

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)

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

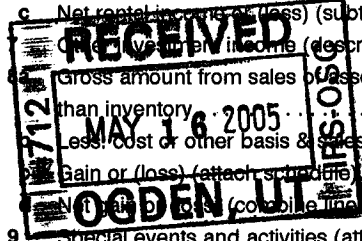
The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 header section including: A For the 2004 calendar year, or tax year beginning, 2004, 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) 759-0662; F Acctg. method: Accrual; G Website: www.healthfreedom.net; H(a) Is this a group return for affiliates? No; H(b) If "Yes," enter number of affiliates; H(c) Are all affiliates included? No; H(d) Is this a separate return filed by an organization covered by a group ruling? No; I Group Exemption Number; J Organization type: 501(c)(4); K Check here if the organization's gross receipts are normally not more than \$25,000; L Gross receipts: 266,055; M Check if 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 (See instructions.)

Table with 21 rows and 4 columns: Description, Sub-column, Total, and Amount. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or loss; 7 Other revenue; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis & sales expenses; 8c Gain or (loss) from sales of assets; 8d Total gain or (loss) from sales of assets; 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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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 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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	141,549	106,162	35,387	
27	Pension plan contributions	1,832	1,349	483	
28	Other employee benefits	1,950	1,462	488	
29	Payroll taxes	11,197	8,398	2,799	
30	Professional fundraising fees				
31	Accounting fees	4,500		4,500	
32	Legal fees	25,107	25,107		
33	Supplies	2,775	2,109	666	
34	Telephone	5,141	3,907	1,234	
35	Postage and shipping	1,797	1,366	431	
36	Occupancy	27,429	20,846	6,583	
37	Equipment rental and maintenance	4,004	3,043	961	
38	Printing and publications	7,852	5,968	1,884	
39	Travel	90		90	
40	Conferences, conventions, and meetings	3,594	3,594		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	1,962		1,962	
43	Other expenses not covered above (itemize): a ADVERTISING	5,539		5,539	
	b WEB SITE	12,271	12,271		
	c BANK CHARGES	4,023		4,023	
	d DUES AND SUBSCRIPTIONS	1,389	1,181	208	
	e See attachment 3	7,459	4,895	2,564	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	271,460	201,658	69,802	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) the 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 instructions.)

What is the organization's primary exempt purpose? **PROMOTE INTEGRATED HEALTH CARE**
 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.)

	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
a PROMOTE INTEGRATED HEALTH CARE SYSTEMS AND PROGRAMS	
(Grants and allocations \$ _____)	201,658
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	201,658

Part IV Balance Sheets (See Specific Instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
A S S E T S	45	Cash -- non-interest-bearing		9,773	45	17,353	
	46	Savings and temporary cash investments		26,202	46	24,580	
	47a	Accounts receivable	47a	4,872			
	b	Less: allowance for doubtful accounts	47b		1,622	47c	4,872
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		#1		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			468	53	253
	54	Investments -- securities (attach schedule)				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 ... #2	57a	21,749				
b	Less: accumulated depreciation (attach schedule)	57b	14,117	8,202	57c	7,632	
58	Other assets (describe				58		
59	Total assets (add lines 45 through 58) (must equal line 74)			46,267	59	54,690	
L I A B I L I T I E S	60	Accounts payable and accrued expenses		2,228	60	4,342	
	61	Grants payable			61		
	62	Deferred revenue			32,630	62	44,344
	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	Total liabilities (add lines 60 through 65)			34,858	66	48,686	
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted			11,409	67	6,004
	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; column (B) must equal line 21)			11,409	73	6,004	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			46,267	74	54,690	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions.)

a Total revenue, gains, and other support per audited financial statements ▶	a N/A
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ _____	
(2) Donated services & use of facilities \$ _____	
(3) Recoveries of prior year grants \$ _____	
(4) Other (specify): _____ \$ _____	
Add amounts on lines (1) through (4) . . ▶	b
c Line a minus line b ▶	c
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify): _____ \$ _____	
Add amounts on lines (1) and (2) ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 0

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

a Total expenses and losses per audited financial statements ▶	a N/A
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services & use of facilities \$ _____	
(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify): _____ \$ _____	
Add amounts on lines (1) through (4) . . ▶	b
c Line a minus line b ▶	c
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify): _____ \$ _____	
Add amounts on lines (1) and (2) ▶	d
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific 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 comp.	(E) Expense account and other allowances
SHARI LIEBERMAN PHD NEW YORK, NY 10003	PRESIDENT 1	0		
THOMAS KRUZEL MD SCOTTSDALE, AZ 85257	VICE PRESIDENT 1	0		
AL CZAP DOVER, ID 83825	SECRETARY 1	0		
ROD HARBIN BIRMINGHAM, AL 35209	TREASURER 1	0		
HEATHER BAINES SANTA MONICA, CA 90401	DIRECTOR 1	0		
BERKLEY BEDELL NAPLES, FL 34109	DIRECTOR 1	0		
JAN B HAMILTON PHD PLAINVIEW, TX 79072	DIRECTOR 1	0		
ROBERT I-SAN LIN PHD IRVINE, CA 92619	DIRECTOR 1	0		
KEVIN P MILLER CLEVELAND, OH 44145	DIRECTOR 1	0		
See attachment #4				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule -- see Specific Instructions.

