990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Open to Public

Department of the Treasury

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

Inspection Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning 2010, and ending 20 C Name of organization AMERICAN ASSOCIATION FOR HEALTH FREEDOM D Employer identification number Check if applicable: Doing Business As 54-1952806 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 1350 CONNECTICUT AVENUE, 5TH FLOOR 800-230-2762 Initial return City or town, state or country, and ZIP + 4 Terminated WASHINGTON, DC 20036 G Gross receipts \$ 899,862 Amended return F Name and address of principal officer: H(a) Is this a group return for affiliates? Yes No Application pending H(b) Are all affiliates included? Yes No SAME AS C ABOVE √ 501(c) (4)
√ (insert no.)
☐ 4947(a)(1) or
☐ 527 If "No," attach a list. (see instructions) 501(c)(3) Tax-exempt status: Website: ➤ WWW.ANH-USA.ORG H(c) Group exemption number ▶ Form of organization:

Corporation ☐ Trust ☐ Association ☐ Other ▶ VA 1992 M State of legal domicile: L Year of formation: Summary Part I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO PROMOTING SUSTAINABLE HEALTH AND FREEDOM OF CHOICE IN HEALTHCARE THROUGH GOOD SCIENCE AND Activities & Governance **GOOD LAW.** 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 12 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 4 5 7 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **7b** Current Year Prior Year 481.564 706.952. Contributions and grants (Part VIII, line 1h) . . . 8 57,198. 192,910. 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 538,762 899,862. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 268,168. 284,855. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 327,271. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 255,293. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 523,461. 612,126. 19 Revenue less expenses. Subtract line 18 from line 12 15,301. 287,736. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 48,671. 336,484. 21 Total liabilities (Part X, line 26) . . 310 386. 336,098. 22 Net assets or fund balances. Subtract line 21 from line 20 48,361. Signature Block Part II 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. Sign of officer Decetive Director Here etchen Type or print name, and title Print/Type preparer's name Preparer's signature Check | if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no. Firm's address ▶

Cat. No. 11282Y

May the IRS discuss this return with the preparer shown above? (see instructions)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	/
1		
	THROUGH GOOD SCIENCE AND GOOD LAW.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3		am
	services?	Yes 🗹 No
4		
4a	4a (Code:) (Expenses \$) (Revenue \$))
	SEE SCHEDULE O	
	,	
4b	4b (Code:) (Expenses \$including grants of \$) (Revenue \$	
-1.0	, (Code:	
4c	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e		

Form 99	00 (2010)			Page
Part	IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No ✓
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	├
3	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	3	V	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

20a

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	l		
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Schedule L. Part I	051		√
26	If "Yes," complete Schedule L, Part I	25b		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		10. j.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	JANEAU III	√
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		✓
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,
20	Part VI	37		<u>*</u>
38	19? Note. All Form 990 filers are required to complete Schedule O	38	,	
			n 990	(2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
 -			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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			ĺ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			TO N
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Chronia susci	√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	$\vdash \dashv$		
	gifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 		
	required to file Form 8282?	7c		İ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7178101	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		i dan	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	SHEQUES.	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Paranta Bartish		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	र्था प्रिकेट र स्थिति	mark 3. 194
_	Note. See the instructions for additional information the organization must report on Schedule O.			to the
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	TO.	Wint!	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	asiye C.V.J	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI	00 111	00//	- C
Section	on A. Governing Body and Management		•	<u> </u>
Jecu	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	MIKO PARI PERANG	√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co		- N-
	De la constitución de la constit	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		\
14	Does the organization have a written document retention and destruction policy?	14	1100. ookunan Ağ	√
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1 4401	
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b	c na esponenti par	✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		460	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: GRETCHEN DUBEAU 1350 CONNECTIBUT AVE., 5TH FLOOR, WASHINGTON, DC 20036	of the		
	GREICHEN DOBENG 1330 CONNECTION AVE., 317 FLOUR, WASHINGTON, DC 20030			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated	Employees,
	and Independent Contract	ors					

Check if Schedule O contains a response to any question in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.							
(A)	(B) (C)							(D)	(E)	(F)							
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations							
(1) HUNTER LEWIS	- 5							0.	0.	0.							
PRESIDENT			<u> </u>		L	<u> </u>	<u> </u>		0.								
(2) ROBBAN SICA MD	5							0.	О.	0.							
SECRETARY		ļ						J	.	<u> </u>							
(3) PAUL HARCH MD	5				l		l	О.	0.	0.							
DIRECTOR			L.				<u> </u>	ļ									
(4) HARRY PREUSS MD CNS FACN	5) o.	o.	0.							
DIRECTOR			L			<u> </u>	L	· ·	0.								
(5) DEBORAH RAY MT	- 5				1) o.	0.	0.							
VICE PRESIDENT									V .								
(6) ROBERT BEISWENGER LT COL U	- 5						l	o.	0.	0.							
OFFICER								<u> </u>	0.	0.							
(7) JONATHAN LIZOTTE		5]	0.	0.	0.						
TREASURER	<u> </u>							0.	0.	0.							
(8) ROBERT VERKERK, PH.D.	E					5	5	5							0.	0.	0.
DIRECTOR							L	0.	0.	0.							
(9) GRETCHEN DUBEAU	40							112,500.	0.								
EXECUTIVE LEGAL DIRECTOR	40					✓		112,500.	U.	0.							
(10) JEANNE DRISKO, MD	5							0.	0.								
CHAIRMAN] <u> </u>							J	0.	0.							
(11) MELENI ALDRIDGE	5							0.									
DIRECTOR]							<u> </u>	0.	0.							
(12)									:								
(13)									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
(14)																	
(15)																	
(16)																	

Part		stees, Key	Emplo	уе	_		High	est	Compensated	Employees	continu	ıed)	
	(A)	(B)	(C) Position (check all that app						(D)	(E)		(F)	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tn or director	nstitutional trustee	Officer	Rey employee	at Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation related organization (W-2/1099-M	from	Estima amour othe compens from torganiz and rel organiza	nt of er sation the ation ated
(17)													
(18)													
(19)													
(20)						i							
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(24)													
(25)													
(26)													
(27)													
(28)		!											
1b	Sub-total							>	112,500.				
C	Total from continuation sheets to Part			•				•	<u> </u>				
d	Total (add lines 1b and 1c)							<u> </u>	112,500.	<u> </u>		 	
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed :	above	e) w 	ho received m	ore than \$10	0,000		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							mp	loyee, or high	est comper	sated		es No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	portal	ole d	com	per	nsatio					3	
5	individual									 zation or indi	 vidual	4	✓
	for services rendered to the organization?	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	uch person	· · · ·		5	✓
	on B. Independent Contractors		1 - 1								*	000 - (
1	Complete this table for your five highest compensation from the organization.	compensati	ea inc	epe	enae	ent	contr	acto	ors that receive	ed more than	1 \$100, 	000 of	
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompensation	on
					,			<u> </u>					
2	Total number of independent contractor received more than \$100,000 in compens							th	ose listed abo	ove) who			

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1a	Federated campaigns	1a		多种性 种类	学学科教教	医多种性性	
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b				使性性类似	THE ARTS
s, g am	С	Fundraising events	1c					
gift	d	Related organizations	1d		网络罗瑟斯			
ž, ji	е	Government grants (contributions)	1e		Karea it Tre			
tion s s	f	All other contributions, gifts, grants,						
ig g		and similar amounts not included above	1f	706,952.	建设施工的			
a tr	g	Noncash contributions included in lines 1a-	-1f: \$					PMC ASSAUR AFRA Callurar Barra
တို့ န	h	Total. Add lines 1a-1f		🕨	706,952.	agreens)		
9				Business Code			STATE WILLIAM	
Ş.	2a	MEMBERSHIP DUES			192,910.	192,910.		
8	b							
Program Service Revenue	С							
Ş	d							
Ē	е							
ğ	f	All other program service revenu	ie.					
F	g	Total. Add lines 2a-2f			192,910.		物性排化器	
	3	Investment income (including						
		and other similar amounts) .		▶				
	4	Income from investment of tax-exer	npt bo	ond proceeds ►				
	5	Royalties ·	<u> </u>	. <u>.</u> ▶				
		(i) Real		(ii) Personal			CHARLES IN	
	6a	Gross Rents					医结果 斯爾奇	
	b	Less: rental expenses			表面自動脈影			
	С	Rental income or (loss)			RESTAURT OF			
	d	Net rental income or (loss) .		🕨	_			
	7a	Gross amount from sales of (i) Securiti	ies	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	C .	Gain or (loss)						
	d	Net gain or (loss)	٠ . ا	<u> ▶</u>		**************************************		
<u>o</u>	0-							
venue	8a	Gross income from fundraising events (not including \$					Marie J. P. M.	
			-7-					
r Re		of contributions reported on line 10 See Part IV, line 18						
Other			۳,					
δ		Less: direct expenses						
		Net income or (loss) from fundral Gross income from gaming activit		events . ►			77. * 970.655 1576. at:	194 - THE STAKES FOR THE
	9a	See Part IV, line 19						
			- 1					
		Less: direct expenses Net income or (loss) from gaming		uition				
	100			illes				
	IVa	Gross sales of inventory, freturns and allowances						
			· a					
		Less: cost of goods sold		nton.	A CONTRACTOR AND A CONT			
	С	Net income or (loss) from sales of Miscellaneous Revenue	ארוו וכ ד	Business Code		CHI CHI CHI AND		
	4.4	iviiscellaneous Revenue		ausiness Code				
	11a		}					
	b							
	C	A D - AL	}					
	d	All other revenue	١					
	e 12	Total. Add lines 11a-11d			200 000	400.040		
	12	Total revenue. See instructions.	•	<u> P</u>	899,862.	192,910.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

If other organizations must complete column (A) but are not required to complete columns (B), (C), and (D),

	All other organizations must complete col				and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		800 to 1935 to		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 8	Other salaries and wages	250,998.	188,248.	62,750.	
	and section 403(b) employer contributions)	3,375.	2,531.	844.	
9	Other employee benefits	9,018.	6,764.	2,254.	
10 11 a	Payroll taxes	21,464.	16,098.	5,366.	
a b	Legal	3,195.	3,195.		
C	Accounting	2,390.	1,798.	597.	
d	Lobbying	101,804.	101,804.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				***
12	Advertising and promotion	44,027.	33,020.	11,007.	
13	Office expenses	29,237.	21,928.	7,309.	
14	Information technology	38,974.	29,230.	9,744.	····
15	Royalties				
16	Occupancy	58,131	43,598.	14,533.	
17	Travel	17,502.	13,127.	4,375.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	14,568.	10,926.	3,642.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,556.	1,917.	639.	
23	Insurance	3,810.		3,810.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	· ·				
a	DUES & SUBSCRIPTIONS	10,686.	8,015.	2,671.	
b	MEMBERSHIP DEVELOPMENT	391.	391.		· · · · · · · · · · · · · · · · · · ·
ا C					
d e					
f	All other expenses				
25	All other expenses Total functional expenses. Add lines 1 through 24f	612,126.	482,585.	129,541.	0.
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	V.12,120.	732,303.	, L. J. J. T.	5000 (0010)

	n 990 (20 art X	,			Page 1 1
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	43,715.	1	334,084.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ţ	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 20,825.			
	b	Less: accumulated depreciation 10b 20,825.	2,556.	10c	0.
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,400.	15	2,400.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,671.	16	336,484.
	17	Accounts payable and accrued expenses	310.	17	386.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	···
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	78.004.00.73.00.00.00.00.00.00.00.00.00.00.00.00.00	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
_	23	·		22	
	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities. Complete Part X of Schedule D		24 25	
	26	Total liabilities. Add lines 17 through 25	310.		200
ses		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	\$10. ₁	26	386.
ا <u>پر</u>	27	Unrestricted net assets	48,361.	27	336,098.
줐	28	Temporarily restricted net assets	10,001.	28	330,030.
اچ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Se		Paid-in or capital surplus, or land, building, or equipment fund		31	
¥		Retained earnings, endowment, accumulated income, or other funds .		32	
ē	33	Total net assets or fund balances	48,361.	33	336,098.
- 1	34	Total liabilities and net assets/fund balances	48,671.	34	336,484.

Form **990** (2010)

				,	90.
Part					
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		899	,862.
2	Total expenses (must equal Part IX, column (A), line 25)	2		612	2,126.
3	Revenue less expenses. Subtract line 2 from line 1	3		287	,736.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		48	3,361.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		336	,097.
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
	The state of the s	<u> </u>	· · · ·	Yes	No.
1	Accounting method used to prepare the Form 990: Cash Accrual Other			105	
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlain in			
	Schedule O.	F		1 51	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
b	Were the organization's financial statements audited by an independent accountant?				<u> </u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		L		<u> </u>
	of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c	l	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.	•			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were			
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		X.0798X2.379 E	
	the Single Audit Act and OMB Circular A-133?		3a	- 1	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Form	990	(2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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		Complete Faits 1-A and D. Do not con	•		
• 8	Section 501(c) (other than section	on 501(c)(3)) organizations: Complete F	Parts I-A and C below	w. Do not complete Part I-B.	
• 8	Section 527 organizations: Com	nplete Part I-A only.			
If the	organization answered "Yes	," to Form 990, Part IV, line 4, or For	m 990-EZ, Part VI,	line 47 (Lobbying Activities)	, then
• 8	Section 501(c)(3) organizations	that have filed Form 5768 (election und	ler section 501(h)): (Complete Part II-A. Do not co	mplete Part II-B.
• 8	Section 501(c)(3) organizations	that have NOT filed Form 5768 (electio	n under section 501	(h)): Complete Part II-B. Do r	not complete Part II-A.
If the	organization answered "Yes	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35a (Proxy T	ax), then
• 8	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization			Employer ider	ntification number
AME	RICAN ASSOCIATION FOR H	IEALTH FREEDOM			54-1952806
Par	t I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527 o	organization.
1	Provide a description of t	the organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .				;
3	Volunteer hours				
Par	t I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organizatior	n managers under	section 4955 🕨 💲)
3	If the organization incurre	ed a section 4955 tax, did it file For	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b					
Par	t I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount directly	expended by the filing organiza	ation for section	527 exempt function	
	activities			> \$	
2	Enter the amount of the f	filing organization's funds contrib	uted to other org	anizations for section	
	527 exempt function activi			> \$	
3	Total exempt function ex	penditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b			> \$	<u></u>
4	Did the filing organization f	file Form 1120-POL for this year?			Yes No
5	Enter the names, addresse	es and employer identification num	ber (EIN) of all se	ection 527 political organiz	zations to which the filing
		nts. For each organization listed, e			
		tributions received that were pron			
	as a separate segregated	fund or a political action committee	(PAC). If addition	al space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule			

ممو	2

Pa	art II-A Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ► ☐ if the filing organization below					
В	Check ▶ ☐ if the filing organization chec			trol" provisions a	apply.	
	Limits on Lobbyi				(a) Filing	(b) Affiliated
	(The term "expenditures" mea				organization's totals	group totals
	1a Total lobbying expenditures to influence present	.				
	b Total lobbying expenditures to influence a	legislative be	ody (direct lobbyin	g)		
	c Total lobbying expenditures (add lines 1a a	and 1b) .				
	e Total exempt purpose expenditures (add li					
	f Lobbying nontaxable amount. Enter the columns.	e amount f	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:	5、人工程度	经初间在 小型
	Not over \$500,000	20% of the ar	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.	建一种"水料"	The state of
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.		
		\$225,000 plus	s 5% of the excess o	ver \$1,500,000.		
		\$1,000,000.			Well-Art St.	學的,例如第二年
	g Grassroots nontaxable amount (enter 25%	•				
	h Subtract line 1g from line 1a. If zero or less					
	i Subtract line 1f from line 1c. If zero or less,					
	j If there is an amount other than zero or reporting section 4911 tax for this year?	n either line		the organization		Yes No
	4-Year (Some organizations that made columns below. Se	a section 5		not have to com		,
	Lobbying E	xpenditures	During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Part I	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	า 5768		
		(6	a)		(b)	
		Yes	No	Aı	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers?					
c d	Media advertisements?					
e f	Publications, or published or broadcast statements?					
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j 2a	Total. Add lines 1c through 1i	bit Sta			e cay	
b c	If "Yes," enter the amount of any tax incurred under section 4912					
d Part	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?)(5), (or se	ction		56.
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		✓
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		√
Part	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes."	ine 3	is aı	ction iswere		
1 2	Dues, assessments and similar amounts from members		1			,910.
а	Current year		2a		101	,804.
b	Carryover from last year		2b	<u> </u>	101	0.
с 3	Total		2c			,804. ,910.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the ying				,
	and political expenditure next year?		4			0.
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			0.
	Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ete this part for any additional information.	and F	art II-	B, line	1i. Als	60,
	·					

schedule C (Fol	m 990 or 990-E2) 2010	Page 4
Part IV	Supplemental Information (continued)	


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	~	***************************************
<del>-</del>		

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization AMERICAN ASSOCIATION FOR HEALTH FREEDOM 54-1952806 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 ▶_.. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . . . . . . . . . .

n	 3
Mage	

Part											
3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and of	ther reco	rds,	checl	cany of the	follow	ing that are a	signific	ant use	of its
а	Public exhibition		d			n or exchang					
b	Scholarly research		е		Othe	er					
C	Preservation for future generations			_ !	41-						Dt
4	Provide a description of the organization' XIV.	s collections	and expl	aın n	ow tr	iey turther th	ne orga	anization's exe	empt pu	rpose	in Part
5	During the year, did the organization soli	oit or receive	donation	oc of	art k	nictorical tres	curac	or other sim	ilar		
9	assets to be sold to raise funds rather than									Yes	□ No
Part				•							
	line 9, or reported an amount or									,	,
1a	Is the organization an agent, trustee, cus								not		
	included on Form 990, Part X?								. $\square$	Yes	☐ No
b	If "Yes," explain the arrangement in Part X	(IV and compl	ete the f	ollow	ing ta	ıble:		1	Amount		
_	Designing belongs						10		Amount		
بر د	Beginning balance						1c		-		
d e	Additions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount or							<del></del>	. 🗆	Yes	□No
b	If "Yes," explain the arrangement in Part X	(IV.									
Par	V Endowment Funds. Complete		zation ai	ารพย	ered '	"Yes" to Fo					
		) Current year	(b) Pr	ior yea	ır	(c) Two years t	oack	(d) Three years ba	ick (e) F	our year	s back
1a	Beginning of year balance									don.	V 14
b	Contributions										
С	Net investment earnings, gains, and losses										
d e	Grants or scholarships Under expenditures for facilities and										
·	programs										
f	Administrative expenses		<u> </u>								
g	End of year balance	,						<b>外的 网络群都</b>			
2	Provide the estimated percentage of the y	ear end balan	ce held	as:							
а	Board designated or quasi-endowment		%								
b	Permanent endowment ▶9	6									
C	Term endowment ▶%										
3a	Are there endowment funds not in the po	ssession of th	ne organi	izatio	n tha	t are held an	nd adn	ninistered for	the	14	T
	organization by:								20		No
	(i) unrelated organizations (ii) related organizations			• •					. 3a . 3a		+-
b	If "Yes" to 3a(ii), are the related organization					 .le R?			. 3a		+-
4	Describe in Part XIV the intended uses of										
Part											
	Description of investment	(a) Cost or of (investm		(b) (		other basis her)		ccumulated preciation	(d) l	Book valu	ie
1a	Land										
b	Buildings										
С	Leasehold improvements			<u> </u>							
d	Equipment			<u> </u>		5,947.	<del></del>	5,947.			0.
e Takal	Other	amusi Farma	00 0	<u> </u>	1	14,878.	3.1	14,878.			0.
ı otal.	Add lines 1a through 1e. (Column (d) must	equal Form 9	yu, Part .	A, CO.	iumn	(a), iine 10(c	<i>).)</i> .	▶			0.

Part VII	investments—Other Securities	root only ood, rait x,		
(8	Description of security or category     (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)	(h) must squal Form 000 Part V sol (P) line 12)			
	(b) must equal Form 990, Part X, col. (B) line 12.)			as trong m
Part VIII	Investments—Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
_(1)				
(2)		······································		
(3)				
_(4)				
(5)				
_(6)				<del></del>
_(7)				
(8)				
(9)				
(10)	h) west a real Form 2000 Boot V and /D) line 10.) h			one v 7 (or men soen
	b) must equal Form 990, Part X, col. (B) line 13.)			
Dort IV	Other Accete See Form 000 De	rt V lina 15		
Part IX	Other Assets. See Form 990, Pa		(h) Rool	( value
		rt X, line 15. ) Description	<b>(b)</b> Bool	c value
(1)			(b) Book	< value
(1)			(b) Book	< value
(1) (2) (3)			(b) Bool	< value
(1) (2) (3) (4)			(b) Bool	c value
(1) (2) (3) (4) (5)			(b) Bool	c value
(1) (2) (3) (4) (5) (6)			(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7)			(b) Bool	c value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Bool	( value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Bool	( value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		) Description	(b) Bool	( value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(a	ol. (B) line 15.)	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) <b>Total.</b> (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columber X	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,	ol. (B) line 15.)  Part X, line 25.	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X 1. (1) Federal (2)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X 1. (1) Federal (2) (3)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnation (Columna	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X 1.  (1) Federal (2) (3) (4) (5)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu  Part X 1. (1) Federal (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Bool	( value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu  Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu  Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Bool	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu  Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Book	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,  (a) Description of liability	ol. (B) line 15.)  Part X, line 25.	(b) Boot	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990, (a) Description of liability income taxes	ol. (B) line 15.)  Part X, line 25.	(b) Book	< value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (6) (7) (8) (9) (10) (11)  Total. (Column (6) (11)  Total. (Column (6)	mn (b) must equal Form 990, Part X, co.  Other Liabilities. See Form 990,  (a) Description of liability income taxes	Description  Ol. (B) line 15.)  Part X, line 25.  (b) Amount		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (1) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	mn (b) must equal Form 990, Part X, co.  Other Liabilities. See Form 990,  (a) Description of liability income taxes	Description  Ol. (B) line 15.)  Part X, line 25.  (b) Amount	he organization's financial statements that rep	

Part	XI Reconciliation of Change in Net Assets from Form 990 to A		nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	er Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	Reconciliation of Expenses per Audited Financial Staten	nents With Expenses	per Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
Part .			
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	lines 2d and 4b. Also con	nplete this part to provide
any ac	ditional information.		
	,		

Schedule D (Fo	rm 990) 2010	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
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#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

AMERICAN ASSOCIATION FOR HEALTH FREEDOM	54-1952806				
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS					
DURING 2010, THE ORGANIZATION WORKED ON A BROAD RANGE OF ISSUES. OUR THREE BIGGES	DURING 2010, THE ORGANIZATION WORKED ON A BROAD RANGE OF ISSUES. OUR THREE BIGGEST AREAS OF ACCOMPLISHMENT				
INCLUDED:					
* PROVIDED A WEEKLY NEWSLETTER TO SUBSCRIBERS CONSISTING OF EDUCATIONAL CONTENT	ABOUT HEALTHY LIVING AND				
NATURAL HEALTH LIFESTYLE CHOICES.					
* MOBILIZED OUR GRASSROOTS ACTIVISTS TO SEND MORE THAN 500,000 LETTERS TO CONGRESS	S AND FEDERAL AGENCIES				
OPPOSING LEGISLATION THAT WOULD HAVE REDUCED ACCESS TO HEALTHY FOOD, NATURAL HE	EALTH PRODUCTS, AND NATURAL				
TREATMENT OPTIONS.					
• FILED A CITIZEN PETITION WITH THE CONSUMER PRODUCTS SAFETY COMMISSION TO BAN THE	USE OF THE TOXIC CHEMICAL BPA				
IN CASH REGISTER RECEIPTS.					
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS:					
* THE FORM 990 IS FIRST REVIEWED BY THE DIRECTOR OF OPERATIONS. IT IS THEN SENT TO THE	EXECUTIVE DIRECTOR AND THE				
TREASURER FOR REVIEW AND APPROVAL. ANY BOARD MEMBERS MAY REQUEST TO REVIEW TH	E FORM 990 AT ANY TIME.				
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE:					
* UPON REQUEST					
	·				

Schedule O (Form 990 or 990-EZ) (2010)		Page Z
Name of the organization	Employer identification number	
·		
		••••••