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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

SCANNED NOV 2 4 2010

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

| For cal | enda | ar year 2009, or to | ax year beginni | ng | , 2009 | , and ending | | 9 | | |
|-------------------|-------------|--|--------------------------------------|-----------------------|---|-------------------------|--------------------|--|---------------------|----------------------------------|
| G Che | eck a | II that apply | Initial return | Init | al Return of a former p | ublic charity | | | Fina | al return |
| | | | Amended ret | ш | Address | | Nama | change | | |
| | | L | Amended ret | uiii | | Trange | | | itiaatian muu | |
| Use t | | mi | | | | | Α | | | nber |
| IRS lal | | The Whitma | | ound | ation | | | 20-5666 | | |
| Otherw | | 423 Ridgew | | | | | В | Telephone num | ber (see the | instructions) |
| or typ | | Metairie, | LA 70001 | | | | | 504-333 | -6947 | |
| See Spe | | | | | | | С | If exemption ar | polication is | pending, check here |
| Instruct | ions | | | | | | | 1 Foreign organiz | - | |
| H C | · 1 | | IVIC- | FO | 1(c)(3) exempt private f | | ۲ | | | |
| ח כ | _ | type of organiza | | | | | | here and attach | | ang the 85% test, check |
| - | _ | ection 4947(a)(1) | | | | | | | • | was terminated |
| | | rket value of all asset | | J Acc | counting method X C | ash 🔲 Accru | ا اهر | under section 5 | 07(h)(1)(A) | check here |
| (1 | rom P | Part II, column (c), line | 9 (6) | | Other (specify) | | F | | | -month termination |
| ► \$ | ; | 5,138, | ,198. | (Part I | , column (d) must be or | n cash basıs) | 77 | under section 5 | | |
| Part I | IA | nalysis of Re | | | | | | | | |
| | | xpenses (The | | s in | (a) Revenue and expenses per books | (b) Net inves income | | (c) Adjuste | | (d) Disbursements for charitable |
| | c | olumns (b), (c), a | and (d) may not | neces- | expenses per books | income | ; | li ilicolii | E | purposes |
| | Si | arily equal the an | nounts in colum | ın (a) | | | | | | (cash basis only) |
| | | see the instructio | | | | | | | | |
| | 1 | Contributions, gifts, | grants, etc. received | (att sch) | 100,000. | · | | | | |
| | 2 | L J | oundn is not req to al | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| | 3 | | ings and tempo | rary | | | | | | |
| | ١. | cash investmer | | | 55.010 | | | ļ | | |
| | 4 | Dividends and inter | rest from securities | | 77,840. | 77 | ,840 | . 7 | 7,840. | |
| | | a Gross rents | | | | | | <u> </u> | | |
| | | b Net rental income or (loss) | | | | | | | | |
| R | | a Net gain/(loss) from | | line 10. | | | | | | |
| R E V | | b Gross sales price for assets on line 6a | r all | | | | | | | |
| ¥ | 7 | | ome (from Part IV, Iir | ne 2) | | | | | | |
| E N U | 8 | Net short-term | | | | | - | - | | - |
| | 9 | Income modific | | | | • • | | 1 | | |
| Ε | | a Gross sales less returns and | | | ······································ | | | | | |
| | ' | allowances | 1 | | | | | | | |
| | | b Less Cost of | | | | | | | | |
| | İ | goods sold | (-#b) | | | | | | | |
| | 1 | c Gross profit/(loss) | • | | | | | | | |
| | '' | Other income (| attach schedule | :) | | | | - | | |
| | ۱., | - | 1 11 1 11 | | 177 040 | | 0.40 | | 2 0 4 0 | |
| | 12 | | | | 177,840. | 77 | <u>,840</u> | . T | 7,840. | |
| | 13 | | ficers, directors, trust | ees, etc | 0. | • • | | | | |
| | 14 | | • | | 24,250. | | | | | |
| | 15 | Pension plans, | employee bene | efits | | | | | | |
| А | 16 | a Legal fees (attach s | schedule) | | | | | | | |
| A D M | | b Accounting fees (at | ttach sch) | | | | | | | |
| ï | | c Other prof fees (att | • | | | | | | _ | |
| 0 1 | 1 | Interest | | | | r | | J=0=:::- | · | |
| O I S T R A T | 18 | | | | | | | RECEIVE | $\frac{D}{C}$ | |
| RR | | | | | | | | | | · |
| A A | 19 | sch) and deple | ation | | 1,314. | | ကြ | مم م میان | 110 lö | |
| l į | 20 | _ | | | 7,800. | | ğ | NDV 1 9 20 | 110 17 | |
| N Ý G E | 21 | | ences, and meet | inas | 1,000. | | | | lik | |
| | 22 | • | | 195 . | - · · | | - | 0 0 0 000 | <u></u> | |
| A E N X D P | 23 | | s (attach sched | ıle) | | | | GCDEN, | U I | |
| E | 23 | | See Statem | | 2,450. | 1 | <u> </u> | | | f |
| E N S | | | | | 2,300. | | | + | | |
| Ĕ | 24 | expenses Add | g and administr I lines 13 throug | au ve ih 23 | 35,814. | | | | | |
| S | 25 | | s, grants paid Par | | 269,025. | <u></u> | | + | | 269,025. |
| | l | | | | 203,023. | | | | | |
| | 26 | Total expenses Add lines 24 ai | s and disburser nd 25 | nents. | 304,839. | | 0 | | 0. | 269,025. |
| | 27 | Subtract line 2 | | | 304,033. | | | | | 203,023. |
| | | a Excess of reve | | ICAC | | | | | | |
| | | and disbursen | .nae over exper nents | 1363 | -126,999. | | | | | |
| | | b Net investment inco | | er -0-) | ===,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 77 | ,840 | | | |
| | | C Adjusted net incom | · · | | . " | ., | , , , , , | | 7,840. | |
| | 1 | C Aujusteu net meon | ·· (ii ricyauva, antai | J-) | I . | ı | | , , | ., | |

