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Form **990-PF****Return of Private Foundation**

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service**or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation****2009**

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation WHITE FAMILY FOUNDATION		A Employer identification number 02-0794045	
	Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX 2491		Room/suite	B Telephone number 727-741-9187
	City or town, state, and ZIP code TARPON SPRINGS, FL 34688		C If exemption application is pending, check here <input type="checkbox"/>	
	H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 4,505,091.		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		(Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		0.		N/A	
2 Check <input checked="" type="checkbox"/> If the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		51,065.	50,523.		STATEMENT 1
4 Dividends and interest from securities		20,402.	20,402.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		-89,216.			
b Gross sales price for all assets on line 6a 958,260.					
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		-222,757.	-6,039.		STATEMENT 3
12 Total. Add lines 1 through 11		-240,506.	64,886.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees STMT 4		3,535.	0.		0.
c Other professional fees STMT 5		28,000.	0.		28,000.
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		485.	0.		0.
22 Printing and publications					
23 Other expenses STMT 6		36,325.	35,654.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		68,345.	35,654.		28,000.
25 Contributions, gifts, grants paid		188,729.			188,729.
26 Total expenses and disbursements. Add lines 24 and 25		257,074.	35,654.		216,729.
27 Subtract line 26 from line 12		-497,580.			
a Excess of revenue over expenses and disbursements			29,232.		
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)				N/A	

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	10,000.	11,812.	11,812.	
	2 Savings and temporary cash investments				
	3 Accounts receivable ▶				
	Less allowance for doubtful accounts ▶				
	4 Pledges receivable ▶				
	Less allowance for doubtful accounts ▶				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable ▶				
	Less allowance for doubtful accounts ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U S and state government obligations				
	b Investments - corporate stock				
	c Investments - corporate bonds				
Liabilities	11 Investments - land, buildings, and equipment basis ▶				
	Less accumulated depreciation ▶				
	12 Investments - mortgage loans				
	13 Investments - other STMT 7	4,879,647.	4,380,255.	4,493,279.	
	14 Land, buildings, and equipment basis ▶				
	Less accumulated depreciation ▶				
	15 Other assets (describe ▶)				
	16 Total assets (to be completed by all filers)	4,889,647.	4,392,067.	4,505,091.	
	17 Accounts payable and accrued expenses				
	18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable				
	22 Other liabilities (describe ▶ STATEMENT 8)	4,632.	4,632.		
23 Total liabilities (add lines 17 through 22)	4,632.	4,632.			
Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>	and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>	and complete lines 27 through 31.			
		27 Capital stock, trust principal, or current funds	0.	0.	
		28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
		29 Retained earnings, accumulated income, endowment, or other funds	4,885,015.	4,387,435.	
30 Total net assets or fund balances	4,885,015.	4,387,435.			
31 Total liabilities and net assets/fund balances	4,889,647.	4,392,067.			

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,885,015.
2 Enter amount from Part I, line 27a	2	-497,580.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	4,387,435.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,387,435.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE ATTACHMENT # 1		P	VARIOUS	VARIOUS
b SEE ATTACHMENT # 1		P	VARIOUS	VARIOUS
c CAPITAL GAINS DIVIDENDS				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 366,050.		365,454.	596.
b 591,794.		682,022.	-90,228.
c 416.			416.
d			
e			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			596.
b			-90,228.
c			416.
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-89,216.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	{ If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 }	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	263,332.	4,720,725.	.055782
2007	21,819.	5,017,864.	.004348
2006	5,382.	4,927,558.	.001092
2005			
2004			

2 Total of line 1, column (d)	2	.061222
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.020407
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	4,411,099.
5 Multiply line 4 by line 3	5	90,017.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	292.
7 Add lines 5 and 6	7	90,309.
8 Enter qualifying distributions from Part XII, line 4	8	216,729.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	292.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	292.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	292.
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	3,099.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	3,099.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,807.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax <input checked="" type="checkbox"/> 2,807. Refunded <input checked="" type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> FL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.THEWHITEFAMILYFOUNDATION.ORG</u>	13	X	
14	The books are in care of ► <u>AMY E. STANTON</u> Telephone no ► <u>727-741-9187</u> Located at ► <u>1375 PINELLAS ROAD, BELLEAIR, FL</u> ZIP+4 ► <u>33756</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	<input type="checkbox"/> 15 N/A		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If "Yes" to 6b, file Form 8870.

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(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, other allowances
SEE STATEMENT 9		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If 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, other allowances
NONE				

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

0

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	4,449,601.
b	Average of monthly cash balances	1b	28,672.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,478,273.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,478,273.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	67,174.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,411,099.
6	Minimum investment return. Enter 5% of line 5	6	220,555.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	220,555.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	292.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	292.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	220,263.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	220,263.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	220,263.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	216,729.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	216,729.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	292.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	216,437.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				220,263.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			198,728.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 216,729.				
a Applied to 2008, but not more than line 2a			198,728.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				18,001.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				202,262.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

- b**
- Check box to indicate whether the foundation is a private operating foundation described in section
- ☐
- 4942(j)(3) or
- ☐
- 4942(j)(5)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE STATEMENT 11				
Total			3a	188,729.
b Approved for future payment				
NONE				
Total			3b	0.

2009 Tax Information Statement

Page 7 of 7
Ref: 2

Account Number: 7921724
Recipient's Tax ID number: 02-0794045
Payer's Federal ID number: 59-3482833
Corrected ☐ 2nd TIN notice ☐

Payer's Name and Address
SUNTRUST BANK
W&M TAX SERVICES
P.O. BOX 1908
ORLANDO, FL 32802-1908

2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Number of Shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Stocks, Bonds, etc. (Box 2)	Cost or Other Basis (Box 4)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (Box 4)
Short Term Sales Reported on 1099-B								
305.0000	001055102	AFLAC INC COM	VARIOUS	03/17/2009	4,652.34	17,348.30	-12,695.96	0.00
310.0000	001055102	AFLAC INC COM	02/11/2009	04/28/2009	8,670.48	6,962.60	1,707.88	0.00
170.0000	035710409	ANNALY MTG MGMT INC COM	09/18/2008	03/09/2009	2,188.60	2,211.55	-22.95	0.00
80.0000	12721E102	CADBURY PLC SPON ADR EA REPR 4 ORD S	10/10/2008	09/08/2009	4,134.39	2,632.91	1,501.48	0.00
5.4402	151290889	CEMEX SA SPONS ADR PART CTF	06/05/2008	05/14/2009	48.24	125.25	-77.01	0.00
395.0000	264411505	DUKE RLTY INVTs INC COM NEW	11/06/2008	09/21/2009	4,826.78	4,779.33	47.45	0.00
25000.0000	31331GR35	FED FARM CR BK 2.690% 9/16/13	09/09/2009	12/16/2009	25,000.00	25,000.00	0.00	0.00
25000.0000	31331GUE7	FED FARM CR BK 2.875% 5/06/13	05/27/2009	09/25/2009	25,000.00	25,000.00	0.00	0.00
25000.0000	31331V2U9	FED FARM CR BK 5.125% 8/25/16	04/07/2009	06/12/2009	26,592.25	27,411.75	-819.50	0.00
25000.0000	3133XUDF7	FED HOME LN BK 2.150% 7/30/12	07/21/2009	10/30/2009	25,000.00	25,000.00	0.00	0.00
25000.0000	3133XUY56	FED HOME LN BK 2.700% 10/09/13	09/24/2009	11/30/2009	25,145.00	25,000.00	145.00	0.00
25000.0000	3128X64X1	FED HOME LN MTG 4.250% 3/03/15	09/05/2008	03/03/2009	25,000.00	24,429.69	570.31	0.00
25000.0000	3128X67H3	FED HOME LN MTG CORP 3.250% 3/10/10	11/05/2008	03/10/2009	25,000.00	25,000.00	0.00	0.00
25000.0000	36186CBF9	GMAC LLC 2.200% 12/19/12	06/04/2009	11/05/2009	25,304.00	24,960.25	343.75	0.00
320.0000	449934108	IMS HEALTH INC COM	06/25/2009	09/11/2009	4,680.42	4,172.04	508.38	0.00

