

ANNUAL REPORT 2006



EDUCATION



ADVOCACY

SUPPORT



American Social Health Association

Empatha



Letter from CEO and Chairman of the Board of Directors

In response to the spread of what were then known as venereal diseases, a group of socially conscious physicians and public health advocates founded the American Social Health Association in 1914. A main impetus compelling ASHA's founders to act was the large number of troops being encamped around the nation leading up to World War I.

Their foresight is not lost on us today, as the epidemic of sexually transmitted infections (STIs) in our time requires responses that are just as assertive, dedicated, and innovative as those that gave birth to ASHA over 90 years ago.

Data show that STIs are disproportionately found in vulnerable populations such as youth, communities of color, and the impoverished. In the last year we have seen, and helped to counter, politically-charged challenges to proven STI preventive measures such as comprehensive sexual education programs, safer sex practices (like condom use), and even to new technologies like vaccines for cervical cancer. If successful, these challenges to prevention will make the harmful consequences of STIs to individuals, families, and society even more lamentable.

ASHA seeks to meet these challenges with robust programs that offer honest, science-based information coupled with compassion and empathy. Through contact centers and Web resources that reach millions each year, books and pamphlets that are distributed in clinics and health departments across North America, and our policy office in Washington that engages Capitol Hill staff, ASHA continues to educate, inform, and advocate in the arena of sexual health.

We thank everyone who has supported our efforts as we continue our work in this vital area of public health.

Sincerely,

James R. Allen, MD, MPH
President and CEO

Thomas M. Vernon, Jr. MD
Chair, Board of Directors

ASHA History

ASHA was founded as the American Social Hygiene Association in 1914 by a group of public health reformers committed to attacking an undesirable social condition that they believed could be improved through medical and educational means.

This was a time when America was engaged in World War I and our service men were bound for the European front. The moral crusade of the period was focused on preventing the spread of venereal disease and protecting the future of the American family. The shame and reluctance to talk about sexuality was now weakened enough so that the public was at least generally aware of the dangers posed by venereal disease. It was feared that young servicemen in U. S. based training camps and those who were sent overseas would return infected with syphilis and gonorrhea. Posters, handbills, pamphlets and exhibits of the time prepared by ASHA sent messages to soldiers telling them in non-moralistic terms how important it was to remain disease-free in order to win the war. This was the first social marketing effort to mix physical and moral fitness for prevention of STDs.

ADVOCACY

HEALTH POLICY and ADVOCACY

ASHA's Washington office works to secure sound policy responses to the STI epidemic in the areas of prevention, treatment, diagnostics, and education through efforts with policymakers and national organizations. We also oppose punitive legislative initiatives and those that limit access to appropriate STI services. ASHA's Health Policy efforts address a range of policy issues at the federal and state level. Appropriations for STI control efforts are vital, and ASHA's Washington Office has long been a focal point for STI control advocacy. ASHA's key relationships with colleague organizations, federal agencies, and project related pharmaceutical efforts are developed and sustained through our policy office. These efforts have been fully funded since ASHA opened its DC Office in 1999.

Cervical cancer prevention and HPV vaccine promotion have been highly visible components of our policy work in the last few years. We continue to find important opportunities in this area for visibility, credibility, policy analysis, and advocacy and for funding. Advocacy for appropriate policy and public health messages around condoms and support for comprehensive sexual health education is also funded. We also work to integrate STI, HIV and pregnancy prevention programs and seek to identify potential new areas for organizational attention.

Another challenge is the current political climate, which promotes abstinence-only curricula in preventing STI and unwanted pregnancies among teens. This has seen more comprehensive sexual education programs come under fire, and proven strategies such as condom use are often disparaged and only discussed in the context of their limitations. ASHA's policy office works with leaders in government, industry, the media, and public health to counteract misleading messages.

STD vs. STI

Throughout most of the last century "venereal disease" or "VD" was used to describe infections acquired through sexual contact. During the last 24 years, the phrase "sexually transmitted diseases" replaced "VD". Today, when people talk about a "disease" they mean a condition that has signs and symptoms and is associated with being sick or ill. We now know that many STDs can be asymptomatic or silent for a lengthy period of time. Even though they do not cause any signs or symptoms, they can be causing silent problems, and they can be transmitted to other sexual partners. To highlight this problem, the term "sexually transmitted infections" or STIs is being used to replace STDs. This term clearly states that the process is an infection that is sexually transmitted. Infections may or may not be associated with signs and symptoms, and they can be transmitted to other people. ASHA is therefore moving to the term sexually transmitted infections, or STIs, rather than STDs, since it is more accurate and descriptive of the real problem. As ASHA makes this transition, you'll see both "STI" and "STD" used throughout this annual report.



The ASHA Mission

The American Social Health Association is dedicated to improving the health of individuals, families, and communities, with a focus on preventing sexually transmitted infections and their harmful consequences.

The ASHA Vision

Public Awareness: We will educate the public to understand, prevent, and destigmatize sexually transmitted infections (STIs).

Patient Education and Support: We will empower patients, through education and support, to understand and manage their health needs and to communicate effectively with their partner(s) and health care providers.

Health Policy: We will advocate for strong health care policies, ensuring appropriate attention to prevention and adequate resources for STI issues.

Provider Training: We will enhance health care provider's proficiency in prevention and comprehensive STI management.

ADVOCACY

New Data Indicate Few Young Americans Tested for Common STD Sexually Active? Specialists say “get teSTeD”

Data indicate the average age of people who are tested for chlamydia, the most reported sexually transmitted disease (STD), is 28.9 for women and 30.5 for men, yet the Centers for Disease Control and Prevention (CDC) reports 79 percent of new infections annually are in people between ages 15 and 24. The American Social Health Association (ASHA) released these data as part of National STD Awareness Month in April 2006, urging anyone who is sexually active to get tested for STDs. The data summarize millions of chlamydia tests performed in 2005 by Quest Diagnostics Incorporated.

“Young people are at the greatest risk for STDs, yet these data show the disparity which exists in getting this vulnerable patient population tested,” said Peter Leone, MD, Medical Director, North Carolina HIV/STD Prevention and Control Branch, Department of Health and Human Services. “ASHA’s campaign will boost awareness about the health risks associated with oral, anal and vaginal sex and encourage those who are sexually active to get tested in an effort to reduce the spread of STDs.”

CDC research shows that youth bear a large and disproportionate burden of STIs, with half of all new STI and HIV infections in the U.S. occurring in people under 25.

“Many of my teenage patients do not realize that they can get STDs through oral sex,” Dr. Leone notes. “This behavior is becoming increasingly common in this age group, so we have to educate young people that oral sex is a significant contributor to the spread of STDs.”

An estimated 65 million Americans are infected with STDs. Current estimates show that nearly 19 million occur each year with almost half of them among youths ages 15 to 24. Like other common STDs, chlamydia typically has mild symptoms or none at all, yet it poses a great threat to women. If left untreated, up to 40 percent of women with chlamydia develop pelvic inflammatory disease which can result in infertility.

“Only about one-third of physicians regularly screen patients for STDs, which may be because they do not have a thorough understanding of a person’s sexual history,” said Dr. Leone. “Physicians must have an open dialogue with patients about their sexual behavior, so doctors know what tests to perform.”

The “get teSTeD” campaign conveys important information about sexually transmitted diseases and offers a free brochure entitled “STDs, The Real Deal,” to encourage people to visit a doctor or an STD clinic and get tested, if they are sexually active. The brochure gives advice to people who might otherwise feel uncomfortable talking about sex and STDs with their doctor. It also lists information about what tests to ask for, testing sites and how teens can protect themselves through the use of condoms.

A biennial study released in November 2005 by the Kaiser Family Foundation called “Sex on TV 4,” reported that among the 20 most watched shows by teens, 70 percent included sexual content, and nearly half included sexual behavior. Additionally, only ten percent of the shows with sexual content included a reference to sexual risk or responsibilities at some point in the episode.

“Young people are bombarded with sexual imagery and content everyday through the media, yet we are not giving them the facts they need to protect themselves against STDs,” said James R. Allen, MD, MPH, President and Chief Executive Officer of ASHA. “Get teSTeD is a continuation of ASHA’s long term commitment to help arm young people with the information they need to protect their overall health and boost awareness among the medical community about the need to test and ultimately protect anyone who is sexually active.”

Parents have difficulty talking with their adolescent children about sex. Schools often are constrained by societal pressures and funding sources to provide “abstinence only” messages rather than comprehensive sexual health information. In contrast, young people are bombarded by television portraying sex as spontaneous without risks and complications. These conflicting, unrealistic messages combined with the political barriers to fact-based educational programs are putting today’s young people at a great disadvantage to develop the capacity to make safe, responsible choices about their sexual behaviors.

The truth is that sexually transmitted diseases (STDs) are an enormous problem in the United States, especially for young adults. Each year, one of every four sexually active teens will get an STD. By age 25, half of all youth will have acquired one or more infections. The number of new cases of sexually transmitted infections is more than 9 million in people under the age of 25 each year.

It is biologically certain that our children will grow up and become sexually mature. Education, supportive social environments, and sound, well-funded public health programs are effective at reducing risks of infection. Whoever said “ignorance is bliss” is clearly wrong when it comes to educating today’s young Americans about preventing and diagnosing STDs.

Excerpt taken from Stigma Around Sex Ed Puts Young Americans at Even Greater Health Risk by James R. Allen, MD, MPH, ASHA President and CEO

SUPPORT

HPV RESOURCE CENTER

The National HPV and Cervical Cancer Prevention Resource Center (HPVRC) provides information and referrals about the Human Papillomavirus to patients, health care providers, and policy makers. The HPVRC's Web site is Google.com's top-ranked (non-government) site for the search term "HPV" and receives over 500,000 visitors annually.

To meet this demand, the HPVRC offers a unique array of interactive, Web-based services and programs.

- ◆ HPV News, a bimonthly electronic journal, covers the latest in HPV research, treatment and testing options, and policy issues. Each issue features interviews with experts and offers columns to assist readers with the emotional and relationship aspects of HPV.
- ◆ The HPV Chat Room offered a safe, confidential community in which users chatted directly with HPVRC staff members while also interacting with each other.
- ◆ The HPVnet Email Response Service answers over 3,000 emails each year, providing detailed responses to individuals around the world.
- ◆ HPV Support Groups provided a network of patient-oriented HPV support groups across the United States
- ◆ In 2006 the HPVRC presented a poster at the National STD Prevention Conference in Jacksonville, FL, HPVnet Email Response Service: Questions and Concerns of Male Clients.

"You sent me an unbelievably thorough e-mail addressing my concern at the fact that my new boyfriend has been diagnosed with HPV. I am most appreciative for your caring approach to a difficult and delicate subject."

- Client, HPVnet Email Response Service

HERPES RESOURCE CENTER

The Herpes Resource Center (HRC), through its multiple Web pages, email response service, and diverse publications provided medical information and psychological support to more than 200,000 clients in 2006. The National Herpes Hotline served as the model for the STI Resource Center Hotline and eventually was incorporated into this service. Other services of the Center this year include:

- ◆ The Helper, ASHA's quarterly journal that offers latest in herpes information including topics such as research, treatment, testing and patient advocacy.
- ◆ Herpes Chat Room offered a safe, confidential community in which users could discuss topics of interest in a moderated environment.
- ◆ HSVnet Email Response Service answered more than 4,000 email inquiries this past year.
- ◆ HELP Groups provided a network of patient-oriented support groups across the United States and abroad



SEXUALLY TRANSMITTED INFECTIONS RESOURCE CENTER

In response to the increasing demand for information, referrals and support regarding STIs, ASHA launched its newest initiative, the STI Resource Center. The Center provides information, materials and referrals through multiple communication venues to public and professionals alike who have questions and concerns about STIs. Whether through a phone call or e-mail, the STI Resource Center fills a major void for many people looking for answers to their questions on topics such as transmission, risk reduction, prevention, testing, treatment and partner communication. The Resource Center's programs successfully assisted more than 50,000 individuals this year.

Furthermore, STI Resource Center staff increased awareness of STI issues by attending various meetings and conferences during the year including the CDC-sponsored 2006 National STD Prevention Conference in Jacksonville, Florida, the Seventh Annual Women's Health Research Day sponsored by the Center for Women's Health Research at the University of North Carolina at Chapel Hill, and the Sexual Trafficking: Breaking the Crisis of Silence conference, a national conference sponsored by the Carolina Women's Center, in partnership with the UNC School of Social Work, the Office of Global Health in the UNC School of Public Health, the Jordan Institute for Families and the Office of Research Development.



RESEARCH

RESEARCH

In 2005 and 2006, ASHA's Research and Evaluation division conducted and completed numerous research projects among local, regional, and national constituents. The objective of each initiative was to understand the components of designing, implementing, and evaluating effective programs to decrease the incidence and prevalence of STIs and their harmful consequences to individuals and to society. Research findings were presented at venues including the National Viral Hepatitis Prevention Conference in Washington, DC, and the National STD Prevention Conference in Jacksonville, Florida. ASHA's research staff also published manuscripts in peer-reviewed journals in 2005:

Gilbert LK, Scanlon K, Peterson R & Ebel, C. Patient and partner perceptions about preventing genital herpes transmission. *Herpes* 2005; 12(3):60-65.

Gilbert LK, Bulger J, Scanlon K, & Moyer L. Viral hepatitis prevention education: What do people and providers need to know? *Patient Education and Counseling* 2005; 59(1):46-55.

Gilbert LK, Temby J, & Rogers S. Evaluating a teen STD prevention website. *Journal of Adolescent Health* 2005; 37:236-242.

Research Study Recruitment and Referral Services

In addition to its other research capabilities, ASHA has expertise in research study support, recruitment and enrollment, as well as test results counseling and direct consumer response.

Coupling this experience with its large range of potential study participants, ASHA successfully provided recruitment and enrollment support to two research studies this year. Both studies reached their enrollment goal through the use of our various communication venues.

"I just wanted to tell you how much we appreciate the partnership efforts that ASHA continues to provide regarding (our study). The Hotline, the Internet contacts, the mailing inserts, the voice mailbox, and the inclusion of the study site listing in the upcoming issue of your quarterly journal, The Helper, are all wonderful contributors to study recruitment. Please accept my sincere thanks for being such good partner in our research study."

Client, ASHA's Research Study Recruitment and Referral Services

RESEARCH AND EVALUATION SPOTLIGHT:

Hepatitis and MSM - Preventing Hepatitis A and B among the Online MSM Community

One example of an ASHA research initiative is a five-year Cooperative Agreement with the CDC's Division of Viral Hepatitis to measure the impact of an online educational intervention with regard to hepatitis A and B vaccination among men who have sex with men (MSM). MSM are at increased risk of hepatitis A and hepatitis B infection and the Centers for Disease Control and Prevention (CDC) and the Gay and Lesbian Medical Association (GLMA) recommend vaccination. However, vaccination levels in this population are inadequate. Using a Web-based survey, ASHA compiled baseline data on levels of viral hepatitis A and B knowledge, attitudes and vaccination practices. Also using online technology, MSM were surveyed to collect opinions about hepatitis educational campaigns. A campaign was designed and is currently undergoing formative evaluation to determine strategies that are most effective in reaching MSM populations. ASHA will disseminate and post lessons learned and evaluation findings as available.

SUPPORT EDUCATION

ASHA has strong corporate capabilities and decades of experience in operating contact centers. ASHA is often contacted to provide services that help thousands, if not millions each year. The following are ASHA's current contracted services:

NATIONAL PREVENTION INFORMATION NETWORK

The CDC's National Prevention Information Network (NPIN) service is the U.S. reference, referral, and distribution service for information on HIV/AIDS, STIs and tuberculosis (TB). NPIN produces, collects, catalogs, processes, stocks, and disseminates materials and information on HIV/AIDS, STIs and TB to organizations and people working in those disease fields in international, national, state and local settings. Since 2004, ASHA has collaborated with CDC in its efforts by responding to nearly 14,000 inquiries each year via phone, fax, live chat and voicemail.

HERPEVAC TEST RESULT COUNSELING SERVICE

In support of the HerpeVac Clinical Trial for women, ASHA has been operating the HerpeVac Test Result Counseling Service since December of 2002. Since its inception, the service has provided thousands of women between the ages of 18 and 30 participating in the clinical study with their HSV-1 and HSV-2 test results and the appropriate test result counseling. The study is being conducted jointly by the National Institutes for Allergies and Infectious Diseases, National Institutes of Health and GlaxoSmithKline Biologicals at approximately 38 sites across the United States and 8 sites in Canada, as a double-blind, randomized, controlled Phase III efficacy trial for a herpes vaccine. During fiscal year 2006, the HerpeVac Test Counseling Line answered a total of 5,410 calls with an average service level of 92%.



Teen STInet Email Response Service

ASHA launched the Teen STInet Email Response Service to address the many inquiries coming in to the iwannaknow teen Web site. In just its first year of operation, the Service responded to approximately 1,500 adolescents from across the United States. Topics of interest in the teen account ranged from abstinence, STI prevention and testing questions to parent communication and relationship concerns. The Service is filling a major void for this population by offering much needed and comprehensive STI information, emotional support as well as local and national referrals.



SUPPORT EDUCATION

Web sites

ASHA's Web sites are the face of the agency to millions of visitors each year. Whether they read STI information, download fact sheets, or take advantage of our email response services and interactive STI discussion forums, ASHA's Web sites are a prime means of interacting with health care professionals, patients, and partner organizations throughout the U.S. and the world.

www.ASHAstd.org

ASHA's flagship Web site features detailed information about the medical, psychosocial, and policy aspects of STIs and is an invaluable tool for over 2 million visitors each year.

www.iwannaknow.org

ASHA's teen Web site, www.iwannaknow.org has over 35,000 visitors each month and is dedicated to providing a safe, educational and fun environment for teenagers (and their parents) to learn about sexually transmitted infections and sexual health.

www.quierosaber.org

ASHA's Spanish teen Web site - [quierosaber.org](http://www.quierosaber.org) (I want to know) offers information on sexual health, relationships, and dealing with peer pressure to approximately 16,000 persons each month. Quierosaber also offers teen visitors a cartoon booklet about STIs entitled "De Aventuras A Calenturas."

National Social Life, Health and Aging Project (NSHAP)

ASHA collaborated with the National Opinion Research Center, University of Chicago and Magee-Women's Research Institute in support of NSHAP, a national longitudinal, population-based study designed to address several social, health and behavioral issues within older populations. We provided test results, counseling and referrals for HIV, human papillomavirus, bacterial vaginosis and yeast to approximately 700 study participants from across the United States. Test Result Counselors take pride in their work as indicated by the comment below:

"I really enjoy what I do. I love it when you are able to educate someone and hear a new understanding in their voice over the course of a phone call."

— ASHA Test Result Counselor

The Sister Study

Funded by the National Institutes of Health, this long-term study of women ages 35 to 74 investigates genetic, biological, and environmental risk factors for breast cancer in the sisters of women who actually have breast cancer. Since 2003, ASHA has been screening prospective study participants to enroll 50,000 eligible women in an environmental research study on the disease. The study examines genetic, biological, and environmental risk factors for breast cancer in a breast cancer-free cohort known to be at higher risk for the disease. During its portion of study recruitment (which concluded in 2006) ASHA's health communication agents served as the first point of contact and first impression to women at their decision point for making this 10-year volunteer commitment to contribute to the scientific community's advancement in understanding risk factors for breast cancer.

China AIDS Hotline Subcontract

The Aaron Diamond AIDS Research Center (ADARC), the largest private HIV/AIDS research center in the world, retained ASHA to provide technical assistance in the creation of the Chinese National AIDS Hotline. ASHA worked with ADARC and officials from China's National Institute for Health Education to assist in developing a project plan for the Chinese National AIDS Hotline.



Empatha

On March 16, 2005, ASHA incorporated Empatha as a for-profit business subsidiary within the State of North Carolina. This unprecedented move in the 91-year history of the organization was considered timely and appropriate to permit ASHA – through its subsidiary – to accomplish the following:

- (1) pursue contracts specifically set aside for small businesses;
- (2) partner with for-profit firms as part of their small business subcontracting plan in federal procurements, and
- (3) pursue business opportunities beyond the actual ASHA Mission.

Empatha was formally activated on July 30, 2006, when its Board of Directors first met in Washington, D.C., approved the organization's by-laws, and elected its Board officers.

NC2-1-1 Service

On July 1st, 2005 ASHA launched the NC2-1-1 Service for United Way of North Carolina. Once Empatha was established, later the same year, this service became its first contact center.

Initially this service covered a total of 10 counties within North Carolina: Chatham, Durham, Orange, and Wake Counties within the Triangle Area; Davidson, Davie, Forsyth, Guilford, Randolph, and Rockingham Counties within the Triad Area. With time more counties have been added to currently reach a total of 18 counties. During fiscal year 2006 we added the following 6 counties: Watauga, Avery, Burke, Haywood, Catawba, and Rowan Counties.

During this year, the United Way NC2-1-1 Service handled 25,881 incoming calls where callers were provided an array of referrals for health and human services. Callers were looking for shelter, financial assistance, affordable housing, affordable childcare, food pantries, and senior resources.

One event in particular clearly marked the importance of the United Way NC2-1-1 Service during this period of time: on the 29th of August Hurricane Katrina, a category 5 hurricane, hit Louisiana and Mississippi. Once the damage was assessed, the beginning of September saw a heavy call volume for our United Way NC2-1-1 Service from North Carolina natives offering their assistance and later Louisiana and Mississippi evacuees seeking services in our state.

Romania Risk Communications Project

In 2006 Empatha received the company's first international assignment, a contract to provide Technical Assistance in Risk Communications in Romania. In this project funded by the World Bank, Empatha representatives traveled to Romania to help local clients evaluate and improve the strategies through which officials communicate emergency-management information and instructions to the general public in the wake of natural or man-made disasters.

COMMUNICATION

Drawing on ASHA's decades of experience in handling direct customer response, Empatha provides information, referral, and health communications services for a variety of government agencies, academic, and research institutions. Empatha's combination of call center technology, flexible facilities, staffing patterns, and cross training of Communication Specialists supports a rapid response to both anticipated and unanticipated call surges.



ASHA Executive Staff

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Chief Financial Officer

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Vice President, Development

Charles Ebel
Vice President, Program Development

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Vice President, Information Technology and Data Management Services

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FINANCIALS

REPORT of INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Board of Directors of the American Social Health Association

We have audited the accompanying statement of financial position of American Social Health Association as of June 30, 2006, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Organization's 2005 financial statements. Those financial statements were audited by other auditors whose report dated October 14, 2005, expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of American Social Health Association, as of June 30, 2006, and the changes in net assets and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

The accompanying financial statements are those of American Social Health Association, (parent company) only, and are not those of the primary reporting entity. The consolidated financial statements of American Social Health Association (parent company), and its subsidiary have been issued to the Board of Directors as the financial statements of the primary reporting entity

Blackman & Sloop, CPAs, P. A.

Chapel Hill, North Carolina

October 25, 2006

STATEMENT of FINANCIAL POSITION | July 1, 2005 - June 30, 2006

	2006	2005
CURRENT ASSETS	\$ 823,858	\$ 1,704,615
Cash and cash equivalents	105,180	100,269
Investments		
Accounts receivable:		
Federal awards	—	441,018
Contracts	488,686	530,802
Other	39,749	64,279
Due from Empatha	392,233	
Inventory	54,680	74,238
Prepaid expenses	11,627	35,149
TOTAL CURRENT ASSETS	1,916,013	2,950,370
Property and equipment, NET	299,261	384,505
OTHER ASSETS		
Investment in subsidiary	(288,948)	
TOTAL ASSETS	\$ 1,926,326	\$ 3,334,875
LIABILITIES AND NET ASSETS		
Accounts payable and accrued expenses	76,111	\$ 386,704
Accrued payroll and withholdings	98,045	177,504
Accrued vacation	83,236	160,847
Due to Empatha	78,728	
Deferred revenues	44,278	35,752
Deferred rent	569,321	324,719
TOTAL LIABILITIES	\$ 949,719	\$ 1,085,526
NET ASSETS:		
Unrestricted	729,745	1,771,954
Temporarily Restricted	148,839	379,372
Permanently Restricted	98,023	98,023
TOTAL NET ASSETS	\$ 976,607	\$ 2,249,349
TOTAL LIABILITIES AND NET ASSETS	\$ 1,926,326	\$ 3,334,875

STATEMENT of ACTIVITIES | July 1, 2005 - June 30, 2006

	Unrestricted	Temporarily Restricted	Permanently Restricted	2006 Totals	2005 Totals
REVENUE and SUPPORT:					
Federal and state contracts and awards	164,342			164,342	8,559,819
Contracts	2,044,098			2,044,098	2,004,241
United Way	869			869	4,776
Individuals	117,298	46,263		163,561	179,809
Combined federal campaigns	27,434			27,434	68,964
Foundations, trusts and corporations-		418,785		418,785	820,260
Sales of literature and educational materials	528,143			528,143	401,763
Interest income	35,069			35,069	10,046
Other income	25,018			25,018	1,428
	2,942,271	465,048		3,407,319	12,051,106
Net assets released from restrictions	695,581	(695,581)			
TOTAL REVENUE and SUPPORT	\$ 3,637,852	(\$ 230,533)		\$ 3,407,319	\$ 12,051,106
EXPENSES:					
Program services	2,431,247			2,431,247	7,545,043
Supporting services:					
General and administrative	2,076,971			2,076,971	2,863,655
Development	171,843			171,843	263,627
TOTAL EXPENSES	\$ 4,680,061			\$ 4,680,061	\$ 10,672,325
CHANGES IN NET ASSETS	(\$ 1,042,209)	(\$ 230,533)		(\$ 1,272,742)	\$ 1,378,781
NET ASSETS - BEGINNING OF YEAR	\$ 1,771,954	\$ 379,372	\$ 98,023	\$ 2,249,349	\$ 870,568
NET ASSETS - END OF YEAR	\$ 729,745	\$ 148,839	\$ 98,023	\$ 976,607	\$ 2,249,349