| Part | · II | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End o | of year |
|------------------|-------|---|--|-----------------------------|----------------|-----------------------|
| are | | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest | -bearing | | | |
| | 2 | Savings and tempora | ary cash investments | 3,107,900. | 404,375. | 404,375. |
| | 3 | Accounts receivable | - | | | |
| | | Less allowance for | doubtful accounts ► | | | |
| | 4 | Pledges receivable | - | | | |
| | l | Less allowance for | doubtful accounts • | _ | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from offic disqualified persons (attac | cers, directors, trustees, and other ch schedule) (see the instructions) | | | |
| | 7 | Other notes and loans rec | eivable (attach sch) | | | |
| A | | Less allowance for | doubtful accounts ► | | | |
| š | 8 | Inventories for sale | or use | | | |
| A S E T | 9 | Prepaid expenses ar | nd deferred charges | | | |
| Ś | 10 | a Investments – US obligations (attach s | and state government chedule). | | | |
| | | b Investments — corporate | stock (attach schedule) | | | |
| | , | c Investments — corporate | bonds (attach schedule) | | | |
| | 11 | Investments – land, equipment: basis. | buildings, and | | | |
| | | Less accumulated deprec (attach schedule) | nation • | | | |
| | 12 | Investments - morto | gage loans. | | | |
| | 13 | Investments - other | (attach schedule) | 2,772,288. | 5,350,128. | 4,733,823. |
| | 14 | Land, buildings, and e | equipment basis - 3,94 | 3. | | |
| | | Less accumulated deprec (attach schedule) | lation See Stmt 2 ►2,79 | 2,464. | 1,150. | |
| | | | completed by all filers - | _) | E 755 (52 | F 130 100 |
| $\overline{}$ | 17 | Accounts payable ar | o, see page 1, item I) | 5,882,652. | 5,755,653. | 5,138,198. |
| Ţ | 18 | Grants payable | id accrued expenses | | | |
| A B | 19 | Deferred revenue | | | | |
| Ĭ | 20 | | tors, trustees, & other disqualified persons | | | |
| L | 21 | • | s payable (attach schedule) | | | |
| Ť | 22 | Other liabilities (descr | , , , | | | |
| F | 22 | Other habilities (descr | | - ' | | |
| E S | 23 | Total liabilities (add | | 0. | 0. | |
| | | and complete lines | llow SFAS 117, check here 24 through 26 and lines 30 and 31. | 4 | | |
| N F E U | 24 | Unrestricted | | | | |
| ΤN | 25 | Temporarily restricted | | | | |
| , D | 26 | Permanently restrict | | | | |
| A B A L A | | Foundations that do and complete lines | o not follow SFAS 117, check here P 27 through 31. | <u>X</u> | | |
| EL | 27 | Capital stock, trust p | orincipal, or current funds | | | |
| SŅ | 28 | Paid-in or capital surplus, | or land, building, and equipment fund | | | |
| OE | 29 | Retained earnings, accumi | ulated income, endowment, or other funds | 5,882,652. | 5,755,653. | |
| ŔŠ | 30 | Total net assets or f | fund balances (see the instructions) | 5,882,652. | 5,755,653. | |
| | 31 | Total liabilities and (see the instructions | net assets/fund balances | 5,882,652. | 5,755,653. | |
| Dark | · 111 | <u> </u> | ges in Net Assets or Fund Bala | | 3,733,633. | |
| | | | | | <u>"</u> T | <u> </u> |
| 1 | Tota | I net assets or fund ba | alances at beginning of year - Part II, d on prior year's return) | column (a), line 30 (must a | gree with 1 | 5,882,652. |
| 2 | | er amount from Part I, | | • | 2 | -126, 999. |
| 3 | | increases not included in h | | • • | 3 | 120, 333. |
| 4 | | lines 1, 2, and 3 | | | | 5,755,653. |
| 5 | | ases not included in line 2 (| (itemize) | • | 5 | 3,.33,033. |
| _ | | | alances at end of year (line 4 minus lin | ie 5) – Part II. column (h) | | 5,755,653. |
| | . 510 | | | ,, | | , |

| (a) List and descri | be the kind(s) of property sold (e.g , ruse, or common stock, 200 shares ML | eal estate, | P — Purchase D — Donation | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|--|--|---------------------------|---|-------------------------------------|
| 1a N/A | | | • | | - |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (e) plus (f) m | |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | <u> </u> |
| | wing gain in column (h) and owned by | the foundation on 12/31/69 | | (I) Gains (Colu | ımn (h) |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i over column (j), if any |) g th | ain minus column (k an -0-) or Losses (fr | (), but not less om column (h)) |
| a | | | | | |
| b | | <u>.</u> | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (n | et capital loss)If (loss), ent | enter in Part I, line 7 fer -0- in Part I, line 7 | 2 | | |
| If gain, also enter in Part I, lii | (loss) as defined in sections 1222(5) ne 8, column (c) (see the instructions) | `` | | | |
| In Part I, line 8 Part V Qualification Unde | er Section 4940(e) for Reduce | | 3 | | |
| If 'Yes,' the foundation does not qu | ection 4942 tax on the distributable am alify under section 4940(e) Do not co t in each column for each year, see th | mplete this part | ' | Yes | X No |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use asse | | (d) Distribution umn (b) divided | |
| 2008 | 289,395. | 5,429, | 023 | | 0.053305 |
| 2007 | 150,000. | 3,231, | | | 0.046411 |
| 2006 | 1 200,000 | 0,201, | 307. | | <u> </u> |
| 2005 | | | | | |
| 2004 | | | <u> </u> | | |
| 2 Total of line 1, column (d) | <u> </u> | | 2 | | 0.099716 |
| Average distribution ratio for number of years the foundation | the 5-year base period — divide the to on has been in existence if less than 5 | stal on line 2 by 5, or by the by years | . 3 | | 0.049858 |
| 4 Enter the net value of noncha | aritable-use assets for 2009 from Part | X, line 5 | 4 | | 4,870,989. |
| 5 Multiply line 4 by line 3 | | | 5 | | 242,858. |
| 6 Enter 1% of net investment in | ncome (1% of Part I, line 27b) | | 6 | | 778. |
| 7 Add lines 5 and 6 . | | | 7 | | 243,636. |
| 8 Enter qualifying distributions | from Part XII, line 4 | | 8 | <u></u> | 269,025. |
| Part VI instructions | than line 7, check the box in Part VI, | line 1b, and complete that pa | ert using a 1% | | |
| BAA | | | | Forr | n 990-PF (2009) |

| · | | | |
|--|--|---|---------------|
| Form 990-PF (2009) The Whitman Family Foundation 20-56 | | | Page 4 |
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the | instructions | <u>;) </u> | |
| 1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | | | |
| Date of ruling or determination letter: (attach copy of letter if necessary - see instr.) | | | 770 |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, | | | 778. |
| check here X and enter 1% of Part I, line 27b | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-). | , | | 0. |
| 3 Add lines 1 and 2 | | | 778. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | - | 778. |
| 6 Credits/Payments | <u>' </u> | | , , o . |
| a 2009 estimated tax pmts and 2008 overpayment credited to 2009 6a 373. | ŀ | | |
| b Exempt foreign organizations — tax withheld at source 6b | | | |
| c Tax paid with application for extension of time to file (Form 8868) 6c 2,000. | | | |
| d Backup withholding erroneously withheld | | | |
| 7 Total credits and payments. Add lines 6a through 6d | , | 2,3 | 373. |
| 8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | <u>·</u> | 7. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | , | | 0. |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 1,5 | 588. |
| 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax 1,588. Refunded 11 | | | 0. |
| Part VII-A Statements Regarding Activities | | | |
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | <u> </u> | Yes | No |
| participate or intervene in any political campaign? | 1: | 3 | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | | | |
| (see the instructions for definition) ⁷ | 11 | <u> </u> | X |
| If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publis or distributed by the foundation in connection with the activities | hed | | |
| c Did the foundation file Form 1120-POL for this year? | 1 | : | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| (1) On the foundation ►\$ 0. (2) On foundation managers ►\$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | 0. | | |
| foundation managers \$ 0. | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| If 'Yes,' attach a detailed description of the activities | | | |
| 3. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | |
| 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? <i>If</i> 'Yes,' attach a conformed copy of the changes | 3 | | Х |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4: | 3 | Х |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 41 | N | /A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| If 'Yes,' attach the statement required by General Instruction T | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | İ | l | |
| By language in the governing instrument, or | | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that confl with the state law remain in the governing instrument? | ıct 6 | X | |
| | 1 | | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | 7 | X | 1 |

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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*

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

| 10 | Did any persons | become substantial | contributors | during | the tax year | ? If 'Yes, | ' attach a | a schedule | listing | thei | r nar | nes |
|----|-----------------|--------------------|--------------|--------|--------------|------------|------------|------------|---------|------|-------|-----|
| | and addresses | | | | _ <u>.</u> | | · | <u> </u> | | | | |

Form **990-PF** (2009)

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| - | , | 20 | 5,0000 | 2 | _ | _ |
|----------|--|--------------|--------------|------|-------------|------|
| | n 990-PF (2009) The Whitman Family Foundation t VII-A Statements Regarding Activities Continued | 20- | 566600 | 3 | F | Page |
| | 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 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption. Website address | n applica | ition? | 13 | X | |
| 14 | The books are in care of Mayne Whitman Telephone Located at A23 Ridgeway Drive Metairie LA ZIP + 4 Metairie LA | no. ► 700 | 504-21 01 | 9-0 | 433 | |
| 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 | - | | N/A | > | N/Z |
| Par | t 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 |
| 1 a | 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? | Yes | X No | i | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes | XNo | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | XNo | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes | X 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)? | Yes | XNo | i | | |
| | (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) | Yes | XNo | | | |
| t | 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 the instruction) | ons)? | | 1 b | N | /A |
| | Organizations relying on a current notice regarding disaster assistance check here | > | · 📙 🔠 | | | |
| 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 | | Х |
| 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? | Yes | XNo | | | |
| | If 'Yes,' list the years ► 20 , 20 , 20 , 20 | | | | | |
| t | 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 all years listed, answer 'No' and attach statement — see the instructions.) | (a)(2) to | | 2 b | NT | /A |
| , | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years | here | | - 20 | 14 | |
| • | ► 20, 20, 20 | 1616 | | | | |
| | | | | . | | 1 |

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

Yes X 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)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

| 3b | N | /A |
|----|---|----|
| 4a | | Х |
| | | |
| 4b | | Х |

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| Form 990-PF (2009) The Whitman Family | | | 20-566 | <u>56003</u> | Page 6 |
|--|--|---|--|--------------------------|-----------------------|
| Part VII-B Statements Regarding Activiti | es for Which Form | 1 4720 May Be Req | uired (continued) | | |
| 5a During the year did the foundation pay or incu | - | | | | |
| (1) Carry on propaganda, or otherwise attempt | ot to influence legislation | n (section 4945(e))? | Yes X | No | |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | lic election (see section ition drive? | n 4955); or to carry | | No | |
| (3) Provide a grant to an individual for travel, | study, or other similar | purposes? | Yes X | No | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | nan a charitable, etc, oi 4940(d)(2)? (see instri | rganization described uctions) | Yes X | No | |
| (5) Provide for any purpose other than religion educational purposes, or for the prevention | us, charitable, scientific n of cruelty to children | c, literary, or or animals? | Yes X | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)? | the transactions fail to a current notice regard | qualify under the exception disaster assistance | tions | 5 b | N/A |
| Organizations relying on a current notice rega | rding disaster assistand | ce check here | ▶ 🗍 | . | |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response | the foundation claim ex sibility for the grant? | emption from the | N/A Yes | No | |
| If 'Yes,' attach the statement required by Regi | ulations section 53 494 | 5-5(d) | | | |
| 6a Did the foundation, during the year, receive ar on a personal benefit contract? | | | Yes X | No | |
| b Did the foundation, during the year, pay premi | ums, directly or indirec | tly, on a personal bene | fit contract? | 6 b | <u> </u> |
| If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found | fation a party to a prob | ubited tax shelter transa | ction? Yes X | No | |
| b If yes, did the foundation receive any proceed | | | | 7b | N/A |
| Part VIII Information About Officers, D | rectors, Trustees, | Foundation Manag | ers, Highly Paid E | mployees | |
| and Contractors | n managers and their | componentian (con inct | mustions) | | |
| 1 List all officers, directors, trustees, foundatio | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Expens | e account |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | other allo | owances |
| Wayne Whitman | President | 0. | 0. | | 0. |
| 423 Ridgeway Drive | 0 | | | - | |
| Metairie, LA 70001 | | | | | |
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| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employee | | | | T | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week | (c) Compensation | (d) Contributions to employee benefit | (e) Expens other allo | e account, owances |
| | devoted to position | | plans and deferred compensation | | |
| None | | | <u>compondation</u> | | |
| | | | | | |
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| | | | | L | |
| Total number of other employees paid over \$50,000 |) . | · · · · · · · · · · · · · · · · · · · | . • | 1 | 0 |
| BAA | TEEA0306L | 07/06/09 | | Form 99 | 0-PF (2009) |

Partix B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 <u>N/A</u> | |
| 2 | |
| All other program-related investments See instructions. 3 | |
| Total. Add lines 1 through 3 | 0. |

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Form **990-PF** (2009)

| ra | see instructions.) | oreigr | rioundations, |
|-----|---|----------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities. | 1 a | 3,189,029. |
| ļ | Average of monthly cash balances | 1 b | 1,756,138. |
| | Fair market value of all other assets (see instructions) | 1 c | |
| | d Total (add lines 1a, b, and c) | 1 d | 4,945,167. |
| | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | (attach detailed explanation) 1 e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 4,945,167. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 74,178. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 4,870,989. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 243,549. |
| Pa | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► □ and do not complete this part of the par | | foundations |
| 1 | Minimum investment return from Part X, line 6 | 1 | 243,549. |
| 2; | Tax on investment income for 2009 from Part VI, line 5 | | |
| ı | Income tax for 2009. (This does not include the tax from Part VI) | | |
| | Add lines 2a and 2b | 2c | 778. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 242,771. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 242,771. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| _ 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 242,771. |
| Pa | Qualifying Distributions (see instructions) | [mairie] | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 269,025. |
| ı | Program-related investments — total from Part IX-B | 16 | |
| 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 | |
| ı | 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 | 269,025. |
| 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 (see instructions) | 5 | 778. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 268,247. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years | ther th | e foundation |
| RAA | | | Form 900 PE (2009) |

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 | • | | | 242,771. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | , 242,771. |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years: 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009: | | | , | |
| a From 2004 | | | | |
| b From 2005 | | | | |
| c From 2006 | | | | |
| d From 2007 | | | | |
| e From 2008 11, 957. | | | | |
| f Total of lines 3a through e | 11,957. | | | |
| 4 Qualifying distributions for 2009 from Part | | | | |
| XII, line 4 ► \$ 269,025. | | | | |
| a Applied to 2008, but not more than line 2a | | | 0. | |
| Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | · |
| (Election required – see instructions) | 0. | | | 0.40 771 |
| d Applied to 2009 distributable amount | 26 254 | | | 242,771. |
| e Remaining amount distributed out of corpus | 26,254. | | | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the | U. | | | 0. |
| same amount must be shown in column (a)) | | | | |
| | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | 38,211. | | | |
| | 30,211. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- ed 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 instructions | | | 0. | |
| f Undistributed income for 2009 Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be distributed in 2010 | | | | 0. |
| 7 Amounts treated as distributions out of | , | | | <u> </u> |
| corpus to satisfy requirements imposed | | | | 1 |
| by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | 0. | | | |
| , | | | | |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions) | 0. | - | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 38,211. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2005 | | | | |
| b Excess from 2006 | | | | |
| c Excess from 2007 | | | | |
| d Excess from 2008 . 11, 957 . | | | | |
| e Excess from 2009 26, 254. | | | | |

| Form 990-PF (2009) The Whitman Fami | | | | 20-5666003 | Page 10 |
|--|--|---|--|---------------------------|----------------------------------|
| Part XIV Private Operating Foundation | | | | | N/A |
| 1 a If the foundation has received a ruling or one is effective for 2009, enter the date of the | ruling | | - | • | 7 |
| b Check box to indicate whether the foundat | | erating foundation of | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year (a) 2009 | (b) 2008 | Prior 3 years (c) 2007 | (d) 2006 | (e) Total |
| b 85% of line 2a | - | · | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a 'Assets' alternative test — enter: | | | | | |
| (1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | <u> </u> |
| c 'Support' alternative test — enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | L | L | <u></u> | |
| Part XV Supplementary Information assets at any time during th | (Complete this e year – see in | part only if the structions.) | organization ha | d \$5,000 or more | e in |
| Information Regarding Foundation Manage a List any managers of the foundation who had close of any tax year (but only if they have Wayne Whitman | ave contributed me | ore than 2% of the than \$5,000). (See | total contributions re section 507(d)(2)) | eceived by the found | ation before the |
| b List any managers of the foundation who ca partnership or other entity) of which the None | own 10% or more of foundation has a 1 | f the stock of a cor 0% or greater inter | poration (or an equa est | illy large portion of the | ne ownership of |
| 2 Information Regarding Contribution, Grar Check here ► X if the foundation only n requests for funds. If the foundation make complete items 2a, b, c, and d | nakes contributions | to preselected cha | ırıtable organizations | and does not accep | it unsolicited ir conditions, |
| a The name, address, and telephone numbe | r of the person to v | whom applications | should be addressed | l: | |
| b The form in which applications should be | submitted and infor | mation and materia | als they should include | de | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards, s | such as by geograp | hıcal areas, charıta | ible fields, kinds of ii | nstitutions, or other f | actors. |
| BAA | | EA02101 07/05/00 | | | orm 990-PF (2009) |
| | IE. | EA0310L 07/06/09 | | FC | //// JOUNT (2009) |

