return with the preparer shown above? See instructions.  
**BAA**

## AMERICAN ASSOCIATION FOR HEALTH FREEDOM

54-1952806

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

|  |    |                 |
|--|----|-----------------|
| BANK CHARGES                           | \$ | 3,121           |
| CONFERENCES, CONVENTIONS, AND MEETINGS |    | 4,879.          |
| DEPRECIATION                           |    | 2,343           |
| DUES & SUBSCRIPTIONS                   |    | 1,691           |
| EQUIPMENT MAINTENANCE                  |    | 1,180           |
| EQUIPMENT RENTAL                       |    | 5,020           |
| INFORMATION TECHNOLOGY                 |    | 56,704          |
| INSURANCE                              |    | 3,308           |
| LOBBYING ADS                           |    | 25,728.         |
| MAILING LIST                           |    | 700.            |
| MEDIA                                  |    | 9,561           |
| MISC                                   |    | 6,761           |
| OFFICE EXPENSES                        |    | 1,964           |
| PROPERTY TAX REFUND                    |    | -697            |
| STATE CHAPTER EXPENSES                 |    | 16,322          |
| SUPPLIES                               |    | 1,966.          |
| TRAINING                               |    | 774.            |
| TRAVEL                                 |    | 1,584           |
| TOTAL                                  | \$ | <u>142,909.</u> |

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

|                         | <u>BEGINNING</u> | <u>ENDING</u>    |
|-------------------------|------------------|------------------|
| ACCOUNTS RECEIVABLE     | \$ 0             | \$ 16,208.       |
| FURNITURE AND FIXTURES  | 3,339            | 1,953.           |
| MACHINERY AND EQUIPMENT | 1,080.           | 1,875.           |
| SECURITY DEPOSITS       | 0                | 2,400            |
| TOTAL                   | <u>\$ 4,419.</u> | <u>\$ 22,436</u> |

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

|                                       | <u>BEGINNING</u>  | <u>ENDING</u>   |
|---------------------------------------|-------------------|-----------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 0.             | \$ 2,127.       |
| PAYROLL TAX PAYABLE                   | 6,447.            | 0               |
| PREPAID DUES                          | 31,959.           | 0               |
| TOTAL                                 | <u>\$ 38,406.</u> | <u>\$ 2,127</u> |

**STATEMENT 4**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROMOTE INTEGRATED HEALTH CARE SYSTEMS AND PROGRAMS.

**STATEMENT 5  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

GENERATED GRASSROOTS SUPPORT OR OPPOSITION FOR NUMEROUS FEDERAL BILLS AFFECTING HEALTH FREEDOM. SUPPORTED STATE CHAPTERS, ASSISTING IN PASSING BILLS AT THE STATE LEVEL. PREPARED COMMENTS TO FEDERAL AGENCIES RELATED TO HEALTH FREEDOM BRAIN INJURY RESEARCH AND REHABILITATION.