

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			
28	SEE STATEMENT 3		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	12,000.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses Add lines 28a through 31a	32	12,000.

Part IV 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
SEE STATEMENT 4		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions)		SEE STATEMENT 5	Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change			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, 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.			
35 a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			X
35 b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
37 a	37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.		
37 b	b Did the organization file Form 1120-POL for this year?			X
38 a	38 a 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
38 b	b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	N/A		
39 a	39 a 501(c)(7) organizations. Enter initiation fees and capital contributions included on line 9	N/A		
39 b	b Gross receipts, included on line 9, for public use of club facilities	N/A		

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A

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,' attach an explanation

	Yes	No
40b		X
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed ▶ CA

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

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 ▶ _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

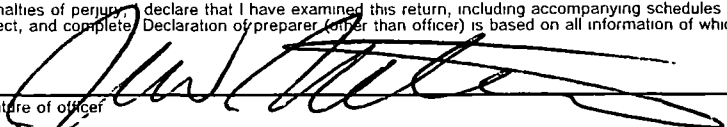
c At any time during the calendar year, did the organization maintain an office outside of the U S.?

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 N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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:  Date: 11-4-08

JULIAN M WHITAKER PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 10-26-08 Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): 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

WHITAKER HEALTH FREEDOM FOUNDATION

20-5619928

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

BANK CHARGES	\$	1,184.
CONSULTING		14,800.
LICENSES AND PERMITS		775.
MARKETING		45,185.
OFFICE EXPENSES		2,408.
TELEPHONE		1,028.
TOTAL	\$	<u><u>65,380.</u></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 III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
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. THE FOUNDATION PAID \$12,000 TO SAM BRUNELLI OF TEAM BUILDERS INTERNATIONAL TO MONITOR LEGISLATION REGARDING HEALTH AND SUPPLEMENTATION.		12,000.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 0.</u>	<u>\$ 12,000.</u>

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. JULIAN WHITAKER PO BOX 14086 IRVINE, CA 92623	PRESIDENT 5.00	\$	0. \$	0. \$
			0.	0.

WHITAKER HEALTH FREEDOM FOUNDATION

20-5619928

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DONALDJOLLY 4231 BIRCH ST NEWPORT BEACH, CA 92660	TREASURER 0	\$ 0.	\$ 0.	\$ 0.
OLAV SANDNES 794 SUNRISE BOULEVARD MOUNT BETHEL, PA 18343	DIRECTOR 0	0.	0.	0.
LORENA BARRAGAN 4231 BIRCH ST NEWPORT BEACH, CA 92660	SECRETARY 0	0.	0.	0.
BILL FALON 844 NE 71ST BOCA RATON, FL 33487	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 5
FORM 990-EZ, PART V
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