Part VI Other Information (See Specific Instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	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
78a	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?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . .	79	X
80a	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>HEALTH FREEDON FOUNDATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	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.	85b	X
c	Dues, assessments, and similar amounts from members	85c	260,310
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	260,310
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 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>		
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 ► <u>Virginia</u>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	4
91	The books are in care of ► <u>BENNA HILL</u> Telephone no. ► <u>(703) 759-0662</u> Located at ► <u>SAME</u> ZIP + 4 ► _____		
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 Specific 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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies.					
94 Membership dues & assessments				260,310	
95 Interest on savings and temporary cash investments				121	
96 Dividends & 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/(loss) from sales of inventory.					
103 Other revenue: a MISCELLANEOUS				5,624	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		266,055	0
105 Total (add line 104, columns (B), (D), and (E))					266,055

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 Specific 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	THE ACTIVITIES HELP TO IMPROVE & ADMINISTER HEALTH RELATED SYSTEMS & PROGRAMS & DISTRIBUTE EDUCATIONAL MATERIALS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific 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 Specific 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 accompanying schedules and statements, 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 preparer has any knowledge.

Please Sign Here

Signature of officer: *Brenna Hill*

Type or print name and title: Brenna Hill

Paid Preparer's Use Only

Preparer's signature: *Ronald H. Thomas*

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

SCHEDULE OF OTHER EXPENSES

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

Open to Public Inspection	For calendar year 2004 or tax period beginning _____ , and ending _____		
Name of Organization AMERICAN ASSOCIATION FOR HEALTH FRE			Employer Identification Number 54-1952806

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ENTERTAINMENT	559		559	
INSURANCE	2,983	2,536	447	
PUBLIC RELATIONS	125		125	
OTHER TAXES	689		689	
UTILITIES	1,289	980	309	
EQUIPMENT MAINTENANCE	1,814	1,379	435	
Page Total	7,459	4,895	2,564	
Total	7,459	4,895	2,564	

SCHEDULE OF RECEIVABLES – FROM OFFICERS, DIRECTORS, TRUSTEES, AND OTHER DISQUALIFIED PERSONS

Attachment 1: page 1 - 990 Page 3, Part VI, Line 50

Open to Public Inspection	For Calendar year 2004, or tax year period beginning	and ending
Name of Organization AMERICAN ASSOCIATION FOR HEALTH FRE	Employer Identification Number 54-1952806	

Borrower's Name	Borrower's Title	Original Amount	Date of Note	Maturity Date	Repayment Terms	Int. Rate	Security Provided by Borrower
NONE							

Purpose of Loan	Description and Fair Market Value of the Consideration by the Lender	Ending Balance	Ending FMV
Total balance due at year-end from officers for receivables required to be reported separately			
Functionally related receivables due from officers subject to the same terms and conditions as the general public			
Travel advances for official business of the organization			
Year End Totals			

SCHEDULE OF LAND, BUILDING & EQUIPMENT

Attachment 2: page 1 - 990 Page 3, Part IV, Line 57a-c

Open to Public Inspection For calendar year 2004 or tax period beginning , and ending

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

Description of Property	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value (Form 990-PF only)
SEE SCHEDULE	21,749	14,117	7,632	
Total	21,749	14,117	7,632	

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990 Page 4, Part V

Open to Public Inspection For calendar year 2004 or tax period beginning , and ending

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

Table with 5 columns: (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. Includes entries for RALPH MIRANDA MD, DAVID PERLMUTTER MD, and SHERRI TENPENNY DO.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number
54-1952806

AMERICAN ASSOCIATION FOR HEALTH FOR FORM 990

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	102,000
2 Total cost of section 179 property placed in service (see the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000
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-. If married filing separately, see the instructions	5	102,000
6		
(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7		
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 2003 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	102,000
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 2005. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see the instructions)	14	
15 Property subject to section 168(f)(1) election (see the instructions)	15	
16 Other depreciation (including ACRS) (see the instructions)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	1,686
18 If you are electing under section 168(i)(4) 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 2004 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		1,379	05	HY	200DB	276
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	

Section C -- Assets Placed in Service During 2004 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 the 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	1,962
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	

For Paperwork Reduction Act Notice, see separate instructions.

