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## Form **990-PF** Department of the Treasury internal Revenue Service

# Return of Private Foundation or Section 4947.(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

	For c	alen	dar year 2011 or tax year beginning	<del></del>	, and ending		
	Nan	ne of	foundation			A Employer identificatio	n number
	T.7	* T * *	MENTED EXACTLY EQUADAMION	т		01 107020	1
	WHITENER FAMILY FOUNDATION  Number and street (or P O box number if mail is not delivered to street address)  Room/suite					91-1079293 B Telephone number	<u> </u>
			0 NW CRISTA SHORES LANE		202	360 692-02	282
			own, state, and ZIP code		1202	C If exemption application is	
	-		VERDALE, WA 98383			o il exemption application is	perioring, check have
	$\overline{}$		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	is, check here
			Final return	Amended return			
			Address change	Name change		Foreign organizations m 2. check here and attach of	eeting the 85% test, omputation
	H C	heck	type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation st	atus was terminated
		] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1	I)(A), check here 🕨 🗔
	I Fa	ır ma	·	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
			Part II, col. (c), line 16)	ther (specify)	<del> </del>	under section 507(b)(1	I)(B), check here
		\$	227 , 773 . (Part I, cold				(4) -
	Pa	ırt l	☐ (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
	_	_	necessarily equal the amounts in column (a) )	22,319.		N/A	(cash basis only)
~		1 2	Contributions, gifts, grants, etc., received  Check fithe foundation is not required to attach Sch. B	22,319.		N/A	<del> </del>
2013		3	Interest on savings and temporary	-		•	
		4	cash investments  Dividends and interest from securities	262.	262.		STATEMENT 2
6 0		1	Gross rents				
		Ι.	Net rental income or (loss)				
M	ø)	6a	Net gain or (loss) from sale of assets not on line 10	89.			STATEMENT 1
6	Ž	b	Gross sales price for all assets on line 6a 16,365.				
يُتِا	Revenue	7	Capital gain net income (from Part IV, line 2)		7,211.		
SCANNED JAN		8	Net short-term capital gain				
Z		9	Income modifications Gross sales less returns				
		1 .	and allowances	<u> </u>			
0,0		l	Less Cost of goods sold		· <del>-</del> ··· · · · · · · · · · · · · · · · · ·		
		l	Gross profit or (loss) Other income	6,200.	0.		STATEMENT 3
		12	Total. Add lines 1 through 11	28,870.	7,473.		DITTI EPIENT 5
		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
		14	Other employee salaries and wages				
		15	Pension plans, employee benefits				
	ses		Legal fees				
	beu	b	Accounting fees	EIVED			
	ñ	C	1				-
	ţį	17	Interest	1 3 5015 / O			
	stra	18	Taxes Depreciation and depletion		0.		
	Ë	19 20	Depreciation and depletion Occupancy	DEN, UT 515.	<u></u>	<u> </u>	
	₽₽	21	Travel, conferences, and meetings	DEIN.			<del> </del>
	힏	22	Printing and publications				<u> </u>
	. B	23	Other expenses STMT 4	1,397.	0.	,	0.
	ati.	24	Total operating and administrative				
	Operating and Administrative Expen		expenses. Add lines 13 through 23	1,912.	0.	,	0.
	0	25	Contributions, gifts, grants paid	13,446.			13,446.
		26	Total expenses and disbursements.		_		
			Add lines 24 and 25	15,358.	0,		13,446.
		27		12 540			
		1	Excess of revenue over expenses and disbursements	13,512.	7 472	<del> </del>	<del> </del>
		ŀ	Net investment income (if negative, enter -0-)		7,473.	N/A	
	1235 12-0		Adjusted net income (if negative, enter -0-)  LHA For Paperwork Reduction Act Notice, see	instructions	<u> </u>	IN/A	Form <b>990-PF</b> (2011)
	12-0	2-11	LIP TO FAPEIWOIK REGULATION ACT MOTICE, SEC	mangonylla.			101111 200 11 (2011)

