

**Short Form
Return of Organization Exempt From Income Tax**

2008

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning , 2008, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Please use IRS label or print or type See Specific Instructions</p> <p>WHITAKER HEALTH FREEDOM FOUNDATION 4321 BIRCH STREET #100 NEWPORT BEACH, CA 92660</p>	<p>D Employer identification number 20-5619928</p> <p>E Telephone number 949-713-5104</p> <p>F Group Exemption Number</p>
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• 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: ▶ N/A

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) (4) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 34,192.

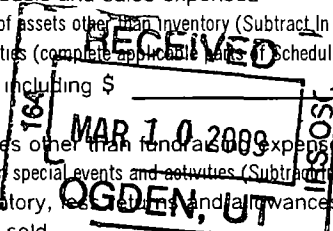
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		34,192.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		5c
EXPENSES	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c
ASSETS	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
	8 Other revenue (describe ▶)		8
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		34,192.
EXPENSES	10 Grants and similar amounts paid (attach schedule)		10
	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits		12
	13 Professional fees and other payments to independent contractors		13
	14 Occupancy, rent, utilities, and maintenance		14
	15 Printing, publications, postage, and shipping		15
	16 Other expenses (describe ▶ SEE STATEMENT 1)		16
	17 Total expenses (add lines 10 through 16)		17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		-4,771.
ASSETS	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)		6,535.
	20 Other changes in net assets or fund balances (attach explanation)		20
	21 Net assets or fund balances at end of year Combine lines 18 through 20		1,764.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)	
		(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	6,535.	1,764.
	23 Land and buildings		
	24 Other assets (describe ▶)		
	25 Total assets	6,535.	1,764.
	26 Total liabilities (describe ▶)	0.	0.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,535.	1,764.

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Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

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.

<p>28 <u>WHITAKER HEALTH FREEDOM FOUNDATION ENGAGES IN LOBBYING ACTIVITIES IN SUPPORT OF THE AMERICAN PUBLIC'S RIGHT TO FREEDOM OF HEALTH AND CHOICE IN THE MEDICAL MARKETPLACE.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>28a</p>
<p>29 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29a</p>
<p>30 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>30a</p>
<p>31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>31a</p>
<p>32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/></p>	<p>32</p>

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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
<p><u>DR. JULIAN WHITAKER</u> <u>PO BOX 14086</u> <u>IRVINE, CA 92623</u></p>	<p>PRESIDENT 5.00</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p><u>DONALDJOLLY</u> <u>4231 BIRCH ST</u> <u>NEWPORT BEACH, CA 92660</u></p>	<p>TREASURER 0</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p><u>OLAV SANDNES</u> <u>794 SUNRISE BOULEVARD</u> <u>MOUNT BETHEL, PA 18343</u></p>	<p>DIRECTOR 0</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p><u>LORENA BARRAGAN</u> <u>4231 BIRCH ST</u> <u>NEWPORT BEACH, CA 92660</u></p>	<p>SECRETARY 0</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p><u>BILL FALON</u> <u>844 NE 71ST</u> <u>BOCA RATON, FL 33487</u></p>	<p>DIRECTOR 0</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
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Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a 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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a	39 501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed ▶ <u>CA</u>		

42a The books are in care of ▶ JILL MAGENHEIM Telephone no ▶ 949-713-5104
 Located at ▶ 4321 BIRCH ST NEWPORT BEACH CA ZIP + 4 ▶ 92660

		Yes	No
42b	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 ▶ _____		X
42c	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 ▶ _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

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 N/A N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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

Total number of other employees paid over \$100,000				


51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

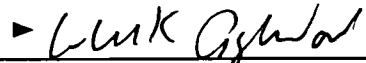
Total number of other independent contractors receiving over \$100,000		

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

Sign Here


 Signature of officer Date 3.4.09
 JULIAN M WHITAKER PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 2.21.09
 Check if self employed Preparer's Identifying Number (See instructions) N/A
 Firm's name (or yours if self employed), address, and ZIP + 4
 WILLIAM K. AYLWARD, CPA
 8976 OAK CREEK ROAD
 CHERRY VALLEY, CA 92223
 EIN N/A
 Phone no (951) 845-2666

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

WHITAKER HEALTH FREEDOM FOUNDATION

20-5619928

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$	1,033.
LICENSES AND PERMITS		45.
MARKETING		29,400.
OFFICE EXPENSES		2,117.
PRINTING AND PUBLICATIONS		1,912.
TELEPHONE		808.
TOTAL	\$	<u>35,315.</u>

STATEMENT 2
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MAINTAIN CHOICE IN THE MEDICAL MARKETPLACE BY OPPOSING ATTEMPTS TO SUPPRESS THE TRUTH ABOUT ALTERNATIVE MEDICAL THERAPIES AND/OR NUTRITIONAL SUPPLEMENTATION.

STATEMENT 3
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO