

**Return of Organization Exempt from Income Tax**

**2002**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2002 calendar year, or tax year beginning 2002, and ending**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See specific instructions	<b>C Name of organization</b> Institute For Health Freedom		<b>D Employer Identification Number</b> 52-1983254
	Number street (or P.O. box if mail is not delivered to street addr)	Room/suite	<b>E Telephone number</b> (202) 429-6610
	1825 Eye St. NW, City town or country	400 State ZIP code + 4 DC 20006	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

- H (a)** Is this a group return for affiliates?  Yes  No
- H (b)** If Yes enter number of affiliates \_\_\_\_\_
- H (c)** Are all affiliates included?  Yes  No  
(If No attach a list See instructions)
- H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Enter 4 digit GEN \_\_\_\_\_
- M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**G Web site** ▶ www.ForHealthFreedom.org

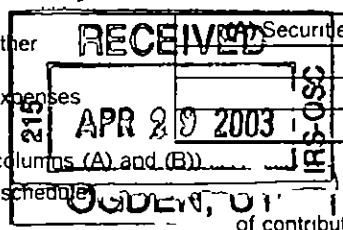
**J Organization type** (check only one)  501(c) 3 (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 219,830

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	217,513	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 117,513 noncash \$ 100,000)	1d	217,513	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	2,317	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
	7 Other investment income (describe _____)	7		
	8a Gross amount from sales of assets other than inventory	8a		
	b Less cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 Special events and activities (attach schedule)			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11 Other revenue (from Part VII, line 103)	11		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	219,830	
	13 Program services (from line 44, column (B))	13	221,897	
	14 Management and general (from line 44, column (C))	14	32,460	
	15 Fundraising (from line 44, column (D))	15	44,396	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44 column (A))	17	298,753	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-78,923	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	271,336	
	20 Other changes in net assets or fund balances (attach explanation)	20	103	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	192,516	



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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	89,959	13,493	4,498
26 Other salaries and wages	26	19,024	2,854	951
27 Pension plan contributions	27	2,699	405	135
28 Other employee benefits	28	1,166	175	58
29 Payroll taxes	29	8,024	1,204	401
30 Professional fundraising fees	30			
31 Accounting fees	31	6,110	917	305
32 Legal fees	32	3,655	548	183
33 Supplies	33			
34 Telephone	34	9,227	435	458
35 Postage and shipping	35	10,789	316	7,317
36 Occupancy	36	34,120	5,118	1,706
37 Equipment rental and maintenance	37			
38 Printing and publications	38	10,484	55	9,900
39 Travel	39	7,106	71	224
40 Conferences, conventions, and meetings	40	3,541	0	0
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	2,625	183	79
43 Other expenses not covered above (itemize)				
a Miscellaneous	43a	466	466	0
b Insurance	43b	1,035	1,035	0
c Subscriptions & Dues	43c	2,731	0	0
d Computer Services	43d	4,089	286	123
e See Other Expenses Stmt	43e	81,903	4,899	18,058
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	298,753	32,460	44,396

Joint Costs Check  if you are following SOP 98.2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If 'Yes' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_ and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? Develop a case for personal health freedom

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a See Attached Statement	(Grants and allocations \$ 0 )	221,897
b	(Grants and allocations \$ )	
c	(Grants and allocations \$ )	
d	(Grants and allocations \$ )	
e Other program services	(Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44 column (B) program services)		221,897

**Part IV Balance Sheets** (See Instructions)

Note		Where required, attached schedules and amounts within the description column should be for end of-year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45	Cash – non interest bearing		2,638	45	3,944
	46	Savings and temporary cash investments		156,830	46	76,838
	47a	Accounts receivable	47a 250			
		b Less allowance for doubtful accounts	47b	0	47c	250
	48a	Pledges receivable	48a 100,000			
		b Less allowance for doubtful accounts	48b	100,000	48c	100,000
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach sch)	51a			
		b Less allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		2,690	53	4,287
	54	Investments – securities (attach schedule)			54	
				<input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55a	Investments – land, buildings, & equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c		
56	Investments – other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	18,065			
	b Less accumulated depreciation (attach schedule)	57b	13,868	57c	4,197	
58	Other assets (describe ▶ Deposits )		3,000	58	3,000	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		271,336	59	192,516	
LIABILITIES	60	Accounts payable and accrued expenses		0	60	0
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax exempt bond liabilities (attach schedule)			64a	
		b Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶ )			65	
66	<b>Total liabilities</b> (add lines 60 through 65)		0	66	0	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		171,336	67	92,516
	68	Temporarily restricted		100,000	68	100,000
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid in or capital surplus or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		271,336	73	192,516
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		271,336	74	192,516

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

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

<b>a</b>	Total revenue gains, and other support per audited financial statements	<b>a</b>	219,830
<b>b</b>	Amounts included on line a but not on line 12 Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	219,830
<b>d</b>	Amounts included on line 12 Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$		
(2)	Other (specify) _____ \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12 Form 990 (line c plus line d)	<b>e</b>	219,830

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	298,650
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20 Form 990 \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	298,650
<b>d</b>	Amounts included on line 17 Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$		
(2)	Other (specify) <u>DEPRECIATION ADJUSTMENT</u> \$ 65		
	Add amounts on lines (1) and (2)	<b>d</b>	65
<b>e</b>	Total expenses per line 17 Form 990 (line c plus line d)	<b>e</b>	298,715

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Suzie A Blevins 1825 Eye St NW #400 Washington DC 20006	President/Treasurer 40 hours plus as required	89,959	2,699	0
Nancy K Leidy 1825 Eye St NW #400 Washington, DC 20006	Vice President/ as required	0	0	0
Arnold Cianciulli 1825 Eye St NW #400 Washington, DC 20006	Secretary/ as required	0	0	0
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes' attach schedule - see instructions

**Part VI Other Information** (See instructions)

Yes No

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If Yes, attach a conformed copy of the changes			X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
<b>78b</b>	If 'Yes,' has it filed a tax return on Form 990-T for this year?			
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes' attach a statement			X
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?			X
<b>81a</b>	Enter direct or indirect political expenditures See line 81 instructions <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81 a	0	
<b>81b</b>	Did the organization file Form 1120-POL for this year?			X
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
<b>82b</b>	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82 b		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>84b</b>	If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>85a</b>	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?			
<b>85b</b>	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
<b>85c</b>	Dues assessments, and similar amounts from members	85 c		
<b>85d</b>	Section 162(e) lobbying and political expenditures	85 d		
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e		
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f		
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			
<b>85h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
<b>86a</b>	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a		
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	86 b		
<b>87a</b>	501(c)(12) organizations Enter a Gross income from members or shareholders	87 a		
<b>87b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX			X
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> section 4955 <u>0</u>			
<b>89b</b>	501(c)(3) and 501(c)(4) organizations Did the organization engage in any excess benefit transactions during the year or did it become aware of an excess benefit transaction explaining each transaction			
<b>89c</b>	Enter Amount of tax imposed on the organization managers or disqualifying persons during the year under sections 4912, 4955, and 4958			
<b>89d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization			
<b>90a</b>	List the states with which a copy of this return is filed <u>All wh</u>			
<b>90b</b>	Number of employees employed in the pay period that includes March 15 of the year			
<b>91</b>	The books are in care of <u>The Corporation</u> Located at <u>1825 EYE ST, NW, SUITE 400, WASHINGTON</u>			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 990-E and enter the amount of tax exempt interest received or accrued during the year			

**Part VII Analysis of Income Producing Activities** (See instructions)

**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,317	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D) and (E))				2,317	
105 Total (add line 104 columns (B) (D) and (E))					2,317

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
v	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization during the year receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Stacie Blewias Date: April 25, 2003

Type or print name and title: Stacie Blewias, president

**Paid Preparer's Use Only**

Preparer's signature: David C. Burchardt, CPA Date: 4-17-03 Check if self-employed:

Firm's name (or yours if self-employed) address and ZIP + 4: RICHARD L HENDERSHOT, CPA, PC  
7525 PRESIDENTIAL LANE  
MANASSAS VA 20109-2629

Preparer's SSN or PTIN (see General Instruction W): P00234622  
EIN: 54-1807239  
Phone no: (703) 361-1592

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

**2002**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>Institute For Health Freedom</b>	Employer identification number <b>52-1983254</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
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Total number of other employees paid over \$50,000 ▶	NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
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Total number of others receiving over \$50,000 for professional services ▶	NONE	

**Part III Statements About Activities** (See instructions )

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ (Must equal amounts on line 38, Part VI A, or line 1 of Part VI B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> During the year, has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A )
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable etc functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	257,878	317,266	297,285	225,301	1,097,730
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	0	1,145	0	0	1,145
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,736	14,108	8,846	8,197	36,887
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	263,614	332,519	306,131	233,498	1,135,762
<b>24</b> Line 23 minus line 17	263,614	331,374	306,131	233,498	1,134,617
<b>25</b> Enter 1% of line 23	2,636	3,325	3,061	2,335	

<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24	<b>26a</b>	22,692
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		<b>26b</b>	749,540
c Total support for section 509(a)(1) test. Enter line 24, column (e).		<b>26c</b>	1,134,617
d Add Amounts from column (e) for lines	18 36,887      19 _____ 22 _____      26b 749,540	<b>26d</b>	786,427
e Public support (line 26c minus line 26d total)		<b>26e</b>	348,190
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	30.69%

<b>27 Organizations described on line 12</b>	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person' prepare a list for your records to show the name of, and total amounts received in each year from, each disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year. (2001) _____ (2000) _____ (1999) _____ (1998) _____		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2001) _____ (2000) _____ (1999) _____ (1998) _____			
c Add Amounts from column (e) for lines	15 _____      16 _____ 17 _____      20 _____      21 _____	<b>27c</b>	
d Add Line 27a total _____ and line 27b total _____		<b>27d</b>	
e Public support (line 27c total minus line 27d total)		<b>27e</b>	
f Total support for section 509(a)(2) test. Enter amount from line 23 column (e).	<b>27f</b>		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	%

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered No to any of the above, please explain (If you need more space attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If No, attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and 'limited control' provisions apply

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>	
<b>Caution</b> If there is an amount on either line 43 or line 44, you must file Form 4720		

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If 'Yes' to any of the above also attach a statement giving a detailed description of the lobbying activities



INSTITUTE FOR HEALTH FREEDOM  
 FEIN 52-1983254  
 IRS FORM 990  
 SCHEDULE A, PART IV-A

4/17/2003

NOT OPEN TO PUBLIC INSPECTION

	22692					
<u>DONOR</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>Total</u>	<u>EXCESS-2002</u>
	5,000	5,000	-	-	10,000	-
	50,000	100,000	-	-	150,000	127,308
	50,000	150,000	175,000	200,000	575,000	552,308
	75,000	-	-	-	75,000	52,308
	15,000	-	-	15,000	30,000	7,308
	15,000	18,000	-		33,000	10,308
<b>TOTAL</b>	<b>\$ 210,000</b>	<b>\$ 273,000</b>	<b>\$ 175,000</b>	<b>\$ 215,000</b>	<b>\$ 873,000</b>	<b>\$ 749,540</b>

**Depreciation and Amortization  
(Including Information on Listed Property)**

**2002  
67**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions  
▶ Attach to your tax return

Name(s) shown on return

**Institute For Health Freedom**

Identifying number

**52-1983254**

Business or activity to which this form relates

**Form 990 / Form 990EZ**

**Part I Election To Expense Certain Tangible Property Under Section 179**

*Note If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See instructions for a higher limit for certain businesses	1	\$24,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter 0 If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c) lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10 less line 12	▶ 13	

*Note Do not use Part II or Part III below for listed property Instead use Part V*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	2,587
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5-year property						
c 7 year property		540	7 0 yrs	HY	SL	38
d 10 year property						
e 15 year property			25 yrs		S/L	
f 20 year property			27 5 yrs	MM	S/L	
g 25 year property			27 5 yrs	MM	S/L	
h Residential rental property			39 yrs	MM	S/L	
i Nonresidential real property				MM	S/L	

**Section C – Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g) and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	2,625
23	For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 24a-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with 2 columns: Yes, No. Includes rows 37-41.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Federal 990 Depreciation Report  
**Regular Tax**

Activity Form 990 / Form 990EZ - 2002

Total cost of goods sold

Description	In Service	Cost	Land	Bus %	Type	Class	Conv	Depr
Cost of Goods Sold	Disposed	Basis	Sec 179	Listed	Mthd	Life	Year	Prior
Computer Equipment	06/25/96	2,140		100 00	MACRS	5	HY	0
		2,140			SL	5 00	7	2,140
Xerox Copier	09/29/97	900		100 00	MACRS	5	HY	80
		900			SL	5 00	6	820
Sharp FAX UX1100	09/29/97	280		100 00	MACRS	5	HY	25
		280			SL	5 00	6	255
HP Computer	09/29/97	1,400		100 00	MACRS	5	HY	124
		1,400			SL	5 00	6	1,276
Monitor	09/29/97	280		100 00	MACRS	5	HY	25
		280			SL	5 00	6	255
File Drawer	12/12/97	530		100 00	MACRS	7	HY	66
		530			SL	7 00	6	366
Office Furniture	04/20/98	132		100 00	MACRS	7	HY	12
		132			200DB	7 00	5	91
Computer Hardware	01/12/98	625		100 00	MACRS	5	HY	72
		625			200DB	5 00	5	517
Computer Software	08/13/98	757		100 00	MACRS	5	HY	87
		757			200DB	5 00	5	626
HP Laserjet 4000SE	01/09/99	1,150		100 00	MACRS	5	HY	230
		1,150			SL	5 00	4	575
Comp Equip 99	02/19/99	581		100 00	MACRS	5	HY	116
		581			SL	5 00	4	290
HP Laserjet 4050SE	09/15/99	1,150		100 00	MACRS	5	HY	230
		1,150			SL	5 00	4	575
Dell Computer 99	02/19/99	1,960		100 00	MACRS	5	HY	392
		1,960			SL	5 00	4	980
Computer	06/01/00	2,939		100 00	MACRS	5	HY	588
		2,939			SL	5 00	3	882
COMPUTER	05/14/01	2,701		100 00	MACRS	5	HY	540
		2,701			SL	5 00	2	270
OFFICE FURNITURE	02/15/02	188		100 00	MACRS	7	HY	13
		188			SL	7 00	1	
OFFICE FURNITURE	02/19/02	195		100 00	MACRS	7	HY	14
		195			SL	7 00	1	
OFFICE FURNITURE	11/18/02	157		100 00	MACRS	7	HY	11
		157			SL	7 00	1	
<b>Total</b>		<u>18,065</u>						<u>2,625</u>
		<u>18,065</u>						<u>9,918</u>



Federal 990 Depreciation Report  
Alternative Minimum Tax

Activity Form 990 / Form 990EZ - 2002

Passive adjustment Passive preference

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
Computer Equipment	<input type="checkbox"/>	<input type="checkbox"/>	2,140	5 00	0	0
			2,140	SL	2,140	
Xerox Copier	<input type="checkbox"/>	<input type="checkbox"/>	900	5 00	90	-10
			900	SL	810	
Sharp FAX UX1100	<input type="checkbox"/>	<input type="checkbox"/>	280	5 00	28	-3
			280	SL	252	
HP Computer	<input type="checkbox"/>	<input type="checkbox"/>	1,400	5 00	140	-16
			1,400	SL	1,260	
Monitor	<input type="checkbox"/>	<input type="checkbox"/>	280	5 00	28	-3
			280	SL	252	
File Drawer	<input type="checkbox"/>	<input type="checkbox"/>	530	7 00	76	-10
			530	SL	341	
Office Furniture	<input type="checkbox"/>	<input type="checkbox"/>	132	10 00	12	0
			132	150DB	57	
Computer Hardware	<input type="checkbox"/>	<input type="checkbox"/>	625	5 00	104	-32
			625	150DB	469	
Computer Software	<input type="checkbox"/>	<input type="checkbox"/>	757	5 00	126	-39
			757	150DB	568	
HP Laserjet 4000SE	<input type="checkbox"/>	<input type="checkbox"/>	1,150	5 00	230	0
			1,150	SL	575	
Comp Equip 99	<input type="checkbox"/>	<input type="checkbox"/>	581	5 00	116	0
			581	SL	290	
HP Laserjet 4050SE	<input type="checkbox"/>	<input type="checkbox"/>	1,150	5 00	230	0
			1,150	SL	575	
Dell Computer 99	<input type="checkbox"/>	<input type="checkbox"/>	1,960	5 00	392	0
			1,960	SL	980	
Computer	<input type="checkbox"/>	<input type="checkbox"/>	2,939	5 00	588	0
			2,939	SL	882	
COMPUTER	<input type="checkbox"/>	<input type="checkbox"/>	2,701	5 00	540	0
			2,701	SL	270	
OFFICE FURNITURE	<input type="checkbox"/>	<input type="checkbox"/>	188	7 00	13	0
			188	SL		
OFFICE FURNITURE	<input type="checkbox"/>	<input type="checkbox"/>	195	7 00	14	0
			195	SL		
OFFICE FURNITURE	<input type="checkbox"/>	<input type="checkbox"/>	157	7 00	11	0
			157	SL		
Total			18,065		2,738	-113
			18,065		9,721	

Form 4562

Special Depreciation Allowance Report

Activity Form 990 / Form 990EZ - 2002

Description	In Service	Cost	Eligible Basis	Spcl Depr Allow
Computer Equipment	06/25/96	2,140		

Form 4562

Continued

**Special Depreciation Allowance Report**Activity Form 990 / Form 990EZ - 2002

Description	In Service	Cost	Eligible Basis	Spcl Depr Allow
Xerox Copier	09/29/97	900		
Sharp FAX UX1100	09/29/97	280		
HP Computer	09/29/97	1,400		
Monitor	09/29/97	280		
File Drawer	12/12/97	530		
Office Furniture	04/20/98	132		
Computer Hardware	01/12/98	625		
Computer Software	08/13/98	757		
HP Laserjet 4000SE	01/09/99	1,150		
Comp Equip 99	02/19/99	581		
HP Laserjet 4050SE	09/15/99	1,150		
Dell Computer 99	02/19/99	1,960		
Computer	06/01/00	2,939		
COMPUTER	05/14/01	2,701		
OFFICE FURNITURE	02/15/02	188		
OFFICE FURNITURE	02/19/02	195		
OFFICE FURNITURE	11/18/02	157		

Total

18,065

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Consultants	32,543	20,380	3,946	8,217
Newsletter	34,253	32,540	0	1,713
Office Expenses	7,437	6,026	743	668
Taxes and Licenses	2,730	0	210	2,520
Mailing List Rental	4,940	0	0	4,940
Total	<u>81,903</u>	<u>58,946</u>	<u>4,899</u>	<u>18,058</u>

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**Supporting Statement of:**

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Form 990 p 1/Line 20

<b>Description</b>	<b>Amount</b>
NET EFFECT OF DEPRECIATION ADJUSTMENT	103
Total	<u>103</u>

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**Additional Information**

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form 990, page 2, part III

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The Institute's mission is to bring the issues of personal health freedom to the forefront of the American health policy debate. The Institute has five major research programs, Children's Health Care, Health Insurance, Medicare, Monopoly in Medicine, and Medical Privacy.

The Children's Health Care program helps identify ways to cover uninsured children, while maintaining parental control over children's health care decisions. The Health Insurance Program helps identify ways to put health insurance decisions back in the hands of consumers.

The Medicare program helps identify barriers to seniors' freedom to choose their own doctors and pay privately for the medical treatments of their choice.

The Monopoly in Medicine program helps identify anti-competitive barriers in the health care system. The Medical Privacy program helps identify ways to protect individuals' personal medical records.

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