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2009 Tax Information Statement

Page 8 of 2
Ref: 4

Account Number: 7921724
Recipient's Tax ID number: 02-0794045
Payer's Federal ID number: 59-3482833
☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address
WHITE FAMILY FOUNDATION
P.O. BOX 2491
TARPON SPRINGS, FL 34688

Payer's Name and Address
SUNTRUST BANK
W&M TAX SERVICES
P.O. BOX 1908
ORLANDO, FL 32802-1908

Number (Box 5)	Description (Box 1b)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or Other Basis (Box 3)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld
625 0000	493267108 KEYCORP NEW COM	06/17/2008	03/24/2009	5,417.97	7,195.45	-1,777.48	0.00
100 0000	G6359F103 NABORS INDUSTRIES LTD COM SEDOL #2963372	12/09/2008	05/19/2009	1,718.36	1,291.14	427.22	0.00
145 0000	G6359F103 NABORS INDUSTRIES LTD COM SEDOL #2963372	12/09/2008	08/25/2009	2,732.87	1,872.15	860.72	0.00
570 0000	71644E102 PETRO-CD A COM ACQUIRED	VARIOUS	04/03/2009	16,418.97	13,553.70	2,865.27	0.00
25000.0000	717081CZ4 PFIZER INC 4.450% 3/15/12	03/17/2009	06/03/2009	26,455.50	24,965.75	1,489.75	0.00
330 0000	737464107 POST PROPERTIES INC COM	VARIOUS	09/17/2009	6,241.60	3,960.82	2,280.78	0.00
740 0000	78442P106 SLM CORP COM	VARIOUS	01/20/2009	8,963.08	7,841.26	1,121.82	0.00
1155 0000	78442P106 SLM CORP COM	10/09/2008	02/26/2009	6,154.06	7,033.59	-879.53	0.00
190 0000	867914103 SUNTRUST BANKS INC COM	01/29/2009	05/08/2009	3,725.37	2,598.90	1,126.47	0.00
215 0000	867914103 SUNTRUST BANKS INC COM	01/29/2009	08/28/2009	5,056.31	2,940.87	2,115.44	0.00
85 0000	904784709 UNILEVER NV NEW YORK SHS NEW	07/02/2008	03/10/2009	1,516.40	2,368.81	-852.41	0.00
25000.0000	94974BET3 WELLS FARGO CO 3.750% 10/01/14	09/24/2009	12/11/2009	25,223.00	24,959.25	263.75	0.00
25000.0000	98151GAA3 WORLD SAVINGS BANK 4.125% 12/15/09	11/04/2008	09/24/2009	25,183.75	24,838.69	345.06	0.00
Total Short Term Sales Reported on 1099-B				366,049.73	365,454.05	595.68	0.00
Long Term 15% Sales Reported on 1099-B							
94 0000	002824100 ABBOTT LABS COM	10/12/2007	05/14/2009	4,209.85	4,948.16	-738.31	0.00
150 0000	025816109 AMERICAN EXPRESS CO COM	10/09/2008	10/12/2009	5,267.88	4,021.89	1,245.99	0.00
95 0000	060505104 BANK OF AMERICA CORP COM	10/12/2007	05/14/2009	1,089.31	4,977.05	-3,887.74	0.00

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2009 Tax Information Statement

Page 9 of 4
Ref: 4

Recipient's Name and Address
WHITE FAMILY FOUNDATION
P.O. BOX 2491
TARPON SPRINGS, FL 34688

Account Number: 7921724
Recipient's Tax ID number: 02-0794045
Payer's Federal ID number: 59-3482833

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
SUNTRUST BANK
W&M TAX SERVICES
P.O. BOX 1908
ORLANDO, FL 32802-1908