| 3 Grants and Contributions Paid During the | Year or Approved for Fut | ure Paymen | nt | |
|--|---|--------------------------------|--------------|----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | l . | Amount |
| Name and address (home or business) | substantial contributor | recipient | Contribution | |
| Name and address (home or business) a Paid during the year See Statement 3 | substantial contributor | recipient | | |
| | | , | | |
| | | | | |
| Total | | <u> </u> | <u> </u> | 269,025. |
| b Approved for future payment | | 1 | | 2037020 |
| | | | | |
| Total . | | | ▶ 31 | |

Part XVI-A Analysis of Income-Producing Activities

| Enter aros | s amounts unless otherwise indicated. | Unrelated | business income | Excluded by | section 512, 513, or 514 | |
|---|---|--|-----------------|--|---------------------------------------|---------------------------------------|
| | | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| • | ram service revenue. | | | code | · · · · · · · · · · · · · · · · · · · | (see the instructions) |
| | <u> </u> | | · · | + +- | | |
| | | | · · · | | - | |
| | | | V | | T-11 | |
| | | | | | | |
| f | | 1 - 1 | | | | |
| g Fees | and contracts from government agencies | | | | | |
| | bership dues and assessments | | | | | |
| 3 Interes | st on savings and temporary cash investments | | | | - | |
| 4 Divid | lends and interest from securities | | | 14 | 77,840. | |
| 5 Net r | ental income or (loss) from real estate: | | | | | |
| a Debt | -financed property | | | | | |
| | debt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | · · · · · · · · · · · · · · · · · · · | |
| | r investment income | | | <u> </u> | | |
| | or (loss) from sales of assets other than inventory | | | | | |
| | ncome or (loss) from special events. | <u> </u> | | | | |
| | s profit or (loss) from sales of inventory | | | - | | |
| 11 Othe | | - | | | | |
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| _ | | + + | | - | · · | |
| _ | | - | | 1 | - | |
| e | | | | - | · - | |
| | otal Add columns (b), (d), and (e) | | | 1 | | |
| | | 1 | | | 77 870 1 | |
| | | | | | 77,840. | 77 840 |
| 13 Total | I. Add line 12, columns (b), (d), and (e) | alculations.) | <u> </u> | | 13 | 77,840. |
| 13 Total (See works | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify care. | | hmont of Evens | - L | 13 | 77,840. |
| 13 Total (See works | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify care. | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
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| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
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| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
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| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
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| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |
| 13 Total (See works Part XVI- Line No. | I. Add line 12, columns (b), (d), and (e), sheet in the instructions for line 13 to verify carbon Relationship of Activities to the | Accomplis | | | 13 es | |

| Part XVII | Information Regarding | Transfers To and | Transactions and | Relationships With No | oncharitable |
|-----------|-----------------------|------------------|-------------------------|-----------------------|--------------|
| | Exempt Organizations | | | • | |

| 1 0 | d the executed to a decent | | | 4-11 | | | | Yes | No |
|-----------------|--|-------------------------------------|---|---|---|---|--------------------------------------|----------------------|-----------|
| de | d the organization directly escribed in section 501(c) | of the Code (c | engage in any of the other than section 50 | tollowing with 1(c)(3) organiz | any otner organizati ations) or in section | on 527, | | ,1 | 3, - |
| | lating to political organiza | | | | | | | ~ | |
| | ansfers from the reporting Cash | j loundation to | a nonchantable exe | empt organizati | on or: | | 1 a (1) | <u> </u> | X |
| • |) Other assets | | | | | | 1a (1) | | X |
| • | ther transactions | | | | | | 14 (2) | | |
| |) Sales of assets to a nor | ncharitable exe | empt organization | | | | 1 b (1) | | X |
| |) Purchases of assets from | | , • | ation | | | 1 b (2) | | X |
| (3 |) Rental of facilities, equi | pment, or othe | er assets | | | | 1 b (3) | | X |
| (4) |) Reimbursement arrange | ements | | | | | 1 b (4) | | X |
| (5) |) Loans or loan guarantee | es | | | | | 1 b (5) | | X |
| (6 |) Performance of services | s or membersh | nip or fundraising sol | icitations | | | 1 b (6) | | X |
| c St | naring of facilities, equipm | ent, mailing li | sts, other assets, or | paid employee: | S. | | 1 c | | Χ |
| عالم | the encurer to any of the | shava ia 'Vaa ' | complete the follows | | National (16) - 15 - 17 - 17 - 17 | | | | |
| th | the answer to any of the a e goods, other assets, or a ny transaction or sharing a | services aiven | by the reporting fou | ndation If the | foundation received | less than fair marke | at value in | ue or | |
| (a) Line | | | of noncharitable exempt or | | | insfers, transactions, and | | ngement | 2 |
| N/A | | | | | | | | | |
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| de | the foundation directly or escribed in section 501(c) 'Yes,' complete the follow | of the Code (o | ated with, or related ther than section 50° | to, one or mor 1(c)(3)) or in se | re tax-exempt organ ection 527? | izations | Yes | X | No |
| | (a) Name of organizat | | (b) Type of | organization | | c) Description of rel | ationship | | |
| N/A | (a) i a a a garment | | (3) 1900 01 | J. garmadion | | e, bescription of ter | | | |
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| | | | | | | | | | |
| Under comple | penalties of perjury, I declare that ete Declaration of prepares other | I have examined than taxpayer or to | nis return, including accomp ductary) is based on all info | anying schedules ar rmation of which pre | nd statements, and to the te parer has any knowledge | pest of my knowledge and | selief, it is tru | e, correc | t, and |
| 1. | MARINE 1) | INVL | Λ ₁ Λ.Ν | | 111-15-10 | | -c | | |
| s P | MANIE 1. | VII ~ II | / V(47" | | | - TRUST | t <u>E</u> | | |
| S I G N | Signature of officer or trustee | | | - | Date | Title | - | | .— |
| H Paid | Preparer's signature | restar of n | 1 Clud CP | 4 | Date //- //-/** | Check if Self- employed N/ | arer's Identify Signature in Δ | ing num the insti | ber s) |
| R Pre- | r's Firm's name (or Chri | stopher M | I. Abide, CPA | <u></u> | · | EIN N/A | | | |
| Use | yours if self | Maple Rid | | | | | <u> </u> | | |
| Only | | ngton, LA | | | · · · · · · | Phone no ► (50 | 4) 416 | -000 | 7 |
| BAA | | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Form 9 9 | | |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

| Name of the organization | | Employer identification number | | | | |
|--|--|--|--|--|--|--|
| The Whitman Family Foundation | | 20-5666003 | | | | |
| Organization type (check one) | | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a p 501(c)(3) taxable private foundation | orivate foundation | | | | |
| Check if your organization is covered by the Ge Note: Only a section 501(c)(7), (8), or (10) organization | eneral Rule or a Special Rule. Anization can check boxes for both the General Rule and | a Special Rule See instructions. | | | | |
| General Rule — | | | | | | |
| X For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II) | , or 990-PF that received, during the year, \$5,000 or more | e (in money or property) from any one | | | | |
| Special Rules - | | | | | | |
| 509(a)(1)/170(b)(1)(A)(vi) and received from any | orm 990 or 990-EZ, that met the 33-1/3% support test of one contributor, during the year, a contribution of the greater or (ii) Form 990-EZ, line 1 Complete Parts I and II. | the regulations under sections f (1) \$5,000 or (2) 2% of the | | | | |
| | ation filing Form 990 or 990-EZ, that received from any o 0 for use <i>exclusively</i> for religious, charitable, scientific, li Complete Parts I, II, and III. | | | | | |
| contributions for use exclusively for religious this box is checked, enter here the total con | ation filing Form 990 or 990-EZ, that received from any o s, charitable, etc, purposes, but these contributions did n itributions that were received during the year for an <i>excli</i> unless the General Rule applies to this organization beca | ot aggregate to more than \$1,000 If usively religious, charitable, etc. | | | | |
| religious, charitable, etc, contributions of \$5 | 5,000 or more during the year | ► \$ | | | | |
| 990-PF) but it must answer 'No' on Part IV, line | the General Rule and/or the Special Rules does not file 2 of their Form 990, or check the box on line H of its Fog requirements of Schedule B (Form 990, 990-EZ, or 990 | orm 990-EZ, or on line 2 of its Form | | | | |
| BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF. | on Act Notice, see the Instructions Sche | dule B (Form 990, 990-EZ, or 990-PF) (2009) | | | | |

| | | | |
|---------------|---|-----------------------------------|--|
| | | | |
| Schedule | B (Form 990, 990-EZ, or 990-PF) (2009) | Page 1 | of 1 of Part I |
| Name of org | | | er identification number |
| The Wr | nitman Family Foundation | 20-5 | 666003 |
| Parte | Contributors (see instructions) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | Wayne Whitman | • | Person X Payroll |
| | 423 Ridgeway Drive | \$ 100,000 | |
| | Metairie, LA 70001 | | (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there |

(a)

Number

(b)

Name, address, and ZIP + 4

Person Payroll Noncash (d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(c) Aggregate contributions

Page 1

of 1

of Part II

Name of organization

The Whitman Family Foundation

Employer identification number

20-5666003

| | Noncash Property (see instructions) | - | T |
|---------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | N/A | | |
| | , | \exists_{\bullet} | |
| | · | \$\$ | , |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| BAA | | hedule B (Form 990, 990-E | |

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2009) | | Page | 1 | of 1 | of Part III | |
|---------------------------|--|---|---|--------------------|---------------------------------------|-----------------------|--|
| Name of organ | nization | | | | Employer identifica | ition number | |
| | itman Family Foundation | | | | 20-566600 | | |
| Part III | Exclusively religious, charitable, e organizations aggregating more the | tc, individual contribution from \$1,000 for the year. | ons to section 5 complete cols (a) the | 01(c)(rough (e | 7), (8), or (10) e) and the follow |) ing line entry.) | |
| | For organizations completing Part III, enter contributions of \$1,000 or less for the year | (Enter this information once – | haritable, etc, - see instructions.) | | ► \$ | N/A | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | Descr | (d) iption of how gi | ft is held | |
| | N/A | | | | | | |
| | Transferrate range address | (e) Transfer of gift | | | | | |
| | Transferee's name, addres | s, and ZIP + 4 | Relations | hip of t | ransferor to tran | sferee | |
| (a) | (b) | (c) | | | (d) | | |
| No. from Part I | Purpose of gift | Use of gift | | Descr | iption of how gi | ft is held | |
| | | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relations | hip of t | ransferor to tran | sferee | |
| | | | | | | | |
| (a) | (b) | (c) | | | (d) | | |
| No. from Part I | Purpose of gift | Use of gift | | Descr | iption of how git | ft is held | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, addres | s, and ZIP + 4 | Relations | hip of ti | ransferor to tran | sferee | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | Descr | (d) iption of how git | ft is held | |
| | | | | | | | |
| | | | | | | <u></u> | |

(e) Transfer of gift Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| 2009 | Federal Sta | tements | | | Page | 1 |
|--|------------------------|---------------------------|----------------|-----------------------------|-------------------------|-----|
| Client WHITMAN | The Whitman Fami | ly Foundation | 1 | | 20-56660 | 103 |
| 11/02/10 Statement 1 Form 990-PF, Part I, Line 23 Other Expenses | | | | | 09 09, | AM |
| Bank Service Charge Office Expense Telephone | 19 2,10 | s Invest Inc 59. | ment A | (c) Adjusted t Income | (d) Charitable Purposes | _ |
| Statement 2 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment | | _ | | | | |
| Category | Basis | Accum. Deprec. | _ | ook alue | Fair Market Value | |
| Machinery and Equipment Tota | \$ 3,943. \$ 3,943. | \$ 2,79 \$ 2,79 | 3. \$ 3. \$ | 1,150. 1,150. | \$ 0. \$ 0. | |
| Statement 3 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year Name and Address | Donee Relationship | Found- ation Status | | oose of rant | Amount | |
| Bridge House 1160 Camp Street New Orleans, LA 70130 | NONE | N/A | | Support | \$ 20,000 | 0. |
| Manresa Retreat House 5858 LA Hwy 44 Convent, LA 70723 | NONE | N/A | General | Support | 3,500 | 0. |
| Make-A-Wish Foundation 3550 North Central Ave Ste 300 Phoenix, AZ 85012 | NONE | N/A | General | Support | 5,000 | 0. |
| MS Tour for Cure 4613 Fairfield Street Metairie, LA 70006 | NONE | N/A | General | Support | 200 | 0. |
| Support Our War Heroes 677 East I-10 Service Road Slidell, LA 70461 | NONE | N/A | General | Support | 4,000 | 0. |
| OZANAM INN 843 Camp Street New Orleans, LA 70190 | NONE | N/A | General | Support | 10,000 | 0. |

| 2009 | Federal Stat | Page 2 | | |
|--|-----------------------|---------------------------|---------------------|------------|
| Client WHITMAN | The Whitman Famil | 20-5666003 | | |
| Statement 3 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year | | | | 09 09AM |
| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount |
| Cystic Fibrosis Foundation 4621 West Napoleon Ave Ste 207 Metairie, LA 70001 | NONE | N/A | General Support | \$ 12,690. |
| Youth Rebuilding New Orleans 1801 Transcontinental Dr Metairie, LA 70001 | NONE | N/A | General Support | 100,000. |
| Dumb Ox Production 1816 Neyrey Drive Metairie, LA 70001 | NONE | N/A | General Support | 10,500. |
| St. Benilde Catholic Church 1901 Division Street Metairie, LA 70001 | NONE | N/A | General Support | 21,000. |
| East Jefferson High School 400 Phlox Ave Metairie, LA 70001 | NONE | N/A | General Support | 13,500. |
| Woman's New Life Center 3017 N Causeway Blvd Metairie, LA 70001 | NONE | N/A | General Support | 15,000. |
| St. Christopher Catholic Church 309 Manson Ave Metairie, LA 70001 | NONE | N/A | General Support | 4,000. |
| Boys Hope Girls Hope of New Orleans P.O. BOX 19307 NEW ORLEANS, LA 70179 | NONE | N/A | General Support | 10,000. |
| Good Sheperd Nativity Mission School 353 Baronne Street New Orleans, LA 70112 | NONE | N/A | General Support | 10,000. |
| Grace House 1401 Delochaise Street New Orleans, LA 70115 | NONE | N/A | General Support | 5,000. |
| ARCHBISHIP RUMMEL HIGH SCHOOL 1901 SEVERN AVENUE METAIRIE, LA 70001 | NONE | N/A | GENERAL SUPPORT | 6,650. |

| 2009 | Federal Sta | Page 3 | | |
|---|-----------------------|---------------------------|---------------------|-------------|
| Client WHITMAN | The Whitman Fami | ly Foundatior | 1 | 20-5666003 |
| 11/02/10 | <u> </u> | | | 09 09AM |
| Statement 3 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year | | | | |
| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount · |
| BONNABEL HIGH SCHOOL 2801 BRUIN DRIVE KENNER, LA 70065 | NONE | N/A | GENERAL SUPPORT | \$ 2,500. |
| CHILDRENS HOSPITAL 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118 | NONE | N/A | GENERAL SUPPORT | 200. |
| DANIELLE INN P.O. BOX 2976 COVINGTON, LA 70434 | NONE | N/A | GENERAL SUPPORT | 5,000. |
| FRATERNUS P.O. BOX 840115 ST. AUGUSTINE, FL 32080 | NONE | N/A | GENERAL SUPPORT | 1,500. |
| LEUKEMIA AND LYMPHOMA SOCIETY 3636 S I-10 SERVICE ROAD SUITE 304 METAIRIE, LA 70001 | NONE | N/A | GENERAL SUPPORT | 500. |
| OCHSNER FOUNDATION 200 W. ESPLANADE AVENUE KENNER, LA 70065 | NONE | N/A | GENERAL SUPPORT | 1,000. |
| SAVANNAH SMILES | NONE | N/A | GENERAL SUPPORT | 400. |
| ST. CATHERINE OF SIENA SCHOOL 400 CODIFER BLVD METAIRIE, LA 70005 | NONE | N/A | GENERAL SUPPORT . | 6,885. |
| | | | Total | \$ 269,025. |

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Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

| | | | | | | | |
|---|---|---|---|--|-----------------------------|----------------------------------|--------------------------------|
| | e filing for an Automatic 3-Mon | | - | | | | ► X |
| | e filing for an Additional (Not A | | | | | | - |
| | plete Part II unless you have alr | | | | | iled Form 886 | 3 |
| Part I | Automatic 3-Month Exter | ision of Time. (| only submit origii | nal (no copies | needed). | | |
| Δ corporation | n required to file Form 990-T an | d requesting an air | tomatic 6-month ext | ension — check th | is hov and o | omolete Part | l only |
| | porations (including 1120-C filei | | | | | | |
| ncome tax r | | sy, partitorships, ru | EMITOO, and trusts in | idst dae i omi 700 | + to request | an extension | or time to me |
| returns noted the additiona Form 990-T | iling (e-file). Generally, you can d below (6 months for a corpora il (not automatic) 3-month exter Instead, you must submit the fo it www irs gov/efile and click or | ition required to file ision or (2) you file illy completed and | Form 990-T). Howe Forms 990-BL, 606 signed page 2 (Part | ver, you cannot fil 9, or 8870, group r | e Form 8860 eturns, or a | B electronically composite or | / if (1) you want consolidated |
| | Name of Exempt Organization | | | . | | Employer identifi | cation number |
| Type or | | | | | | | |
| print | The Whitman Family | Foundation | | | | 20-56660 | 03 |
| File by the due date for | Number, street, and room or suite numb | er If a P O box, see instr | uctions | | | _ | |
| filing your return See | 423 Ridgeway Drive | - | | | | | |
| instructions | City, town or post office, state, and ZIP of | ode For a foreign addres | s, see instructions | | | | |
| | Metairie, LA 70001 | | | | | | |
| Check type o | of return to be filed (file a separate | ate application for | each return) | _ | _ | | |
| Form 990 | 0 | Form 990-T (co | rporation) | | Form 472 | 0 | <i>~</i> |
| Form 990 | O-BL | Form 990-T (se | ection 401(a) or 408(| (a) trust) | Form 522 | 7 | |
| Form 990 | | | ust other than above |) [| Form 606 | 9 | |
| X Form 990 | D-PF | Form 1041-A | | | Form 887 | 0 | |
| Telephone If the org If this is to check this | s are in the care of Wayne No 504-219-0433 anization does not have an offitor a Group Return, enter the or s box If it is for part or is not will cover. | ce or place of busing | FAX No ► ness in the United SI git Group Exemption | ates, check this bo | If | | |
| | st an automatic 3-month (6 moi | • | | • | | | |
| | 8/15, 20 <u>10</u> , to fi | | nization return for th | e organızatıon nar | ned above | | |
| The ext | tension is for the organization's | return for. | | | | | |
| <u> </u> | calendar year 20_09_ or tax year beginning | | | | | | |
| - 1 | tax year beginning | , 20, | and ending | , ²⁰ | - | | |
| 2 If this t | ax year is for less than 12 mon | ths, check reason | Initial return | Final return | n 🔲 C | hange in acco | unting period |
| 3a If this a nonrefu | application is for Form 990-BL, 9 undable credits. See instructions | 990-PF, 990-T, 4720 S | 0, or 6069, enter the | tentative tax, less | any | 3a\$ | 778. |
| b If this a made | application is for Form 990-PF o Include any prior year overpayn | r 990-T, enter any nent allowed as a c | refundable credits a redit. | nd estimated tax p | ayments | 3ь\$ | 2,373. |
| deposit | e Due. Subtract line 3b from line with FTD coupon or, if required structions | e 3a. Include your p I, by using EFTPS | payment with this for (Electronic Federal | rm, or, if required, Fax Payment Syste | em). | 3c \$ | 0. |
| Caution. If you | ou are going to make an electro tructions | onic fund withdrawa | l with this Form 886 | 8, see Form 8453- | EO and For | m 8879-EO fo | |
| BAA For Pri | vacy Act and Paperwork Redu | ction Act Notice, se | e instructions. | | | Form 8 | 368 (Rev. 4-2009) |

| Form 8868 | 3 (Rev 4-2009) | | | | Page 2 | |
|---|--|--------------------------|------------------|------------------|-------------------|--|
| • If you a | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II ar | nd check th | ns box | | ► X | |
| Note. Only | complete Part II if you have already been granted an automatic 3-month extension on | a previous | ly filed For | m 8868 | | |
| • If you a | 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 (| по соріє | s need | ed). | |
| | Name of Exempt Organization | | Employer ide | ntification n | umber | |
| Type or | | | | | | |
| Type or print | The Whitman Family Foundation | | | 20-5666003 | | |
| • | Number, street, and room or suite number. If a P.O. box, see instructions | | For IRS use only | | | |
| File by the extended | į į | | | | | |
| due date for filing the | 423 Ridgeway Drive | | | | | |
| return See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | , | |
| msu dedons | Metairie, LA 70001 | | | | | |
| Check type | e of return to be filed (File a separate application for each return): | . | | | | |
| Form 9 | | n 1041-A | | ПБО | rm 6069 | |
| Form 9 | | n 4720 | | | orm 8870 | |
| Form 9 | | n 5227 | | | 1111 0070 | |
| | not complete Part II if you were not already granted an automatic 3-month extension of | | ucly filed | Form 996 | | |
| | oks are in care of Wayne Whitman | ii a previo | usiy illeu | ruiii oo | | |
| | one No ► 504-219-0433 FAX No. ► | | | | | |
| • | organization does not have an office or place of business in the United States, check this | | | | - □ | |
| | | | | | | |
| | | | - H | | f this is for the | |
| • | up, check this box . If it is for part of the group, check this box . and attach | i a iist witi | n the name | es and E | INS OT AII | |
| | the extension is for. uest an additional 3-month extension of time until $11/15$, 20 10 | | | | | |
| | | | | | 00 | |
| 5 For calendar year 2009, or other tax year beginning, 20, and ending, 20 | | | | | | |
| 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 | | | | | | |
| gau | ther information necessary to file a complete and accura | <u>ite tax</u> | retur | <u></u> | - | |
| | | | | | | |
| 8a If this | s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I efundable credits. See instructions | ess any | 8a | 4 | 778. | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax | | | - | 770. | | |
| payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | | | slv | | | |
| | | | 8b | \$ | 2,373. | |
| c Balar with f | nce Due. Subtract line 8b from line 8a Include your payment with this form, or, if requir FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) | ed, deposi See instrs | t 8c | \$ | 0. | |
| | Signature and Verification | | | | | |
| Under penaltie correct, and co | es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the tomplete, and that I am authorized to prepare this form | est of my kno | wledge and b | elief, it is tri | ue, | |
| Signature - | Title ▶ | | D | ate ► | | |
| | | | | | | |
| DAA | ******** | | | oo | CO (D 4 2000) | |