

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)

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 2006 calendar year, or tax year beginning, 2006, 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
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: 64-1952806

E Telephone number: (703) 294-6244

F Acctg. method: [] Cash [X] 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) [X] 501(c)(4) (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.

H & I are not applicable to sec 527 organizations

H(a) Is this a group return for affiliates? [] Yes [X] No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) [] Yes [] No

H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 203,668

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, Total, and Total Revenue/Expenses. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

SCANNED JUL 14 2007

REVENUE

EXPENSES

ASSETS

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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 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	
22a	Grants paid from donor advised funds (attach sched.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
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) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	147,468	110,601	36,867	
27	Pension plan contributions not included on lines 25a, b, and c	27	3,533	2,650	883	
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29	12,009	9,007	3,002	
30	Professional fundraising fees	30				
31	Accounting fees	31	4,500		4,500	
32	Legal fees	32	17,202		17,202	
33	Supplies	33	3,883	2,912	971	
34	Telephone	34	2,119	1,589	530	
35	Postage and shipping	35	540	405	135	
36	Occupancy	36	1,613	1,210	403	
37	Equipment rental and maintenance	37	1,859	1,394	465	
38	Printing and publications	38	499	374	125	
39	Travel	39				
40	Conferences, conventions, and meetings	40	399	399		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	1,324		1,324	
43	Other expenses not covered above (itemize):					
a	SEE ATTACHMENT #1	43a	12,059	3,540	7,964	555
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	209,007	134,081	74,371	555

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? ► SEE ATTACHMENT #2	Program Service Expenses
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>
a SEE ATTACHMENT #3 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	134,081
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) ►	134,081

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
A S S E T S	45. Cash -- non-interest-bearing	8,027	45	6,494
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less. allowance for doubtful accounts	47b	886	47c
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) #4			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	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			53
	54a Investments -- publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments -- other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	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 #5	57a	18,366	
b Less: accumulated depreciation (attach schedule)	57b	13,603	57c	
58 Other assets, including program-related investments (describe ► <u>SEE ATTACHMENT #6</u>)			58	4,763
59 Total assets (must equal line 74). Add lines 45 through 58		15,629	59	11,257
L I A B I L I T I E S	60 Accounts payable and accrued expenses	1,574	60	11,941
	61 Grants payable		61	
	62 Deferred revenue	28,630	62	19,230
	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		30,204	66
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	-14,575	67	-19,914
	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)	-14,575	73	-19,914
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	15,629	74	11,257

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

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and 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	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	0

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
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
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

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
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 FREEDOM FOUNDATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	N/A
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

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?	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	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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
88a	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
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
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
90a	List the states with which a copy of this return is filed ▶ <u>N/A</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	3
91a	The books are in care of ▶ <u>SEE ATTACHMENT #8</u> 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

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 ▶ _____

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

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) Excl code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					139,426
95 Interest on savings and temporary cash investments					14
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 SEE ATTACHMENT #9					58,943
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	198,383
105 Total (add line 104, columns (B), (D), and (E))					198,383

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

(a) Did organization, during the year, receive any funds, directly or indirectly, from any individual?

(b) Did the organization, during the year, pay premiums, directly or indirectly, for any life insurance policy?

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).

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. N/A

				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. N/A

				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? N/A

Please Sign Here

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.

Signature of officer: Bienne Hill Date: 5-14-07

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5-8-07 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): 529326717

Firm's name (or yours if self-employed), address, and ZIP + 4: RONALD H THOMAS CPA
11301 SPUR WHEEL LANE
POTOMAC MD 20854-1203

EIN: _____ Phone no.: 301-983-0330

LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN

ATTACHMENT 1: PAGE 1 - 990 PAGE 1, LINE H(C)

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax 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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Name and Address of Affiliated Organization Included in this Group Return	Organization EIN
AAHF DBA WA CHOICE 801 SW 16TH ST, SUITE 121 RENTON, WA 98055	

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 1: PAGE 1 - 990 PAGE 2, PART II, LINE 43

OPEN TO PUBLIC INSPECTION	For calendar year 2006 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
WEB SITE	1,420	1,420		
BANK CHARGES & CREDIT CARD	3,880		3,880	
DUES , FEES & SUBSCRIPTIONS	1,473	1,105	368	
ENTERTAINMENT & MEALS	156			156
EQUIPMENT MAINTENANCE	1,354	1,015	339	
INSURANCE	3,151		3,151	
PUBLIC RELATION	399			399
TAXES PERSONAL PROPERTY	226		226	
Total	12,059	3,540	7,964	555

PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____
Name of Organization AMERICAN ASSOCIATION FOR HEALTH FRE	Employer Identification Number 54-1952806

Primary Purpose

PROMOTE INTEGRATED HEALTH CARE SYSTEMS AND PROGRAMS

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____		
Name of Organization AMERICAN ASSOCIATION FOR HEALTH FRE		Employer Identification Number 54-1952806	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	134,081
Exempt Purpose Achievements			

THE ACTIVITIES HELP TO IMPROVE AND ADMINISTER HEALTH RELATED SYSTEMS AND PROGRAMS.

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

ATTACHMENT 4: PAGE 1 - 990 PAGE 4, PART IV, LINE 50

**OPEN TO PUBLIC
INSPECTION**

For Calendar year 2006, 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 5: PAGE 1 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, 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)
BOOKCASE	106	85	21	
CHAIR	114	86	28	
COMP - DELL	1,108	999	109	
COMP - DELL	1,535	1,447	88	
COMPUTER DELL	860	447	413	
COMPUTER GATE	550	110	440	
COMPUTER GATE	550	110	440	
COMPUTER	856	609	247	
COMPUTER	523	372	151	
FILE CAB	240	165	75	
FILE CABS	909	619	290	
FILE CABS	170	121	49	
FILE DRAWER	334	275	59	
FURN & EQUIP	674	560	114	
FURN & EQUIP	911	658	253	
FURN & EQUIP	300	221	79	
FURN & EQUIP	696	561	135	
FURN & EQUIP	967	806	161	
FURN & EQUIP	536	381	155	
FURN & EQUIP	3,187	2,350	837	
LAMP	126	90	36	
PHONE	209	209		
PHONE	300	221	79	
PHONES (2)	360	360		
PHONES	997	710	287	
PRINT - HP COLOR	174	155	19	
PRINT- HP DESK JET	183	165	18	
SHELVES	270	184	86	
SHELVES	138	111	27	
TABLE PICKNIC	219	152	67	
TABLES (2)	264	264		
Total	18,366	13,603	4,763	

SCHEDULE OF OTHER ASSETS

ATTACHMENT 6: PAGE 1 - 990 PAGE 4, PART IV, LINE 58

NOT OPEN TO PUB		
INSPECTION	For calendar year 2006 or tax period beginning	, and ending
Name of Organization AMERICAN ASSOCIATION FOR HEALTH FRE		Employer Identification Number 54-1952806

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
THIS NET DEPRECIABLE ASSETS (PROGRAMING ERROR)		4,763	
Totals		4,763	

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990 PAGE 5, PART V-A

OPEN TO PUBLIC INSPECTION		For calendar year 2006 or tax period beginning , and ending		
Name of Organization				Employer Identification Number
AMERICAN ASSOCIATION FOR HEALTH FRE				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	0	0	0
SHERRI TENPENNY MIDDLEBURG HEIGHTS, OH 44130	VICE PRESIDENT	0	0	0
AL CZAP DOVER, ID 83825	SEC TREAS	0	0	0
BERKLEY BEDELL NAPLES, FA	DIRECTOR	0	0	0
MURRY SUSSER LOS ANGELES, CA	DIRECTOR	0	0	0
HARRY PREUSS WASHINGTON, DC	DIRECTOR	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 8 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2006 or tax period beginning _____, 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 2006 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	REIMBURSEMENT FOR SHARED EXPENSES					53,789
B	SUB LEASE					5,154
Totals						58,943

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 AMERICAN ASSOCIATION FOR HEALTH FOR FORM 990	Business or activity to which this form relates FOR FORM 990	Identifying number 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.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
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	430,000
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 instructions	5	108,000
6		
(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 2005 Form 4562		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
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 2007. Add lines 9 and 10, less line 12 ▶ 13		108,000

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 qualified New York Liberty or Gulf Opportunity 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	108,000

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 2006	17	1,104
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 2006 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		1,100	05	HY	200DB	220
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 2006 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 instructions	22	1,324
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.