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
300.0000	060505765	BANK OF AMERICA CORP PFD	05/20/2008	12/15/2009	7,211.81	7,500.00	-288.19	0.00
167.0000	110122108	BRISTOL-MYERS SQUIBB CO	10/12/2007	05/14/2009	3,406.17	4,979.94	-1,573.77	0.00
255.0000	12721E102	CADBURY PLC SPON ADR EA REPR 4 ORD S	10/10/2008	11/09/2009	12,934.88	8,392.40	4,542.48	0.00
149.5598	151290889	CEMEX SA SPONS ADR PART CTF	10/12/2007	05/14/2009	1,326.08	4,935.47	-3,609.39	0.00
54.0000	166764100	CHEVRONTXACO CORP COM	10/12/2007	05/14/2009	3,676.14	4,942.08	-1,265.94	0.00
135.0000	171798101	CIMAREX ENERGY CO COM	12/27/2007	04/29/2009	3,717.52	5,698.35	-1,980.83	0.00
120.0000	171798101	CIMAREX ENERGY CO COM	12/27/2007	05/19/2009	3,616.86	5,085.20	-1,468.34	0.00
135.0000	171798101	CIMAREX ENERGY CO COM	12/27/2007	08/24/2009	5,476.19	5,698.35	-222.16	0.00
400.0000	17306R204	CITIGROUP CAPITAL VIII 6 95% SERIES PFD	10/30/2007	03/03/2009	2,905.50	9,820.60	-6,914.50	0.00
103.0000	172967101	CITIGROUP INC COM	10/12/2007	05/14/2009	366.15	4,911.04	-4,544.89	0.00
201.0000	205887102	CONAGRA INC COM	10/12/2007	05/14/2009	3,552.94	4,982.79	-1,429.85	0.00
28000.0000	20825CAE4	CONOCOPHILLIPS 4.750% 10/15/12	09/28/2007	11/05/2009	30,182.32	27,696.87	2,485.45	0.00
25000.0000	214651LH2	COOK CNTY ILL SCH 5.050% 12/01/09	09/25/2007	12/01/2009	25,000.00	25,000.00	0.00	0.00
185.0000	26138E109	DR PEPPER SNAPPLE GROUP INC COM	06/20/2008	06/23/2009	3,862.65	4,396.00	-533.35	0.00
785.0000	264411505	DUKE RLTY INVTS INC COM NEW	VARIOUS	12/04/2009	9,074.86	5,743.35	3,331.51	0.00
310.0000	278642103	EBAY INC COM	VARIOUS	07/24/2009	6,580.43	7,936.92	-1,356.49	0.00
53.0000	30231G102	EXXON MOBIL CORP	10/12/2007	05/14/2009	3,699.13	4,957.09	-1,257.96	0.00
25000.0000	31331Q3E5	FED FARM CR BK 4.875% 6/28/18	10/19/2007	01/26/2009	25,000.00	25,000.00	0.00	0.00

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2009 Tax Information Statement

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WHITE FAMILY FOUNDATION
P.O. BOX 2491
TARPON SPRINGS, FL 34688

7921724

02-0794045
59-3482833

☐ 2nd TIN notice

Account Number:

Recipient's Tax ID number:
Payer's Federal ID number:

☐ Corrected

Payer's Name and Address

SUNTRUST BANK
W&M TAX SERVICES
P.O. BOX 1908
ORLANDO, FL 32802-1908

Number (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or Other Basis (Box 4)	Net Gain or Loss Withheld	Federal Income Tax
30000.0000	3133XP5F7	FED HOME LN BK 4.550%	01/29/2008	02/06/2009	30,000.00	29,943.75	56.25	0.00
30000.0000	3133F0R50	FED HOME LN MTG 4.000%	09/26/2007	05/05/2009	30,000.00	30,000.00	0.00	0.00
35000.0000	3133F0C80	FED HOME LN MTG 5.000%	09/27/2007	05/05/2009	35,000.00	35,000.00	0.00	0.00
35000.0000	3136F3WR3	FED NATL MTG ASSN 4.000%	09/27/2007	06/09/2009	35,000.00	35,000.00	0.00	0.00
30000.0000	3136F26X1	FED NATL MTG ASSN 4.500%	09/21/2007	03/30/2009	30,000.00	30,000.00	0.00	0.00
400.0000	31678V206	FIFTH THIRD CAP TR VI FED FLTG	10/26/2007	04/22/2009	4,123.89	9,920.00	-5,796.11	0.00
25000.0000	341099CE7	FLORIDA PWR CORP 4.500%	10/17/2007	02/25/2009	25,424.00	24,891.68	532.32	0.00
119.0000	369604103	GENERAL ELEC CO COM	10/12/2007	05/14/2009	1,557.27	4,850.44	-3,293.17	0.00
170.0000	427866108	HERSHEY FOODS CORP COM	12/27/2007	02/11/2009	6,116.59	6,664.00	-547.41	0.00
190.0000	427866108	HERSHEY FOODS CORP COM	12/27/2007	03/09/2009	6,042.95	7,448.00	-1,405.05	0.00
275.0000	427866108	HERSHEY FOODS CORP COM	12/27/2007	11/20/2009	10,195.34	10,780.00	-584.66	0.00
385.0000	449934108	IMS HEALTH INC COM	12/27/2007	07/28/2009	4,648.42	8,849.99	-4,201.57	0.00
205.0000	449934108	IMS HEALTH INC COM	VARIOUS	09/11/2009	2,998.39	4,549.15	-1,550.76	0.00
58.0000	464287465	ISHARES TR MSCI EAFE INDEX FD	10/12/2007	05/14/2009	2,572.62	4,931.16	-2,358.54	0.00
25000.0000	468034KH5	JACKSON CNTY ORE SCH 4 951% 6/30/09	10/10/2007	06/30/2009	25,000.00	25,000.00	0.00	0.00
1150.0000	493267108	KEYCORP NEW COM	VARIOUS	11/23/2009	6,750.56	11,053.35	-4,302.79	0.00
50.0000	494368103	KIMBERLY CLARK CORP COM	12/27/2007	03/10/2009	2,186.02	3,475.00	-1,288.98	0.00
200.0000	532457108	LILLY ELI & CO COM	12/27/2007	07/30/2009	7,095.08	10,733.34	-3,638.26	0.00

2009 Tax Information Statement

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W&M TAX SERVICES
P O BOX 1908
ORLANDO, FL 32802-1908

Number of Shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
25000.0000	571834AF7	MARSHALL & ILSLEY CO 5 626% 8/17/09	03/28/2008	04/28/2009	24,602.50	25,137.50	-535.00	0.00
165.0000	585055106	MEDTRONIC INC COMMON STOCK	12/27/2007	07/28/2009	5,741.62	8,254.95	-2,513.33	0.00
35000.0000	612201FR9	MONTCLAIR CALIF REDE 5.620% 9/01/17	09/28/2007	09/14/2009	33,317.20	35,000.00	-1,682.80	0.00
25000.0000	626387AC8	MUNSTER IND REDEV DI 5 120% 7/01/11	10/04/2007	09/17/2009	25,812.50	25,000.00	812.50	0.00
395.0000	G6359F103	NABORS INDUSTRIES LTD COM SEDOL #2963372	12/27/2007	04/29/2009	6,243.24	11,135.05	-4,891.81	0.00
100.0000	G6359F103	NABORS INDUSTRIES LTD COM SEDOL #2963372	12/27/2007	05/19/2009	1,718.36	2,819.00	-1,100.64	0.00
196.0000	717081103	Pfizer Inc COM	10/12/2007	05/14/2009	3,009.85	4,988.60	-1,958.75	0.00
6048	693475105	PNC BANK CORPORATION COM	10/12/2007	01/14/2009	29.68	398.52	-368.84	0.00
7.0000	693475105	PNC BANK CORPORATION COM	10/12/2007	05/14/2009	304.66	4,612.50	-4,307.84	0.00
80.0000	74834L100	QUEST DIAGNOSTICS INC COM	12/27/2007	03/10/2009	3,548.33	4,249.51	-701.18	0.00
135.0000	842587107	SOUTHERN CO COM	10/12/2007	05/14/2009	3,851.01	4,966.65	-1,115.64	0.00
86.0000	854616109	STANLEY WKS COM	10/12/2007	05/14/2009	2,933.26	4,964.78	-2,031.52	0.00
160.0000	866674104	SUN COMMUNITIES INC COM	10/12/2007	05/14/2009	2,328.74	4,662.13	-2,333.39	0.00
65.0000	867914103	SUNTRUST BANKS INC COM	10/12/2007	05/14/2009	977.89	4,934.80	-3,956.91	0.00
400.0000	867885105	SUNTRUST CAPITAL IX TR PFD	02/26/2008	04/17/2009	7,799.79	10,000.00	-2,200.21	0.00
305.0000	872375100	TECO ENERGY INC COM	10/12/2007	05/14/2009	3,405.78	5,038.60	-1,632.82	0.00
85.0000	891027104	TORCHMARK CORP COM	12/27/2007	07/10/2009	2,870.14	5,207.10	-2,336.96	0.00
115.0000	891027104	TORCHMARK CORP COM	12/27/2007	09/21/2009	5,035.34	7,044.90	-2,009.56	0.00

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P.O. BOX 2491
TARPON SPRINGS, FL 34688

Number of shares (Box 5)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Cost or other Basis (Box 4)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (Box 4)
65.0000	TRAVELERS COS INC/THE COM	12/27/2007	02/02/2009	3,532.47	-1,047.58	0.00
139.0000	WASHINGTON MUTUAL INC.COM	10/12/2007	05/14/2009	4,927.55	-4,912.76	0.00
137.0000	WELLS FARGO & CO NEW COM	10/12/2007	05/14/2009	4,977.21	-1,486.97	0.00
25000.0000	WEST VIRGINIA ST 6.625% 11/01/18	09/25/2007	01/29/2009	25,497.50	-91.25	0.00
Total Long Term 15% Sales Reported on 1099-B				591,793.87	-90,228.26	0.00

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FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
SUNTRUST BANK #248526	15.
SUNTRUST BANK #7921724	51,050.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	51,065.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
SUNTRUST BANK #7921724	20,818.	416.	20,402.
TOTAL TO FM 990-PF, PART I, LN 4	20,818.	416.	20,402.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER MISCELLANEOUS INCOME	-6,039.	-6,039.	
INCOME FROM AMA HEDGED EQUITY FUND (QP), LP	-112,352.	0.	
INCOME FROM AMA SELECT FUND (QP), LP	-104,366.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-222,757.	-6,039.	

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,535.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	3,535.	0.		0.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES	28,000.	0.		28,000.	
TO FORM 990-PF, PG 1, LN 16C	28,000.	0.		28,000.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES	164.	164.		0.	
GENSEPRING ADVISOR FEES	27,473.	27,473.		0.	
WASMER ADVISOR FEES	4,129.	4,129.		0.	
EQUITY INVESTMENT CORP	3,888.	3,888.		0.	
MARKETING	671.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	36,325.	35,654.		0.	

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
SUNTRUST INVESTMENTS	COST	4,323,154.	4,440,354.	
INVESTMENT IN AMA HEDGED EQUITY FUND (QP), LP	COST	12,565.	8,434.	
INVESTMENT IN AMA SELECT FUND (QP), LP	COST	44,536.	44,491.	
TOTAL TO FORM 990-PF, PART II, LINE 13		4,380,255.	4,493,279.	

FORM 990-PF	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
LOAN FROM DIRECTORS - J. WHITE	4,632.	4,632.	
TOTAL TO FORM 990-PF, PART II, LINE 22	4,632.	4,632.	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH C. WHITE 14275 SIESTA ROAD LARGO, FL 33774	CO-SETTLOR 0.60	0.	0.	0.
JO ANN M. WHITE 14275 SIESTA ROAD LARGO, FL 33774	CO-SETTLOR 0.60	0.	0.	0.
MEGAN W. ANDERSON 1912 GULF BLVD. #301 INDIAN ROCKS BEACH, FL 33785	CO-TRUSTEE 0.40	0.	0.	0.
LAUREN W. CARLAN 5957 BAYVIEW CIRCLE SOUTH GULFPORT, FL 33707	CO-TRUSTEE 0.40	0.	0.	0.
DOUGLAS E. CARLAN 5957 BAYVIEW CIRCLE SOUTH GULFPORT, FL 33707	CO-TRUSTEE 0.40	0.	0.	0.
DAVID E. HERMAN 8568 W. GULF BLVD TREASURE ISLAND, FL 33706	CO-TRUSTEE 0.40	0.	0.	0.
AMY STANTON 1375 PINELLAS ROAD BELLEAIR, FL 33756	CO-TRUSTEE 0.40	0.	0.	0.
JAY R. ROTH 804 STETSON STREET ORLANDO, FL 32804	CO-TRUSTEE 0.40	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 10

NAME OF MANAGER

JOSEPH C. WHITE
JO ANN M. WHITE

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 11

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BENEDICT HAVEN, INC.	NONE CHARITY	N/A	20,000.
CASA	NONE CHARITY	N/A	7,500.
CLEARWATER CENTRAL CATHOLIC HIGH SCHOOL	NONE CHARITY	N/A	13,388.
FOR THE LOVE OF BIRTH, INC	NONE CHARITY	N/A	10,000.
LIFELINE MINISTRIES/ST. JEROME'S CHURCH	NONE CHARITY	N/A	5,000.
PAL OF ST. PETERSBURG	NONE CHARITY	N/A	6,500.

PINELLAS SHERIFF'S ATHLETIC LEAGUE	NONE CHARITY	N/A	20,000.
RAISING HOPE, INC.	NONE CHARITY	N/A	10,000.
ST. ANNE'S COMMUNITY OUTREACH FOOD PANTRY	NONE CHARITY	N/A	3,000.
ST. PATRICK CATHOLIC SCHOOL	NONE CHARITY	N/A	10,000.
ST. PETERSBURG FREE CLINIC	NONE CHARITY	N/A	20,000.
TAMPA UNDERGROUND NETWORK	NONE CHARITY	N/A	3,000.
VAN GOGH'S PALETTE--VINCENT HOUSE	NONE CHARITY	N/A	21,000.
RED CROSS	NONE CHARITY	N/A	1,500.
ROBERT GAUGHN FOUNDATION	NONE CHARITY	N/A	1,500.
RONALD MCDONALD HOUSE CHARITIES OF TAMPA	NONE CHARITY	N/A	3,000.

WHITE FAMILY FOUNDATION			02-0794045
WARRICK R. DUNN FOUNDATION	NONE CHARITY	N/A	3,000.
NAMI	NONE CHARITY	N/A	10,000.
CHILDREN'S DREAM FUND	NONE CHARITY	N/A	10,000.
I MATTER TOO/UNDERGROUND NETWORK INC.	NONE CHARITY	N/A	7,341.
ST JEROME'S CHURCH - FEED THE POOR	NONE CHARITY	N/A	3,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A			188,729.

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization WHITE FAMILY FOUNDATION	Employer identification number 02-0794045
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2491	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TARPON SPRINGS, FL 34688	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

AMY E. STANTON

- The books are in the care of ▶ **1375 PINELLAS ROAD - BELLEAIR, FL 33756**

Telephone No. ▶ **727-741-9187**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ ☒ calendar year **2009** or▶ ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	3,099.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)923831
05-28-09

08370421 784732 17442

2009.03040 WHITE FAMILY FOUNDATION

17442__1

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	WHITE FAMILY FOUNDATION	02-0794045
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2491	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TARPON SPRINGS, FL 34688	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☒ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

AMY E. STANTON

- The books are in the care of **1375 PINELLAS ROAD - BELLEAIR, FL 33756**
 Telephone No. **727-741-9187** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	3,099.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	3,099.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Jessica Stanton** Title **CPA** Date **6/29/10**

Form 8868 (Rev. 4-2009)