		0-PF (2011) WHITENER FAMILY FOUNDATI	ON Beginning of year	91-1 End of	1079291 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	_	Cook and returned housing	2,261.	21,804.	<del></del>
		Cash - non-interest-bearing	53,119.	44,444.	70,969.
		Savings and temporary cash investments	33,113.	44,444.	
	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			<del></del>
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
	' '	Less accumulated depreciation		^	
	12	Investments - mortgage loans			-
	13	Investments - other			
		Land, buildings, and equipment: basis ► 41,426.			
	14	Less accumulated depreciation STMT 5 35,867.	6,074.	5,559.	135,000.
		Other assets (describe ALPHA I CONDO ASSOC)	<3,159.>		0.
	15	other assets (describe ALPHA 1 CONDO ASSOC)	<u> </u>	<u>U•</u>	<u>U•</u>
	4.	Table and the head and head head bloom	58,295.	71,807.	227,773.
_		Total assets (to be completed by all filers)	30,233.	71,007.	441,113.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
펼	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
'n		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
直	25	Temporarily restricted			
8	26	Permanently restricted			
핕		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
šet	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	58,295.	71,807.	
Net Assets or Fund Balances	30	Total net assets or fund balances	58,295.	71,807.	
~				•	
	31	Total liabilities and net assets/fund balances	_ 58,295.	71,807.	
Р	art				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	)		<del></del> -
•		st agree with end-of-year figure reported on prior year's return)	-	1	58,295.
,		r amount from Part I, line 27a		2	13,512.
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	71,807.
-		···· ·, -, -, -··		ii	

123511 12-02-11 71,807. Form **990-PF** (2011)

b Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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See the Part VI instructions.

	990-PF (2011) WHITENER FAMILY FOUNDATION 91 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940	107 B - se	79291 e instru	ctio	Page 4 <b>ns)</b>
	Exèmpt 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 instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter "N/A" on line 1.			1	49.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				Λ
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Add lines 1 and 2				49.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			1	49.
	Credits/Payments:				<u> </u>
	2011 estimated tax payments and 2010 overpayment credited to 2011				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d	1			
	Total credits and payments. Add lines 6a through 6d	,			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	,			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			_ 1	49.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶ 1	1			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		<u> </u>	Yes	No
	any political campaign?		<u>1a</u>		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published o	r			
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?		<u>1c</u>		<u>X</u>
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. ▶ \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. > \$			-	
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 of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A	45		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-1, -1	5		X
	If "Yes," attach the statement required by General Instruction T.				_ <del></del> -
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
•	By language in the governing instrument, or				1
	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?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
	If "Yes," complete Part II, col (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE		-		
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		8b	X	<u></u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ſ			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		F	orm <b>990</b>	-PF	(2011)

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					Ì
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		-	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		ın Regulations	/-	}	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —			
expenditure responsibility for the grant?		I/A	es L No	İ	
If "Yes," attach the statement required by Regulations section 53 4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	[ <del></del> ]	[ <del>V</del> ]		
a personal benefit contract?	11 (1)	Ye	s X No	0.	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870.	holtor transportung		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribution.		TE	. –	7b	+
Information About Officers Directors Trust		nagers Highly		70	
Part VIII Paid Employees, and Contractors	co, i candadon me	inagers, riigini			
1 List all officers, directors, trustees, foundation managers and their	compensation.	· · · · · · · · · · · · · · · · · ·			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	nt, other wances
SEE STATEMENT 6		0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	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 plans and deferred	(e) E	xpense int, other
	devoted to position	(0)	compensation	allov	wances
NONE					
				ļ	
				<b> </b>	
				<u> </u>	
				<u> </u>	
		<u> </u>	1		
Total number of other employees paid over \$50,000			<u> </u>		0

Form 990-PF (2011) WHITENER FAMILY FOUNDATION	91-1	.079291 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produc	al information such as the	Expenses
1 N/A		<del> </del>
2		
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lin	oo 1 ood 0	Amount
1 N/A	es i aliu z.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b></b>	0.
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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		<del></del>		
	(a) Corpus	(b) Years prior to 2010	(¢) 2010	( <b>d</b> ) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				11,234.
2 Undistributed income, if any, as of the end of 2011	[			
a Enter amount for 2010 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2011:		0.		
a From 2006 10, 177.				
b From 2007 17,817.				
c From 2008 5,590.				
d From 2009 355.				
e From 2010 8 , 744 .				
f Total of lines 3a through e	42,683.			
4 Qualifying distributions for 2011 from	12/0001			
Part XII, line 4: ▶\$ 13,446.				
a Applied to 2010, but not more than line 2a			0.	
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 2011 distributable amount				11,234.
e Remaining amount distributed out of corpus	2,212.			
5 Excess distributions carryover applied to 2011 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	44,895.			
b Prior years' undistributed income. Subtract	44,000.		· · · - · · · · · · · · · · · · · · · ·	
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 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				<u> </u>
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 2006				
not applied on line 5 or line 7	10,177.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	34,718.			
10 Analysis of line 9:				
a Excess from 2007 17,817.	-			
b Excess from 2008 5,590.				
c Excess from 2009 355.		ļ		
d Excess from 2010 8,744.				
e Excess from 2011 2,212.	<u> </u>			5 000 PE (0044)

Part XIV Private Operating F	CHAMILY FO		A guestion (I)		79291 Page 10
			A, question 9)	N/A	
1 a If the foundation has received a ruling o			_		
foundation, and the ruling is effective for				40.40(1)(2) 05	040(:)(5)
b Check box to indicate whether the found		ig toundation described in	Prior 3 years	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
income from Part I or the minimum	(a) 2011	(0) 2010	(6) 2009	(4) 2000	(e) Iotal
investment return from Part X for					
each year listed					
b 85% of line 2a			<u> </u>	<u> </u>	<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed					<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
<ul> <li>Qualifying distributions made directly</li> </ul>					
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:	<u> </u>				
(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					
c "Support" alternative test - enter:					
(1) Total support other than gross					_
investment income (interest,	1				•
dividends, rents, payments on	ļ				
securities loans (section 512(a)(5)), or royalties)					İ
(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					ļ
(4) Gross investment income  Part XV Supplementary Info	rmation (Comple	te this part only i	if the foundation	had \$5,000 or m	ore in assets
at any time during t			ii tiio ioailaatioi	, maa <del>40,000 o</del> r m	ore in addeto
1 Information Regarding Foundation					
a List any managers of the foundation wh	•	than 2% of the total contr	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed in					,
SEE STATEMENT 7					
b List any managers of the foundation wh	io own 10% or more of th	e stock of a corporation (	or an equally large porti	on of the ownership of a r	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	st. · `			•
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here X if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	·				<del></del>
a The hame, address, and telephone hum	por or the person to who	ii applications situatu be	uuui vootti.		
<b>b</b> The form in which applications should be	oe submitted and information	tion and materials they sh	rould include:		
c Any submission deadlines:	<u> </u>				
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	<del></del>
					_
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123611 12-02-11

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor EVERGREEN FREEDOM FOUNDATION NONE PO BOX 552 OLYMPIA, WA 98507 480. HCJB WORLD RADIO NONE PO BOX 39800 COLORADO SPRINGS, CO 80949 600. HERITAGE FOUNDATION NONE 201 MASSACHUSTES AVE NE WASHINGTON DC 20002 590. LEADERSHIP INSTITUTE NONE 1101 N HIGHLAND ST ARLINGTON VA 22201 100. MILTON & ROSE D FRIEDMAN FOUNDATION NONE PO BOX 82078 INDIANAPOLIS IN 46282 200. MISSIONARY AVIATION FELLOWSHIP NONE PO BOX 47 NAMPA, ID 83653 600. NATIONAL RIGHT TO WORK NONE 8001 BRADDOCK RD SPRINGFIELD, VA 22160 300, NONE PACIFIC LEGAL FOUNDATION 3900 LENNANE DR SACRAMENTO CA 95834 250, PREGNANCY RESOURCE SERVICES NONE PO BOX 2917 SILVERDALE, WA 98383 1,000. NONE PRESBYTERIAN LAY COMMITTEE PO BOX 2210 LENOIR NC 28645 10, Total from continuation sheets 12 426.

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PRISON FELLOWSHIP NONE 44180 RIVERSIE PARKWAY LANDSDOWNE, VA 20176 900. RUTHERFORD INSTITUTE NONE PO BOX 7482 CHARLOTTSVILLE, VA 22907 200. SAMARITANS PURSE NONE PO BOX 3000 BOONE, NC 28607 400. SAT-7 NORTH AMERICA NONE PO BOX 2770 EASTON MD 21601 1,250. NONE TALKING BIBLES INTERNATIONAL 419 E GRAND AVE ESCONDIDO CA 92025 2,100. THE SALVATION ARMY NONE PO BOX 9219 SEATTLE, WA 98109 100. UNION GOSPEL MISSION NONE PO BOX 202 SEATTLE, WA 98111 1,410. NONE WEST PUTGET SOUND YOUTH FOR CHRIST PO BOX 867 POULSBO, WA 98370 1,000. WORLD VISION NONE PO BOX 70049 TACOMA WA 98481 936. Total from continuation sheets

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Part XVI-A Analysis of Income-Produ	_	d business income	Eyelise's 4 t	nu continu 510 540 544	
Enter gross amounts unless otherwise indicated.	1 1	d basiliess ilicollie (b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	(a) Business code	Amount	sion	Amount	function income
a	3333	· · · · · · · · · · · · · · · · · · ·		<del></del>	
b	-			· - · ·	
С					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		<del></del>			·-·-
4 Dividends and interest from securities			14	262.	···-
5 Net rental income or (loss) from real estate:		100000		1 1 1	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other				706	
than inventory			14	796.	<707
9 Net income or (loss) from special events		·			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1.6	6 200	
a SCH K-1 ALPHA I CONDO	-		16	6,200.	
b	1 1				
C					
de					
12 Subtotal. Add columns (b), (d), and (e)	-	0		7,258.	<707
13 Total. Add line 12, columns (b), (d), and (e)	I		•	13	
(See worksheet in line 13 instructions to verify calculations.)				10	0,00
			D		
Part XVI-B Relationship of Activities	to the Acco	emplishment of E	exempt P	urposes	
Line No. Explain below how each activity for which inc	come is reported in	n column (e) of Part XVI-	-A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other than					
CONDOMINIUM OWNERSHIP					
		. "			
				<del></del>	
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123621 12-02-11

	(a) Name of organization	(b) Type of organization		(c) Description of re	lationship
	N/A				
	····				·
Sign Here	Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and complete Declaration of pre				May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes N
	<del></del>	Preparer's signature	Date	Check If	PTIN
	I i illing i Ahe hi chai et a liaille	i roparor a arginature	Date	"""	1 1111

Paid Print/Type preparer's name Preparer's signature Date Check if self- employed Preparer Use Only

Firm's name ► GINTZ WARNER, PLLC

Firm's address ► 9633 LEVIN ROAD NW, SUITE 204

SILVERDALE, WA 98383

Phone no. (360) 692-1040

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**Employer identification number** 

2011

WH	ITENER FAMILY FOUNDATION	91-1079291				
Organization type (check or	ue).					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 private foundation					
501(c)(3) taxable private foundation						
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule						
•	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II					
Special Rules						
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regular)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gii) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II					
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrib of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or edu- cruelty to children or animals. Complete Parts I, II, and III	• •				
contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not total ed, enter here the total contributions that were received during the year for an exclusively omplete any of the parts unless the <b>General Rule</b> applies to this organization because it e, etc., contributions of \$5,000 or more during the year.	al to more than \$1,000. y religious, charitable, etc.,				
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	• • • • • • • • • • • • • • • • • • • •				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

### WHITENER FAMILY FOUNDATION

91-1079291

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILIP & JOY WHITENER  1600 NW CRISTA SHORES LANE APT 202  SILVERDALE, WA 98383	\$22,319.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_   \$	Person Payroll Omplete Part II if there is a noncash contribution )

Name of organization

Employer identification number

#### WHITENER FAMILY FOUNDATION

91-1079291

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed	
(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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

(d) Description of how gift is held

Relationship of transferor to transferee

(a) No.

from

Part |

(e) Transfer of gift

(c) Use of gift

(b) Purpose of gift

Transferee's name, address, and ZIP + 4

	- and A	11010120		- F	<u>OKM</u>	990-PF PA Description			990-PF
ıt`		•				Description	or property		
er	Date placed n service	Method/ IRC sec.	Life or rate	Line No.		Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1CON	DO #2	04							
0	1 <sub>1</sub> 01 <sub>1</sub> 87	SL	27.50	17		22,500.		22,500.	(
2LAN	D								
0	1 <sub>1</sub> 01 <sub>1</sub> 87	L			_	2,500.	<u> </u>	<u>[</u>	
3CON	DO #5	& #1	.04						
	1,01,87	SL	27.50	17_		14,153.		12,852.	51!
4LAN	D		,						
0	$1_{0}1_{8}7$	<u>L</u>		لــــا		2,273.			
* T	OTAL	990-E	F PG	<u> 1 D</u>	EPR	11 10 5		25 252	
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FORM 990	0-PF' G	AIN OR (LOSS) F	ROM SALE	OF A	SSETS		STAT	EMENT	1
DESCRIP	(A) TION OF PROPERTY				ANNER QUIRED A	DAT:		DATE SO	OLD
ELDORADO	O GOLD CORP	_		PUR	CHASED			08/05/	/11
Ĺ	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPREC			F) OR LOSS	3
- - 1	6,890.	7,597.		0.		0.		<70	
DESCRIP	(A) TION OF PROPERTY				ANNER QUIRED A	DAT: ACQUI		DATE SO	)LD
SHARES	SILVER	<del></del>		PUR	CHASED			12/31/	11
Ĭ	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPREC	. (		F) OR LOSS	3
-	128.	128.		0.		0.			0.
DESCRIP'	(A) TION OF PROPERTY				ANNER QUIRED A	DAT:		DATE SO	)LD
OZS GOL	D STORAGE	<del></del>		DO	NATED			12/06/	11
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	•		F) OR LOSS	3
-	8,551.	8,551.		0.		0.		· · · · · · · · · · · · · · · · · · ·	0.
CAPITAL	GAINS DIVIDENDS	FROM PART IV						79	96.

FORM 990-PF' DIVIDEND	S AND	INTER	EST	FROM	SECU	JRITIES	STATEMENT	2	
SOURCE		GROSS	AMO	UNT		PITAL GAINS DIVIDENDS	COLUMN ( AMOUNT		
AMERICAN CENTURY INVESTMENTS	_		1,	058.		796.		262.	
TOTAL TO FM 990-PF, PART I, L	N 4 =		1,	058.		796.		262.	
FORM 990-PF	O,	THER I	NCOM	Œ	<del></del>		STATEMENT	3	
DESCRIPTION			REV	A) ENUE BOOK		(B) NET INVEST- MENT INCOME	ADJUST	ED	
SCH K-1 ALPHA I CONDO				6,	200.	0	•		
TOTAL TO FORM 990-PF, PART I,	LINE	11		6,	200.	0	•	:	
FORM 990-PF	0'	THER E	XPEN	SES			STATEMENT	4	
DESCRIPTION	EXPE	A) NSES BOOKS	NET	INV	EST-	(C) ADJUSTED NET INCOM	CHARIT	ABLE	
EDUCATION ACCOUNTING POSTAGE STATE OF WASHINGTON SUBSCRIPTIONS BANK FEES		101. 1,140. 44. 35. 50. 27.	•		0 . 0 . 0 . 0 .	• • •		0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	990-PF, PG 1, LN 23 1,39			0.			0.		

FORM 990-PF' DEPRECIATION	N OF ASSETS NO	T HELD FOR	INVESTMENT	STAT	EMENT 5	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATE DEPRECIATION			R MARKET VALUE	
CONDO #204 LAND CONDO #5 & #104 LAND	22,500. 2,500. 14,153. 2,273.	13,36	0. 2 7.	0. ,500. 786. ,273.	40,000 5,000 80,000 10,000	
TO 990-PF, PART II, LN 14	41,426.	35,86	7. 5	,559.	135,000	
	II - LIST OF O TEES AND FOUND			STAT	EMENT 6	
! NAME AND ADDRESS		TLE AND G HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
PHILIP C WHITENER		IDENT 2.00	0.	0.	0.	
JOY WHITENER		PRESIDENT	0.	0.	0.	
DAVID WHITENER		ETARY 2.00	0.	0.	0.	
WENDY HIRSCH		SURER 2.00	0.	0.	0.	
BARBARA MESAS	DIRE	CTOR 2.00	0.	0.	0.	
DIXIE MOORE	DIRE	CTOR 2.00	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

NAME OF MANAGER

PHILIP C WHITENER JOY WHITENER

<ul><li>If yours</li></ul>	68 (Rev. 1-2012)	<del> </del>		<del> </del>		_		Pa
	are filing for an Additional (Not Auton						•	$\mathbf{x}$
	ly complete Part il ıf you have already				ously filed	Form 8	8868.	
If you a	are filing for an Automatic 3-Month E							
Part II	Additional (Not Automat	tic) 3-Month Ext	ensio	n of Time. Only file the	original	(no c	opies needed).	
				<u> </u>		·	ig number, see ins	
Type or	Name of exempt organization or ot	her filer, see instructi	ions				identification num	
orint	and the state of t	, 555 1110114011				,, 51		(
	WHITENER FAMILY FO	וארדתערואוו			Ìг	$\overline{\mathbf{x}}$	91-10792	91
File by the due date for	Number, street, and room or suite		inotnio	tions	—··		curity number (SSI	
filing your	1600 NW CRISTA SHO				30		curity fluitiber (33)	٧)
return See							<del></del>	
	City, town or post office, state, and		eign add	ress, see instructions				
	SILVERDALE, WA 98	303	<del></del>					
Enter the	Return code for the return that this ap	pplication is for (file a	separa	te application for/each return)				0
			/				<del></del>	
Applicati	ion	/1	Return	Application				Ret
ls For			Code	Is For				Co
Form 990	)		01					$\perp$
Form 990	)-BL		02	Form 1041-A				0
Form 990	)-EZ	7	01	Form 4720				0
Form 990			04	Form 5227				1
	O-T (sec. 401(a) or 408(a) trust)	/	05	Form 6069				1
	O-T (trust other than above)		06	Form 8870			••	1
	o not complete Part II if you were no	ot already granted a			a previous	elv filo	d Form 8868	
<u> </u>				00 NW CRISTA SH				12
					OICED	TITA	E , NO. 2	<i>)</i> <u>4</u>
	ooks are in the care of SILYE	KDALE, WA	9030.					
	none No $\triangleright 360692-02/82$			FAX No. ▶				
<ul><li>If the of</li></ul>	organization does not have an o <b>f</b> fice o	or place of business i	n the Un	nited States, check this box			<b>•</b>	
<ul><li>If this</li></ul>	is for a Group Return, enter the organ	ization's four digit Gr	oup Exe	emption Number (GEN)	. If thi	s is foi	r the whole group.	check :
box 🕨	. If it is for part of the group, chec							
	quest an additional 3-month extension						ord and oxtorioring	
	r calendar year 2011, or other tax				ending _			
6 If th	he tax year entered in line 5 is for less	than 12 months, che	eck reas	on: Initial return		Final r	eturn	
	☐ Change in accounting period							
	ate in detail why you need the exte <b>r</b> side							
<u>AI</u>	<u>ODITIONAL TIME IS ÌN</u>	<u>ECESSARY TO</u>	<u> </u>	<u> THER INFORMATIO</u>	N TO	<u>FIL</u>	E A COMPLI	rmr.
Al	ND ACCURATE RETURN							<u> </u>
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8a If th	his application is for Form 990-BL. 990	)-PF, 990-T, 4720, or	6069. e	nter the tentative tax, less any	<del></del>			
	his application is for Form 990-BL, 990	)-PF, 990-T, 4720, or	6069, e	nter the tentative tax, less any	·	Ra	\$	
nor	nrefundable credits See instructions					8a	\$	
nor <b>b</b> If the	nrefundable credits See instructions his application is for Form 990-PF, 990	)-T, 4720, or 6069, er	nter any	refundable credits and estima		8a	\$	
b If the	nrefundable credits See instructions his application is for Form 990 PF, 990 payments made. Include any prior ye	)-T, 4720, or 6069, er	nter any	refundable credits and estima			· ·	
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