2004 Federal Depreciation Schedule

00001 AMERICAN ASSOCIATION FOR HEALTH FRE

04-27-2005

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
ROOM FURNITURE										
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	617	41
FURN & EQUIP	01-07-98	200DBHY	7	300	0	0	0	300	181	27
FILE CABS	01-25-98	200DBHY	7	909	0	0	0	909	497	81
SHELVES	01-29-98	200DBHY	7	270	0	0	0	270	148	24
LAMP	02-24-98	200DBHY	7	126	0	0	0	126	73	11
BOOKCASE	02-26-98	200DBHY	7	106	0	0	0	106	71	9
FILE CABS	03-27-98	200DBHY	7	170	0	0	0	170	98	15
PHONES	03-27-98	200DBHY	7	997	0	0	0	997	577	89
SHELVES	04-27-98	200DBHY	7	138	0	0	0	138	93	12
FURN & EQUIP	06-02-98	200DBHY	7	696	0	0	0	696	468	62
FURN & EQUIP	01-02-99	200DBHY	7	967	0	0	0	967	591	86
FURN & EQUIP	07-21-99	200DBHY	7	536	0	0	0	536	261	48
PHONE	07-22-99	200DBHY	7	300	0	0	0	300	154	27
FURN & EQUIP	07-30-99	200DBHY	7	3,187	0	0	0	3,187	1,639	284
FILE CAB	05-31-00	200DBHY	7	240	0	0	0	240	102	21
TABLE PICKNIC	05-31-00	200DBHY	7	219	0	0	0	219	92	20
CHAIR	06-30-00	200DBHY	7	114	0	0	0	114	56	10
FILE DRAWER	03-30-01	200DBHY	7	334	0	0	0	334	173	42
22 Assets				Totals:	0	0	0	12,027	7,284	909
Computer Systems										
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	847	92
COMP SOFTWARE	07-31-00	200DBHY	5	287	0	0	0	287	110	33
COMP - DELL	12-29-00	200DBHY	5	1,631	0	0	0	1,631	542	188
PRINT - HP COLOR	03-30-01	200DBHY	5	174	0	0	0	174	105	20
COMP - DELL	04-30-01	200DBHY	5	1,108	0	0	0	1,108	679	128
PRINT- HP DESK JET	05-31-01	200DBHY	5	183	0	0	0	183	112	21
COMP - DELL	03-11-02	200DBHY	5	1,535	0	0	0	1,535	798	295
COMPUTER	02-11-04	200DBHY	5	856	0	0	0	856	0	171
COMPUTER	09-21-04	200DBHY	5	523	0	0	0	523	0	105
11 Assets				Totals:	0	0	0	9,709	4,871	1,053
33 Assets				Grand Totals:	0	0	0	21,736	12,155	1,962

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2004 AMT Depreciation Schedule

00001 AMERICAN ASSOCIATION FOR HEALTH FRE

04-27-2005

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
ROOM FURNITURE								
PHONES (2)	07-07-94	150DBHY	10	360	31	16	0	-16
TABLES (2)	07-07-94	150DBHY	10	264	23	12	0	-12
PHONE	09-09-94	150DBHY	10	209	18	9	0	-9
FURN & EQUIP	08-08-96	150DBHY	10	674	59	59	0	-59
FURN & EQUIP	12-12-97	150DBHY	10	911	80	80	41	-39
FURN & EQUIP	01-07-98	150DBHY	10	300	26	26	27	1
FILE CABS	01-25-98	150DBHY	10	909	79	79	81	2
SHELVES	01-29-98	150DBHY	10	270	24	24	24	0
LAMP	02-24-98	150DBHY	10	126	11	11	11	0
BOOKCASE	02-26-98	150DBHY	10	106	9	9	9	0
FILE CABS	03-27-98	150DBHY	10	170	15	15	15	0
PHONES	03-27-98	150DBHY	10	997	87	87	89	2
SHELVES	04-27-98	150DBHY	10	138	12	12	12	0
FURN & EQUIP	06-02-98	150DBHY	10	696	61	61	62	1
FURN & EQUIP	01-02-99	150DBHY	7	967	118	118	86	-32
FURN & EQUIP	07-21-99	150DBHY	7	536	66	66	48	-18
PHONE	07-22-99	150DBHY	7	300	37	37	27	-10
FURN & EQUIP	07-30-99	150DBHY	7	3,187	390	390	284	-106
FILE CAB	05-31-00	150DBHY	7	240	29	29	21	-8
TABLE PICKNIC	05-31-00	150DBHY	7	219	27	27	20	-7
CHAIR	06-30-00	150DBHY	7	114	14	14	10	-4
FILE DRAWER	03-30-01	150DBHY	7	334	50	41	42	1
22 Assets	Totals:			12,027	1,266	1,222	909	-313
Computer Systems								
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	266	133	92	-41
COMP SOFTWARE	07-31-00	150DBHY	5	287	48	48	33	-15
COMP - DELL	12-29-00	150DBHY	5	1,631	272	272	188	-84
PRINT - HP COLOR	03-30-01	150DBHY	5	174	31	29	20	-9
COMP - DELL	04-30-01	150DBHY	5	1,108	198	185	128	-57
PRINT- HP DESK JET	05-31-01	150DBHY	5	183	33	30	21	-9
COMP - DELL	03-11-02	150DBHY	5	1,535	391	274	295	21
COMPUTER	02-11-04	150DBHY	5	856	0	128	171	43
COMPUTER	09-21-04	150DBHY	5	523	0	78	105	27
11 Assets	Totals:			9,709	1,274	1,177	1,053	-124
33 Assets	Grand Totals:			21,736	2,540	2,399	1,962	-437

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction