

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2005 calendar year, or tax year beginning , 2005, and ending , 20

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

**C** Name of organization: **National Health Freedom Coalition**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: **3022 46th Ave S**  
 City or town, state or country, and ZIP + 4: **Minneapolis MN 55406**

**D** Employer identification number: **41-1984075**  
**E** Telephone number: **(612) 721-1144**  
**F** Group Exemption Number: **▶**

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

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I** Website: ▶ **www.nationalhealthfreedom.org**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

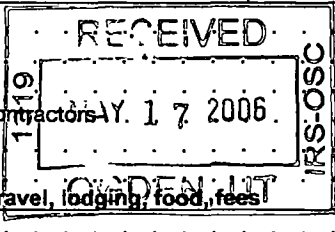
**J** Organization type (check only one)— 501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **33631**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	
Revenue	1	Contributions, gifts, grants, and similar amounts received														19708	
	2	Program service revenue including government fees and contracts														10842	
	3	Membership dues and assessments														1978	
	4	Investment income														11	
	5a	Gross amount from sale of assets other than inventory															
	b	Less: cost or other basis and sales expenses															
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).															
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>															
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)															
	b	Less: direct expenses other than fundraising expenses															
c	Net income or (loss) from special events and activities (line 6a less line 6b)																
7a	Gross sales of inventory, less returns and allowances											1068					
b	Less: cost of goods sold																
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)															1068	
8	Other revenue (describe ▶ <u>misc revenue</u> )															24	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)															33631	
Expenses	10	Grants and similar amounts paid (attach schedule)															
	11	Benefits paid to or for members															
	12	Salaries, other compensation, and employee benefits														6709	
	13	Professional fees and other payments to independent contractors														8936	
	14	Occupancy, rent, utilities, and maintenance														3618	
	15	Printing, publications, postage, and shipping														3635	
	16	Other expenses (describe ▶ <u>supplies, depreciation, travel, lodging, food, fees</u> )														20750	
17	<b>Total expenses</b> (add lines 10 through 16)														43648		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)														-10017	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														17731	
	20	Other changes in net assets or fund balances (attach explanation)														35	
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)														7749	



**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	14590	6158
23	Land and buildings		
24	Other assets (describe ▶ <u>vehicle, accounts receivable</u> )	6040	1622
25	<b>Total assets</b>	20630	7780
26	<b>Total liabilities</b> (describe ▶ <u>accounts payable</u> )	2899	31
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	17731	7749

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <b>Education - Health Freedom</b>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
<b>28</b> Answered estim. 1500 phone calls, had 60 in-person meetings, 70 conference calls, reviewed estim. 7800 e-mails, did 30 educational documents/responses, 4 lecture presentations, fall three-day conference with over 100 attendees, travel to CODEX meeting in Rome. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>39185</b>
<b>29</b> _____ _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	<b>39185</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>See attached list of directors and officers. All serve without compensation, benefits or allowances</b>				

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		✓
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>		✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>	<b>37a</b>	0	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>		✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>		✓
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization under section 4911 ▶ <b>0</b> ; section 4912 ▶			
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any year or did it become aware of an excess benefit transaction from			
<b>c</b> Enter amount of tax imposed on organization managers or directors under sections 4912, 4955, and 4958			
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization			

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ **Minnesota**
- 42a** The books are in care of ▶ **Leo Cashman** Telephone no. ▶ **( 612 ) 721-1144**  
 Located at ▶ **3022 46th Ave S** **Minneapolis MN** ZIP + 4 ▶ **55406**
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. . . . . ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ **43**

	Yes	No
<b>42b</b>		✓
<b>42c</b>		✓

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.

**Please Sign Here**

▶ Leo B Cashman Signature of officer | 5/12/06 Date  
 ▶ Leo B Cashman Treasurer Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶ ( )	

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

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

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

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

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

Name of the organization <b>National Health Freedom Coalition</b>	Employer identification number <b>41 : 1984075</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 . ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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		

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	20847	33700	11990	4000	70537
<b>16</b> Membership fees received	1185	511	428	28	2152
<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	15815	11848	0	100	27763
<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	13	10	2		25
<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			10		10
<b>23</b> Total of lines 15 through 22	37860	46069	12430	4128	100487
<b>24</b> Line 23 minus line 17	22045	34221	12430	4028	72724
<b>25</b> Enter 1% of line 23	379	461	124	41	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b>
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 2001 through 2004 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>
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
e Public support (line 26c minus line 26d total)					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> %
<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.				
(2004) _____ 13500 (2003) _____ 6000 (2002) _____ 7000 (2001) _____ 2000					
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 11b, 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.					
(2004) _____ 0 (2003) _____ 0 (2002) _____ 0 (2001) _____ 0					
c Add: Amounts from column (e) for lines: 15 _____ 70537 16 _____ 2152 17 _____ 27763 20 _____ 0 21 _____ 0					<b>27c</b> 100452
d Add: Line 27a total _____ 28500 and line 27b total _____ 0					<b>27d</b> 28500
e Public support (line 27c total minus line 27d total)					<b>27e</b> 71952
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27f</b> 100487
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 71.6 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> .02 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 page 7 of the 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 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		0
38	Total lobbying expenditures (add lines 36 and 37)		0
39	Other exempt purpose expenditures		43648
40	Total exempt purpose expenditures (add lines 38 and 39)		43648
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000 . . . . .		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000 . . . . .		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000 . . . . .		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000 . . . . .		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000 . . . . .		\$1,000,000
41	Lobbying nontaxable amount (enter 25% of line 41)		8730
42	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.		2182
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.		0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.		0

**Caution:** 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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount . . . . .	8730	8243	4928	1523	23424
46 Lobbying ceiling amount (150% of line 45(e))					35136
47 Total lobbying expenditures . . . . .	0	0	0	0	0
48 Grassroots nontaxable amount . . . . .	2182	2061	1232	381	5856
49 Grassroots ceiling amount (150% of line 48(e))					8784
50 Grassroots lobbying expenditures . . . . .	0	0	0	0	0

**Part VI-B Lobbying Activity by Nonelecting Public Charities** <sup>N/A</sup>  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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	Yes	No	Amount
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.) . . . . .			

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





**National Health Freedom Coalition**

**Form 990-EZ for 2005**

**EIN: 41-1984075**

**Part IV List of Directors, Officers and Key Employees**

**Jerri Johnson**  
1760 Gabbro Trail  
Eagan, Mn 55122

President  
2 hours/week

**Leo Cashman**  
3236 17 Ave S #1  
Minneapolis, Mn 55407

Sec/Treasurer  
1 hour/week

**William Lee Rand**  
25295 Larkins  
Southfield, MI 48034

Board member  
0.5 hour/week

**Diane Miller**  
2116 St. Clair Ave.  
St. Paul, MN 55105

Board member  
0.5 hour/week

**C. Norman Shealy, M.D., PhD**  
5607 S 222nd Rd  
Fair Grove MO 65648

Board member  
0.5 hour/week

All directors and officers serve  
without compensation or expense  
accounts or benefits of any kind.