2006 Federal Depreciation Schedule

AMERICAN ASSOCIATION FOR HEALTH FRE
54-1952806

05-05-2007

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
MISCELLANEOUS										
COMPUTER GATE	12-15-06	200DBHY	5	550	0	0	0	550	0	110
COMPUTER GATE	12-15-06	200DBHY	5	550	0	0	0	550	0	110
2 Assets			Totals	1,100	0	0	0	1,100	0	220
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	658	0
FURN & EQUIP	01-07-98	200DBHY	7	300	0	0	0	300	221	0
FILE CABS	01-25-98	200DBHY	7	909	0	0	0	909	619	0
SHELVES	01-29-98	200DBHY	7	270	0	0	0	270	184	0
LAMP	02-24-98	200DBHY	7	126	0	0	0	126	90	0
BOOKCASE	02-26-98	200DBHY	7	106	0	0	0	106	85	0
PHONES	03-27-98	200DBHY	7	997	0	0	0	997	710	0
FILE CABS	03-27-98	200DBHY	7	170	0	0	0	170	121	0
SHELVES	04-27-98	200DBHY	7	138	0	0	0	138	111	0
FURN & EQUIP	06-02-98	200DBHY	7	696	0	0	0	696	561	0
FURN & EQUIP	01-02-99	200DBHY	7	967	0	0	0	967	763	43
FURN & EQUIP	07-21-99	200DBHY	7	536	0	0	0	536	357	24
PHONE	07-22-99	200DBHY	7	300	0	0	0	300	208	13
FURN & EQUIP	07-30-99	200DBHY	7	3,187	0	0	0	3,187	2,208	142
TABLE PICKNIC	05-31-00	200DBHY	7	219	0	0	0	219	132	20
FILE CAB	05-31-00	200DBHY	7	240	0	0	0	240	144	21
CHAIR	06-30-00	200DBHY	7	114	0	0	0	114	76	10
FILE DRAWER	03-30-01	200DBHY	7	334	0	0	0	334	245	30
22 Assets			Totals:	12,027	0	0	0	12,027	8,886	303
Computer Systems										
PRINT - HP COLOR	03-30-01	200DBHY	5	174	0	0	0	174	145	10
COMP - DELL	04-30-01	200DBHY	5	1,108	0	0	0	1,108	935	64
PRINT- HP DESK JET	05-31-01	200DBHY	5	183	0	0	0	183	154	11
COMP - DELL	03-11-02	200DBHY	5	1,535	0	0	0	1,535	1,270	177
COMPUTER	02-11-04	200DBHY	5	856	0	0	0	856	445	164
COMPUTER	09-21-04	200DBHY	5	523	0	0	0	523	272	100
COMPUTER DELL	02-24-05	200DBHY	5	860	0	0	0	860	172	275
7 Assets			Totals	5,239	0	0	0	5,239	3,393	801
31 Assets			Grand Totals:	18,366	0	0	0	18,366	12,279	1,324

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2006 AMT Depreciation Schedule

AMERICAN ASSOCIATION FOR HEALTH FRE
54-1952806

05-05-2007

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
MISCELLANEOUS								
COMPUTER GATE	12-15-06	150DBHY	5	550	0	83	110	27
COMPUTER GATE	12-15-06	150DBHY	5	550	0	83	110	27
2 Assets	Totals.			1,100	0	166	220	54
Furniture								
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	177	29	0	-29
FURN & EQUIP	12-12-97	150DBHY	10	911	240	80	0	-80
FURN & EQUIP	01-07-98	150DBHY	10	300	78	26	0	-26
FILE CABS	01-25-98	150DBHY	10	909	237	79	0	-79
SHELVES	01-29-98	150DBHY	10	270	72	24	0	-24
LAMP	02-24-98	150DBHY	10	126	33	11	0	-11
BOOKCASE	02-26-98	150DBHY	10	106	27	9	0	-9
PHONES	03-27-98	150DBHY	10	997	261	87	0	-87
FILE CABS	03-27-98	150DBHY	10	170	45	15	0	-15
SHELVES	04-27-98	150DBHY	10	138	36	12	0	-12
FURN & EQUIP	06-02-98	150DBHY	10	696	183	61	0	-61
FURN & EQUIP	01-02-99	150DBHY	7	967	354	59	43	-16
FURN & EQUIP	07-21-99	150DBHY	7	536	198	33	24	-9
PHONE	07-22-99	150DBHY	7	300	111	18	13	-5
FURN & EQUIP	07-30-99	150DBHY	7	3,187	1,170	195	142	-53
TABLE PICKNIC	05-31-00	150DBHY	7	219	81	27	20	-7
FILE CAB	05-31-00	150DBHY	7	240	87	29	21	-8
CHAIR	06-30-00	150DBHY	7	114	42	14	10	-4
FILE DRAWER	03-30-01	150DBHY	7	334	132	41	30	-11
22 Assets	Totals:			12,027	3,673	849	303	-546
Computer Systems								
PRINT - HP COLOR	03-30-01	150DBHY	5	174	89	14	10	-4
COMP - DELL	04-30-01	150DBHY	5	1,108	568	92	64	-28
PRINT- HP DESK JET	05-31-01	150DBHY	5	183	93	15	11	-4
COMP - DELL	03-11-02	150DBHY	5	1,535	921	256	177	-79
COMPUTER	02-11-04	150DBHY	5	856	346	153	164	11
COMPUTER	09-21-04	150DBHY	5	523	211	93	100	7
COMPUTER DELL	02-24-05	150DBHY	5	860	129	219	275	56
7 Assets	Totals.			5,239	2,357	842	801	-41
31 Assets	Grand Totals.			18,366	6,030	1,857	1,324	-533

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction