

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

Information about Form 990 and its instructions is at www.rs.gov/form990

Inspection

	01 010	2014 Caleridar year, or tax year beginning and	enuing	<del></del>	
В	Check of applicable	C Name of organization		D Employer identific	cation number
	Addres	WHITE FAMILY SUPPORTING FOUNDATION			
	Name Change	Doing business as		48-1	225411
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 5801 WEST 115TH STREET	Room/suite	E Telephone number	278245
Ь.	return/ termin-				279,922.
	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code OVERLAND PARK, KS 66211		G Gross receipts \$ H(a) Is this a group re	
	Applica			for subordinates	
_	tiòn pendin	5801 W 115TH ST, STE 104, OVERLAND PARK	, KS		
	Tov ove			H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) (e.) N/A	JI 32 <i>1</i>		list. (see instructions)
		organization: X Corporation Trust Association Other ▶	Ti Voor	H(c) Group exemption	State of legal domicile: KS
	art I	Summary			
ø		Briefly describe the organization's mission or most significant activities: TO SI			
Activities & Governance		ORGANIZATIONS SPECIFICALLY THE JEWISH COM	MUNITY	FOUNDATION	OF
Ĕ	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	- Control of the Cont	. 3	8
ڻ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)	Sec. 4	4	7
Se	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
ξ	6	Total number of volunteers (estimate if necessary)	Ö1 <b>≷</b> −	7 / 6	0
Ę	7 a '	Total unrelated business revenue from Part VIII, column (C), line 12 $f_{ m x}$	O S	/~/ 7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	*/ <u> </u>	/ .  7b	0.
6)		$m{k}$ .	/~ Li	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2715	249,604.	156,973.
Š	9	Program service revenue (Part VIII, line 2g)	)) <sub>5</sub>	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	[	136,291.	122,949.
<u>~</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		y <b>0.</b>	0.
	Į.	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		385,895.	279,922.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	205,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)	o. 🗔		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,448.	16,003.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		22,448.	221,003.
	l .	Revenue less expenses. Subtract line 18 from line 12		363,447.	58,919.
56			Be .	ginning of Current Year	End of Year
Assets or Ralances	20	Total assets (Part X, line 16)		2,152,521.	2,121,614.
ASS	21	Total liabilities (Part X, line 26)		0.	0.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,152,521.	2,121,614.
	art II	Signature Block	- 1		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			The state of the s
E	2	The state of Additional Assessment of the state of the st		1 4/30	7/5
00 S	<u>,</u>	Signature of officer	•	Date	/···
		LAUREN MAT	TEMAN	I HOOPES SEE	PETARY
Ĥêr	<del>-</del>	Type or print name and title	<u> </u>	V Man Lay ear	CICC I MICT
S		Print/Type preparer's name Preparer's signature/	1	Date Check	PTIN
Paid	,	STANLEY H. HOUSE	I .	2/11/15 self-employ	
	parer		C.	Firm's EIN	43-1562209
	Only	Firm's address 605 W. 47TH STREET, SUITE 301	<u> </u>	THIR S CIN	20 100000
2	Jing	KANSAS CITY, MO 64112		Dhone no R1	6-931-3393
	. sh ~ 'F	RANSAS CITT, MO 04112  RS discuss this return with the preparer shown above? (see instructions)	<del></del>	Tellone no. O T	X Yes No
ma\	v trie il	13 discuss it its return with the dredarer snown above? (see instructions)			LAIYES I NO

orm	990 (2014) WHITE FAMILY SUPPORTING FOUNDATION	48-1225411	Page 2
'aı	t III' Statement of Program Service Accomplishments		X
-	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:		
	SEE SCHEDULE O		
_	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Ye	es X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Ye	es X No
	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
а	(Code) (Expenses \$ 205,000. Including grants of \$ 205,000.) (Reven PROVIDED SUPPORT FOR CHARITABLE ORGANIZATIONS WHICH SERV	ue\$ E	
	HUMAN NEEDS BY ADVANCING CONSTRUCTIVE PROJECTS.		
<b>b</b>	(Code ) (Expenses \$ including grants of \$ ) (Reven		
J	(Code) (Expenses \$	ue \$	
		<u> </u>	
		<del></del>	
			<del></del> -
		·	
		<u> </u>	
	(Code) (Expenses \$		·· ·
•	/ (cool / (cool ) (tool )		
		<del></del>	
d d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$ ) (Revenue \$	Y	
_	Total program service expenses ► 205,000.		···

			990	(2014)
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	complete Schedule G, Part III	19	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			$\Box$
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	L	Х
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		]
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	Schedule D, Parts XI and XII	12a	L	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		[	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			_
	Part VI	11a		X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	as applicable.	'.	L	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	. '		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	Schedule D, Part III	8_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7>
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			17
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			••
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	If "Yes," complete Schedule A	_1_	Х	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
			Yes	No

432003 11-07-14

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1 .		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		'	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		ļ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b		<u>'</u>		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	!		ĺ
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	l		
	complete Schedule L, Part II	26		<u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ł		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		-`	
	instructions for applicable filing thresholds, conditions, and exceptions):	L		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		}	ļ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<del></del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2014)

432004 11-07-14

Page 5

b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization fund the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization fund the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization fund to qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  B Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 501(c)(2) organizations. Enter:  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health pl	rai		e or note to any line in this Part V				
be Enter the number exported in Box 3 of Form 1096 Enter or If not applicable be Enter the number of Forms WaS clinctudes in the is. Enter of Int displaciable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pitce winnins?  2 Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return if the form the calendar year ending with or within the year covered by this return if the organization have interested business groupers for the response of the second of the calendar year ending with or within the year covered by this return  1 If 1 I		Official in Schedule O Contains a respons	our note to any mile in their act v	· · · · · · · · · · · · · · · · · · ·	<del>- 1</del>	Yee	No.
be Enter the number of Forms W-26 included in line 1s. Enter 0-if not applicable	12	tal Enter the number reported in Box 3 of Form 100	96 Enter -0- if not applicable	1a   0		103	.,,,
but the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with ownings to prize with environments of the without the payment of the payment payment of the payment payment of the payment payment of the paym						.	
gambing) winnings to prize winners?  2 Either the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  5 If at least one is reported on line 2a, did the organization file all required federal employment fax returns?  Note. If the sum of lines it a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dot the organization have unrelated business gross income of \$1,000 or more during the year?  5 If "Yes," and it file a Form 950-17 for the year "I "high, for line 3a yearouthe an organization in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5 If "Yes," and the related any party to a prohibited tax shelter transaction at any time during the tax year?  5 If Was, "I was the organization and party to a prohibited tax shelter transaction?  6 If "Yes," of the organization and years organization at any time during the tax year?  5 If "Yes," did the organization include with every solicitation an express statement that auch contributions or gifts were not tax deductable?  6 If "Yes," did the organization include with every solicitation an express statement that auch contributions or gifts were not tax deductable?  7 Organizations that may receive deductable contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that auch contributions or gifts were not tax deductable?  8 If "Yes," did the organization motely the donor of the value of the goods or services provided?  9 If "Yes," did the organization order were signated to the payar?  10 If "Yes," did the organization order were signated to the payar and the payar?  11 If yes, "I was a second payar and the payar and payar and payar and payar and payar and payar and payar				eportable gaming	1	l	
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3a	C				1c		
tile for the calendary year ending with or within the year covered by this return  bif at least one is reported on the 24, of the organization file aff required federal employment fax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  5a. Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5b. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c. If "Yes," to line 5a or 5b, did the organization file Form 88861?  6c. Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any openitivitions that were not tax deductible?  7c. Organizations that may receive deductible contributions under section 170(c).  9d. If "Yes," did the organization receively appretial receives of 55 made party as a contribution and party for goods and services provided to the payor?  9d. If "Yes," indicate the number of Forms 8828? filed during the year  9d. If "Yes," indicate the number of Forms 8828? filed during the year  10d. the organization receively appretial receives of 55 made party as a contribution of the organization flore Form 899 as required?  11 The organization received accontribution of cars, boats, arplanes, or other vehicles, did the organization flee Form 899 as a required?  11 The organization received acc	22	_	m W-3 Transmittal of Wage and Tax Statements.	1 1			
b If a least one is imported on line 2a, did the organization file all required referred employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 950-T for this year? If "No," to line 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  4a At any time the name of the foreign country. ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction?  5b Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 88861?  6a Does the organization include with every solicitation an express statement that such contributions or girts were not tax deductible as charatable contributions?  6a If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  6b Did the organization necessed eductible contributions under section 170(c).  6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7c If "Yes," indicate the number of Forms 8282 filed during the year?  8d Did the organization receive a contribution of cars, boats, applaines, or other vehicles, did the organization file a Form 1098-C?  8d Sponsoring organization have excess business holdings at any time during the	2.0	· · · · · · · · · · · · · · · · · · ·		2a 0		.	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to _e./iii (see instructions) 3	h				2b		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any hime during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization aperty to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization aperty to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization aperty to a prohibited tax sheller transaction at any time during the tax year?  5b Us did any taxable party notify the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(e).  8b If Yes, "did the organization notify the donor of the value of the goods or services provided to the payor?  7c If Yes, "did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8c If Yes, "did the organization ordify the donor of the value of the goods or services provided?  8c If Yes, "did the organization ordify the donor of the value of the goods or services provided?  8c If Yes, "did the organization received a contribution of qualified intellectual property for which it was required to file Form 8282?  8c If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8c Sponsoring organization make a statisticular organization and partly and partly as a		· · · · · · · · · · · · · · · · · · ·					
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toreign country (such as a bank account, er other financial account)?  4a X  5b If "Yes," enter the name of the foreign country: ▶  5c See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d If Yes, "to line 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5d If Yes, "to line 5a of 5b, did the organization file form 89861?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the ere that Xedeuctibles as chartable contributions?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions are the foreign and the fo	32			-,	3a		$\overline{\mathbf{x}}$
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a broign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization party to a prohibited tax shelter transaction at any time during the tax yea?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization store of the organization file form 8886-77  6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes, "did the organization include with every solicitation in express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, "did the organization include with every solicitation in express statement that such contributions or gifts were not tax deductible?  9 Organization shart may receive deductible contributions under section 170(c).  10 If the organization shart may receive deductible contributions under section 170(c).  11 If Yes, "did the organization include with every solicitation and partiy or goods and services provided to the payor?  12 If Yes, "did the organization orbity the donor of the value of the goods or services provided?  13 If Yes, "did the organization receive a pryment in excess of \$75 made partiy as a contribution and partiy or goods and services provided to the payor?  14 If Yes, "did the organization received a contribution of the value of the goods or services provided?  15 If Yes, "did the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required?  16 If the organization received a contribution of qualified							
financial account in a foreign country (such as a bank account, secumtes account, or other financial account)?  b If "Yes," enter the name of the foreign country:   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible;  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible;  7c Organizations that may receive deductible contributions under section 170(c).  8 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6b If "Yes," indicate the number of Forms 8282 filed during the year  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7r Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7r Did the organization receive any control, surplement, to pay premiums on a personal benefit contract?  7r Did the organization receive any control, surplement, to pay premiums on a personal benefit contract?  7r Did the organization of the second a contribution of qualified intellectual property, did the organization file Form 899 as required?  8 Sponsoring organization than express scale and the pay of the organization file Form 899 as required?  9 Spo					<u> </u>		
b if "Yes," enter the name of the foreign country."  5a Was the organization a pearly to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization a pearly to a prohibited tax sheller transaction at any time during the tax year?  5b Was the organization have the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6c If Yes," did the organization notify the donor of the value of the goods or services provided?  6c If Yes," did the organization notify the donor of the value of the goods or services provided?  7c If the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b If the organization of the number of Forms 8282 filed during the year  6c If the organization of the number of Forms 8282 filed during the year  7d If the organization of the payment in the payment in the payment of the payme	74				4a	. [	Х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the originarization a party to a prohibited tax shelter transaction at any time during the tax year?  5b X X b Did any taxable party notify the originarization that it was or is a party to a prohibited tax shelter transaction?  5c I "Yes," to line 5a or 5b, did the originarization file Form 8886-17  6a Does the originarization have annual gross receipts that are normally greater than \$100,000, and did the originarization solicit any contributions that were not tax deductible as charitable contributions?  6a X  6b If "Yes," did the originarization include with every solicitation an express statement that such contributions or grifs were not tax deductible.  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the originarization notify the donor of the value of the goods or services provided?  9d If "Yes," did the originarization notify the donor of the value of the goods or services provided?  9d If "Yes," indicate the number of Forms 8282 filed during the year  9d If "Yes," indicate the number of Forms 8282 filed during the year  9d If the originarization receive any funds, directly or indirectly, or paymentians on a personal benefit contract?  9d If the originarization in greating the year permiums on a personal benefit contract?  9d If the originarization may the year, per premiums on a personal benefit contract?  9d If the originarization received a contribution of qualified intellectual property, did the originarization file a Form 1098-07  15 Sponsoring originarizations maintaining dinor advised funds. Did adnor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring originarizations maintaining dinor advised funds.  10d In the sponsoring originarizations maintaining dinor advised funds.  10d In the sponsoring originarizations maintain and the sponsoring origin	h			association .			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 8886-T?  6 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Did the organization receive a payment mexess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  6 Did the organization receive a payment mexess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Did the organization receive a payment mexess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Dif *Yes,** (did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 496	D	· · · · · · · · · · · · · · · · · · ·		Accounts (FBAR)			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-17  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  6 If "Yes," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chantable contributions under section 170(c).  8 Did the organization sell exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectly, on a personal benefit contract?  1 If the organization received a contribution of cars, bosts, aprilanes, or other vehicles, did the organization file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution sunder section 4966?  9 Did the sponsoring organization make any taxable distribution under section 4966?  9 Did the sponsoring organization make any taxable distribution sunder section 4966?  9 Did the sponsoring organization section for the form 1004 forms 1004 f	52			100001110 (1 27 11 1).	5a		X
c		The state of the s		action?			
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  by if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  b) If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Ta X  Tb Did the organization neceive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To C Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization feeling organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization received a contribution of carls, boats, amplanes, or other vehicles, did the organization flee Form 8899 as required?  If the organization received a contribution of carls, boats, amplanes, or other vehicles, did the organization flee a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the organization received from them)  Did the organization receives the funds.  Did the organization feel or sources (to not net amounts due or paid to other sources against amounts due or received from them)  Did the organization is consended to source qualified health plans					-		_===
any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization noutly the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoning organization make a distribution on toder section 4966?  Ba X  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and caphital contributions included on Part VIII, line 12  Did the sponsoring from other sources (Do not net amounts due or pead to other sources against amounts due or received from them)  Section 501(c)(2) organizations. Enter:  Gross income from members or shareholders  Uniform fees and caphital contributions included on Part VIII, line 12  Did "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(2) organizations included on printing the tax year?  If yes, enter the amount of reserves on hand  The first o		,		ne organization solicit			
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Or the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Or the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization was excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  In the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(2) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax exempt interest received or accrued during the year  Section 501(c)(29) qualified neight plans in more than one stat	va			gammanon oonon	6a		х
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Did the organization network the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization feceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  12 Sponsoring organizations maintaining donor advised funds.  13 Sponsoring organization make any taxable distributions under section 4966?  14 Did the sponsoring organization make any taxable distributions under section 4966?  15 Did the sponsoring organization make any taxable distributions under section 4966?  16 Did the sponsoring organization make and istribution to a donor, donor advised funds.  17 Did the sponsoring organization make and istribution to a donor, donor advised, or related person?  18 Section 501(c)(7) organizations. Enter:  19 Did the sponsoring organization make and istribution to a donor, donor advised, or related person?  19 Section 501(c)(2) organizations. Enter:  10 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  19 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  10 Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O.  10 Enter the amount of reserves on hand  11 Did	b			nons or aifts			
Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a			Solicitation an express statement was seen services		6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  b Did the sponsoring organizations make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Cross income from organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross income from embers or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 501(c)(12) organizations. Enter:  a If the amount of received the first health insurance issuers.  a Is the organization incensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization or granization is required to maintain by the states in which the organization is required to maintain	7	•	ontributions under section 170(c).				_
b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  if the organization received a contribution of outsified intellectual property, did the organization file Form 8899 as required?  if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Gross income grapizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a Section 501(c)(27) qualified nonprofit health insurance issuers.  a Is the organization is incensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserve				ervices provided to the payor?	7a		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c				, , , , , , , , , , , , , , , , , , ,			
to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c				as required			
d if "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  glif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 In the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11 Section 501(c)(12) organizations. Enter the amount of tax-exempt interest received or accrued during the year  12 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the org	Ŭ		to dispose of tangues personal property for this tree		7c		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  28 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  14a Did the organization receive any	d	•	ed during the year	7d			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  But the sponsoring organization make any taxable distributions under section 4966?  But the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If 'Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans certified to maintain by the states in which the organization is licensed to issue qualified health plans certified the armount of reserves on hand  14a Did the organization receive any payme				contract?	7e		Х
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution under section 4966?  Did the sponsoring organization make a distribution under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  It "Note," provide an explanation in Schedule O.  14b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	_	•					X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  But the sponsoring organization make any taxable distributions under section 4966?  But the sponsoring organization make any taxable distributions under section 4966?  But the sponsoring organization make any taxable distributions of a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  But the Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Fig. 11a  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  The Work provide an explanation in Schedule O.  The Work provide an explanation in Schedule O.  Section 501(c) the organization receive any payments for indoor tanning services during the tax year?  The Work provide an explanation in Schedule O.  The Work provide an explanation in Schedule O.  The Work provide an explanation in Schedule O.					$\vdash$		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  10 Id the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  10 Initiation fees and capital contributions included on Part VIII, line 12  11 Section 501(c)(7) organizations. Enter:  12 Gross income from members or shareholders  13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  14 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  14 Did the organization receive any payments for indoor tanning services during the tax year?  14 Did the organization receive any payments for indoor tanning services during the tax year?  14 Did the organization receive any payments for indoor tanning services during the tax year?  14 Did the organization receive any payments for indoor tanning services during the tax year?  15 Section 19 Section 19 Section 19 Did the organization receive any payments for indoor tanning services during the tax year?  15 Section 19 Did the organization receive any payments for indoor tanning services during the tax year?  16 Section 19 Did the organization receive any payments for indoor tanning services during the tax year?  17 Did the organization receive any payments for indoor tanning services during the tax year?  18 Did the organization fees and tanting the payments?  19 Did the organization fees and							
sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13c   Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a X  b if "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.							
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b X  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a				•	8		х
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b X  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? # "No." provide an explanation in Schedule O.  14b	9						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a X  b if "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14b	а				9a		Х
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b	_			•	$\vdash$		X
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b			,	••			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15c Inter the amount of reserves on these payments? If "No," provide an explanation in Schedule O.  15d Inter the amount of reserves on these payments? If "No," provide an explanation in Schedule O.  16d Inter the amount of reserves on these payments? If "No," provide an explanation in Schedule O.  17d Inter the amount of reserves on the payments? If "No," provide an explanation in Schedule O.  18d Inter the amount of reserves on the payments? If "No," provide an explanation in Schedule O.  18d Inter the amount of reserves on the payments? If "No," provide an explanation in Schedule O.  18d Inter the amount of reserves on the payments? If "No," provide an explanation in Schedule O.  18d Inter the amount of reserves on the payments? Interest received and payments of the payment of the payments of the payment of the payment of the payment	а		d on Part VIII, line 12	10a			1
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c  14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b	b	•			1- '- '	1	
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c  14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14b	11	•					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  13b Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b Inter the amount of reserves on hand  13c Inter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b Inter the amount of reserves on these payments? If "No." provide an explanation in Schedule O.  14b	а			11a	- !	'	,
amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14b	b		amounts due or paid to other sources against		] .1		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14b		·		11b	1	<b> </b>	ļ
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  It "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  12b  13a  13a  13a  13b  13b  13c	12a	·	usts. Is the organization filing Form 990 in lieu of Form		12a		
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14b	b			1 1			· ·
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			- ,		1		
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					13a		I
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	·	-	•	•			
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b				, ,		
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	,	-	•	13b	1 .		1
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	c	- · · · · · · · · · · · · · · · · · · ·			1	}	}
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		• •	indoor tanning services during the tax year?		142		х
				ile O			† <u></u> -
						n <b>990</b>	(2014

432005 11-07-14

Page 6

WHITE FAMILY SUPPORTING FOUNDATION 48-1225411 Part W Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		.	.
	If there are material differences in voting rights among members of the governing body, or if the governing		ı	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		Ì	, ' <b> </b>
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	ì		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The deciding regions in contact the second regions by the internal regions of the second		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			<del></del>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		į
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
_	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		
2	The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or less employees of the experimental	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	,	<del></del>
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		.:	
. Ja	toyable entity during the year?	16a	· -	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		<del></del> -
b	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			·
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17		(Oulob)		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/aliable	,	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	e	1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	ıaı	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JEWISH COMMUNITY FOUNDATION - 913-327-8100			
	5801 W 115TH ST, OVERLAND PARK, KS 66211			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

X Check this box if neither the organiz	ration nor any related	orgai	nızat	ion	com	pen	sate					
(A)	(B)			_ (C	;)			(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated		
	hours per	box.	unles	s pen dadı	son is	both	an	compensation	compensation	amount of		
	week						-	from	from related	other compensation		
	(list any	Lect						the organization	organizations (W-2/1099-MISC)	from the		
	hours for related	0.0	ee E		ì	sated		(W-2/1099-MISC)	(***2/1099-18/100)	organization		
	organizations	ruste	trus		99	преп		(***2) 1033 (***100)		and related		
	below	Ē	ig ig		πploy	st co	72			organizations		
	line)	Indiv	Institutional trustee	Officer	Key employee	Highest compensated employee	Form					
(1) LAUREN MATTLEMAN HOOPES	1.00	]								4.5.056		
SECRETARY		X	L	X		_		0.	163,121.	15,356.		
(2) SCOTT M. SLABOTSKY	1.00											
TREASURER	1.00	X	_	Х				0.	0.	0.		
(3) GERALD WHITE	1.00	1					İ					
TRUSTEE		X			<u> </u>	_	ļ	0.	0.	0.		
(4) LINDA WHITE	1.00	┨	1			1						
TRUSTEE		X	$\vdash$	<u> </u>	┝	├—	_	0.	0.	0.		
(5) MERILYN BERENBOM	1.00	┨	1			ŀ						
TRUSTEE	1.00	X	-			<u> </u>	_	0.	0.	0.		
(6) IRVIN BELZER	1.00	<b>↓</b>								_		
TRUSTEE	1.00	X		├-	-	-	⊢	0.	0.	0.		
(7) SHIRLEY WHITE	1.00	┨╻		۱.,	1					_		
PRESIDENT	1 00	X	╁╌	X	-	╀	⊢	0.	0.	0.		
(8) SANDRA FRIED	1.00	$ \mathbf{x} $	1	x				0.	0.	0.		
VICE PRESIDENT	1 00	+≏	╀	^	├	╁	₩	0.		ļ <u> </u>		
(9) LYNN INTRATER	1.00	┨┰	l	1	1	İ		0.	0.	1		
TRUSTEE	1.00	X	┼	├	├	╁	┢		ļ	0		
		┨	1									
			1									
			_		L		<u> </u>					
		-					İ					
		+	╁╌	$\vdash$	$\vdash$	$\vdash$	<del>                                     </del>					
		1_	╀	<u> </u>	_	↓_	_					
		┨								ļ		
				T	1	T	T					
		+	+	$\vdash$	$\vdash$	+	$\vdash$		<u> </u>			
	<del> </del>	$\dashv$										
			T									
		_i_			1	<u> </u>	$\bot$	<u> </u>	1	<u> </u>		

432007 11-07-14

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per		(C) Position (do not check more than or box, unless person is both					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations		institutional trustee g		recto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	below line)	Individua	Institutio	Officer	Key employee	Highest c employer	Former			organizations
		_								
									162 101	15 256
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)		·		<del></del>			<ul><li></li></ul>	0.	163,121 0 163,121	. 0.
Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	d at	oove	9) W	io re	eceived more than \$100		Yes No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual		•							3 X
<ul> <li>For any individual listed on line 1a, is the s</li> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or</li> </ul>	0,000? If "Yes	, " <i>cc</i>	mpl	ete S	Sche	eduk	e J f	or such individual		4 X
rendered to the organization? If "Yes." con Section B. Independent Contractors	molete Schedul	<i>ىل</i> ە	or si	uch	per:	son				5 X
Complete this table for your five highest counties organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	sation from
(A) Name and business			ON			<u> </u>		(B) Description of		(C) Compensation
		_		<del></del>		-				
					_ <del></del>					
Total number of independent contractors s     \$100,000 of compensation from the organ		ot li	mite	d to		se li:	sted	above) who received m	ore than	73
Tree, con or componed non me organ						<del>-</del>				5 QQQ (004.4)

ļŖā			Check if Schedule O cont		or note to any lin	e in this Part VIII			
-			GINGK II GENIGGIG G GONE		o, now to tary in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
its i	1 :	a	Federated campaigns	. 1a		ţ			,
iran	ı	b	Membership dues	. 1b					1
S. E	•	С	Fundraising events	1c					}
Sift	•	d	Related organizations	1d			,	,	
S, E	•	е	Government grants (contribut	ions) <u>1e</u>		4 3 2			1
tion	1	f	All other contributions, gifts, gran	ts, and	_	,	,		
je je			similar amounts not included abor	ve 1f	156,973.	,			
Contributions, Gifts, Grants and Other Similar Amounts	!	_	Noncash contributions included in lines	1a-1f \$		156 073			
<u>0 g</u>		h	Total. Add lines 1a-1f			156,973.			
	_				Business Code	<u> </u>	<u> </u>		
ice	2 :							<del></del>	<del> </del>
E S	'	b					<del> </del>		<del> </del>
Z de la		C			<del></del>	<u> </u>			· · ·
gra Re		d a							
Program Service Revenue		e f	All other program service reve	- In the					
			T 1 1 A del los es 0 - 05		<b>•</b>				1
	3		Investment income (including						
			other similar amounts)		<b>&gt;</b>	46,944.	ļ		46,944.
	4		Income from investment of tax	k-exempt bond p	oroceeds >				<u> </u>
	5		Royalties	····	<u> </u>				
				(ı) Real	(ii) Personal				
	6	а	Gross rents .			2	- •	,	
	1	b	Less: rental expenses	<b></b> _	ļ				
	1		Rental income or (loss)		<u> </u>	,			
			Net rental income or (loss)	<del></del>					<del> </del>
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				,
			assets other than inventory	76,005.	<del></del>			, ,	
	'	D	Less: cost or other basis	0.			<b>4</b> , • • ;		•
		_	and sales expenses Gain or (loss)	76,005.		, , ,			
	l .		Net gain or (loss)	70,005		76,005.		<del>                                     </del>	76,005.
	8		Gross income from fundraisin			3 1 1			70,003.
Ę		_	including \$	of	i			, ,	
Ş			contributions reported on line	<del></del>		The State of		,	
æ	ļ		Part IV, line 18		,	.,,;			,
Other Revenue		b	Less direct expenses	t	,	1		: ' ,	3,
0		С	Net income or (loss) from fund	draising events			k B <sub>2</sub> _		
	9	а	Gross income from gaming ad	ctivities. See		- 174 CI - 145 -	1. The	<i>i</i> ,	
			Part IV, line 19	. 8	·		1"-		
			Less direct expenses	t	·	7 3 7 7	Section 1	٠. ٧	·
			Net income or (loss) from gam				<del> </del>		
	10	а	Gross sales of inventory, less	returns					1.4
	]	L	and allowances			1 · 2, 1; 2 · 3/		"	1
			Less: cost of goods sold		ـــــا۰	, , , , , , , , -	Para Albania	3 1	
		<u>C</u>	Net income or (loss) from sale Miscellaneous Revenu		Business Carl		<del>                                     </del>		<del>                                     </del>
	11 :		MISCONANIOUS NEVELIO		Business Code		· · · · · · · · · · · · · · · · · · ·	<u>'</u>	- · · · · ·
	l .	a b			<b></b>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del> </del>
		c			<del></del>	<del>                                     </del>		<del> </del>	<del> </del>
		d	All other revenue	<del></del>			<del> </del>	<del> </del>	<del> </del>
	,	е	Total. Add lines 11a-11d		<u> </u>				
	12		Total revenue. See instructions.	•		279,922.	0.	0.	122,949.
43200 11-07	9								Form <b>990</b> (2014)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	<u>ete all columns. All othe</u> e or note to any line in t	<i>r organizations must com</i> his Part IX	plete column (A).	🗆
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations	205,000.	205,000.	* *	
	and domestic governments. See Part IV, line 21	203,0001			
	Grants and other assistance to domestic			,	
	Individuals See Part IV, line 22				
_	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members			,	
	Compensation of current officers, directors,				
5	•			İ	
	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
7	Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
_				<del> </del>	
9	Other employee benefits Payroll taxes			· · · · · · · · · · · · · · · · · · ·	
10	Fees for services (non-employees):				
11					
a	Management				
b	Legal				
C	Accounting Lobbying	-			
d e	Professional fundraising services. See Part IV, line 17		Ç 5	, .	
f	Investment management fees	6,981.		6,981.	
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	9,022.		9,022.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				13
а					
b					
C					
d					
e					
25	Total functional expenses. Add lines 1 through 24e	221,003.	205,000.	16,003.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	

art X				
	Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	r	<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	<u> </u>
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	,		•
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under	,	- 1	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	, ,	1	
·	employers and sponsoring organizations of section 501(c)(9) voluntary	* .		<del></del>
2	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	<u> </u>
7	Notes and loans receivable, net		7	
₹   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 8		44		
1	basis. Complete Part VI of Schedule D 10a			
1	Less: accumulated depreciation 10b		10c	
11	Investments · publicly traded secunties	2,152,521.	11	2,121,614.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	intangible assets		14	
15	Other assets See Part IV, line 11	·	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,152,521.	16	2,121,614.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
" 22	Loans and other payables to current and former officers, directors, trustees,	, ,	,	\$
월	key employees, highest compensated employees, and disqualified persons.	, *		
Liabilities	Complete Part II of Schedule L		22	
ءً   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities, Add lines 17 through 25	0.	26	0 .
	Organizations that follow SFAS 117 (ASC 958), check here X and			,
y	complete lines 27 through 29, and lines 33 and 34.	, - '		•
ଥି   27	Unrestricted net assets	2,152,521.	27	2,121,614
g 28	Temporanly restricted net assets .		28	
B   29	Permanently restricted net assets		29	
<b>ş</b> [	Organizations that do not follow SFAS 117 (ASC 958), check here		,	, , , , , , , , , , , , , , , , , , , ,
5	and complete lines 30 through 34.			
ğ   30	Capital stock or trust principal, or current funds		30	
S 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
22 28 29 1 20 20 20 20 20 20 20 20 20 20 20 20 20	Retained earnings, endowment, accumulated income, or other funds		32	
ž   33	Total net assets or fund balances	2,152,521.	33	2,121,614.
34	Total liabilities and net assets/fund balances	2,152,521.	34	2,121,614.

-orm	990 (2014) WHITE FAMILY SUPPORTING FOUNDATION	48-122	5 <b>4</b> 1 <u>1</u>	Pag	e 12
	rt XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI		<u>.                                    </u>		
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	221		9. 21.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
10	column (B))	10	2,121	.,61	4.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		2a	Yes	X
b	separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both.	e basis,	2b	Х	
С	Separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Sche		2c	Х	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit		`	لــــــ
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		j	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	99U (	2014)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Name of the organization

Employer identification number

		whj m	E FAMILY SU	PPORTING FOU	NDATI	ON		48	3-1225411
Pa	rt I	Reason for Public C					e instructions		
		zation is not a private founda							
1		A church, convention of chu					)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative			ction 170	(b)(1)(A)(iii	).		
4		A medical research organiza						(iii). Enter t	he hospital's name,
		city, and state							
5		An organization operated fo	or the benefit of a coll	ege or university owned	or operate	d by a gov	vernmentai ur	nit described	d in
		section 170(b)(1)(A)(iv). (C	omplete Part II)						
6		A federal, state, or local gov	ernment or governme	ental unit described in s	section 17	0(b)(1)(A)(	v).		
7		An organization that normal	lly receives a substan	tial part of its support fr	om a gove	rnmental u	init or from th	e general p	ublic described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II )						
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	: II. <b>)</b>				
9		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	np fees, and	gross receipts from
		activities related to its exem	pt functions - subject	t to certain exceptions,	and (2) no	more than	33 1/3% of it	s support fr	om gross investment
		income and unrelated busin	ness taxable income (	less section 511 tax) fro	m busines	ses acquir	ed by the org	anızatıon af	ter June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a							
11	X	An organization organized a							
		more publicly supported org							heck the box in
		lines 11a through 11d that of							
ē	X	_ ,,							
		the supported organization	on(s) the power to reg	ularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	porting
		organization You must o	•						
ŧ	, <u> </u>	Type II. A supporting organic							
		control or management o	f the supporting orga	inization vested in the sa	ame persoi	ns that cor	ntrol or manag	ge the supp	orted
		organization(s). You mus							
•	: L	Type III functionally inte						ly integrated	d with,
		its supported organization							
(	d L	Type III non-functionally							
		that is not functionally int						l an attentiv	eness
		requirement (see instruction							
•	e	Check this box if the orga	anızation received a v	vntten determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			
		er the number of supported o	•						1
		vide the following information (i) Name of supported	n about the supported	d organization(s) (iii) Type of organization	Vivi Is the o	rganization	(v) Amount o	f monoton/	(vi) Amount of
		organization	(11) 2.114	(described on lines 1-9	listed i	n your	support		other support (see
		<b>g</b>		above or IRC section	governing		Instruct	` '	Instructions)
	747 T C	H COMMUNITY		(see instructions))	Yes	No	ļ	-	· · · · · · · · · · · · · · · · · · ·
		ATION OF GREAT	13-6040201	7	x		205	5,000.	
<u>- C</u>	UND	ATION OF GREAT	43-0049201	/	_		203	2,000.	<del></del>
					ĺ				
				······································			<u> </u>		
			<del>                                     </del>		<del>                                     </del>				<del></del> -
			1					ľ	
		<del></del>	<del> </del>		<del> </del>		<del></del>		
			(1 <sub>2</sub> ) (1 <sub>4</sub> )	g jaja sa sa sa sa sa sa sa sa sa sa sa sa sa	<del> </del>	, ,	<del> </del>		
T-4			N - 3 : 5 (1)		1-1-1 2- N	- 'Q ' - ' }	201	5 000	0

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

#### Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		,				
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions	-					
_	by each person (other than a					• /	
	governmental unit or publicly		, ,		j .		
	supported organization) included			-			
	on line 1 that exceeds 2% of the	- 1					
	amount shown on line 11,		1.00				
	column (f)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٠			
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	<u> </u>	<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4		<b>1</b>				
8	Gross income from interest.						
•	dividends, payments received on	1		1			
	securities loans, rents, royalties						
	and income from similar sources	<b>i</b>	1	ĺ		Ì	
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					-	
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	2 3 2	C C C C C			'	
12		etc. (see instruction	ons)			12	
	First five years. If the Form 990 is fo	•	•	d, fourth, or fifth t	ax vear as a section	n 501(c)(3)	
	organization, check this box and sto	p here					▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2014 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	%
16	33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	x and
	stop here. The organization qualifies						▶□
ŧ	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						▶□
<b>17</b> a	1 10% -facts-and-circumstances test		• • •		e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	-	-				
	meets the "facts-and-circumstances"		•	-	•	3	▶□
ı	10% -facts-and-circumstances tes	_	•	• •	-	17a, and line 15 is	 10% or
	more, and if the organization meets t	-					
	organization meets the "facts-and-cire				•		ightharpoonup
18	Private foundation. If the organization		-	-	- ,, -	•	·
						edule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complet	te or	nly i	f yc	u cl	nec	ked	the I	box (	on line 9	of F	art	l or r	f the	orç	ganız	ation	faile	d to	qualif	y unc	ler P	art II	l. If t	he o	rgani	izatıor	n fauls	s to
	_		_								_																	

Gection A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						ı
membership fees received. (Do not						
include any "unusual grants.")				<u></u>	<u> </u>	
2 Gross receipts from admissions,			]			
merchandise sold or services per-						
formed, or facilities furnished in			ľ			
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-			1			
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				]		]
· · · F						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<del> </del>	<del> </del>	
6 Total. Add lines 1 through 5			<del> </del>	<del> </del>	<del></del>	<del></del>
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons			<del> </del>	<del> </del>	<del> </del>	<del> </del>
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ĺ		ļ	1	}	
amount on line 13 for the year						
c Add lines 7a and 7b			<u></u>	<u> </u>		
8 Public support (Subtract line 7c from line 6)	• '		, ', .		7.	
Section B. Total Support				·	<del></del>	<del></del>
alendar year (or fiscal year beginning in) ► 🖡	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6			- <del></del>			
0a Gross income from interest,						!
dividends, payments received on securities loans, rents, royalties						
and income from similar sources				<u> </u>		
b Unrelated business taxable income						1
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carned on						
12 Other income. Do not include gain				<del></del>		<del>                                     </del>
or loss from the sale of capital		F	1	1		
assets (Explain in Part VI)				<del> </del>	<del></del>	
13 Total support. (Add lines 9, 10c, 11, and 12)	41					<u> </u>
14 First five years. If the Form 990 is for	the organization's	s first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Public	Support Par	contago	171.		<del> </del>	
		·····		-	T I	<del></del>
15 Public support percentage for 2014 (lin	3.2	· ·	column (t))		15	
C. Dublic august a successor from 0010					16	
	lment Income					
ection D. Computation of Inves	·		ino 13 column (fi)		147	
ection D. Computation of Investry Investment income percentage for 20	14 (line 10c, colur	nn (f) divided by f	ine 13, column (f))		17	
8 Investment income percentage from 2	14 (line 10c, colur 2013 Schedule A,	nn (f) divided by f Part III, line 17	· · · ·		18	7 10 704
Section D. Computation of Invest 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2014. If the	14 (line 10c, colur 2013 Schedule A, organization did r	mn (f) divided by f Part III, line 17 not check the box	on line 14, and lin	e 15 is more than	18 33 1/3%, and line 1	7 is not
Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 3 Investment income percentage f	14 (line 10c, colur 2013 Schedule A, organization did r d stop here. The	mn (f) divided by f Part III, line 17 not check the box e organization qua	on line 14, and lin	e 15 is more than supported organi	18 33 1/3%, and line 1 zation	▶□
Section D. Computation of Invest 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2014. If the	14 (line 10c, colur 2013 Schedule A, organization did r d stop here. The organization did r	mn (f) divided by f Part III, line 17 not check the box e organization quant check a box o		e 15 is more than supported organi a, and line 16 is rr	18 33 1/3%, and line 1 zation nore than 33 1/3%, a	<b>▶</b> ☐

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Van	N <sub>C</sub>
	Yes	No
_1	Х	
		<del>پ</del> ا
2		<u> </u>
3a		X
	٠. ٠	
3b		
20		
3c		
4a	_	X
,		
_4b		
4c		
-		
5a	<del> </del>	X
		· 1
5b		
_5c	<b>}</b>	<u> </u>
		,
,	ľ	
,		
6		Х
,	×	
<u> </u>	3.7	<u> </u>
7	-	Х
8	-	X
	-	
9a		х
ļ	ļ	<u> </u>
9b	£., "	X
9c	1	X
<del>3</del> C		
	٠,= ` ` _	L.
10a		X
1	<b> </b>	[ ;
10b	1	l

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013
e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 WHITE	FAMILY	SUPPORTING	FOUNDATION	48-1225411 Page 8
Part VI	Supplemental Information.	Provide the exp	lanations required by	Part II, line 10, Part II, lir	ne 17a or 17b; and Part III, line 12.
<u> </u>	Also complete this part for any additi	onal information	n. (See instructions).		
··· <del>-</del>					
				<del></del>	
				···-	
			<del></del>	<del></del>	
		<del></del> -	<del></del>		
<u>.</u>					
		• • • • • • • • • • • • • • • • • • • •	<del></del>	<del></del>	
		<del></del>	<del></del>		
	<del></del>				
			<del></del>		
		<u></u>			
		···			
			<del></del>		
	<del></del>			<del></del>	
			· - · - · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection .

**Employer identification number** 

Name of the organization

48-1225411 WHITE FAMILY SUPPORTING FOUNDATION

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (duning year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		. Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for chantable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	* *	. <u>2c</u>
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
Pai	t III   Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Assets
[ · a	Complete if the organization answered "Yes" to Form		ther Silling Assets.
10			mont and balance sheet wade of art
Ia	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that described		ance of public service, provide, in Part XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		t and halance cheet works of out historical
J	treasures, or other similar assets held for public exhibition, e		
	relating to these items	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		<b>L</b> ¢
	/ii) Accets included in Form 000. Dort V		. •
2	If the organization received or held works of art, historical tre		D
~	the following amounts required to be reported under SFAS 1		a yan, provide
2	Revenue included in Form 990, Part VIII, line 1	THO POO 300) ISIALING TO THESE ITEMS.	<b>.</b> •
h	Access and aded in Form 600 Dest V		
	Assets included in Form 990, Part X		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		MILY SUPPO				Other			<u> 25411</u>	
Par										
	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that a	are a sig	ınıficant us	e of its co	ollection it	iems
	(check all that apply)									
а	Public exhibition	C	=		hange prograr	ms				
þ	Scholarly research	e	c	Other					<del> </del>	
C	Preservation for future generations									
	Provide a description of the organization's co							in Part	XIII.	
	During the year, did the organization solicit or					sımılar	assets	Г	1.,	
	to be sold to raise funds rather than to be ma							<u> </u>	Yes	No_
Par			ete if the	organizatio	n answered "	Yes" to	Form 990, 1	Part IV, II	ne 9, or	
	reported an amount on Form 990, Par									
1a	ls the organization an agent, trustee, custodia	an or other intermed	lary for co	ontributions	s or other asse	ets not i	nciuaea		7 <b>v</b>	□ Na
	on Form 990, Part X?				••	•	•		<b>Yes</b>	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ıble:						
							<del></del>		Amount	
	Beginning balance			•		•	1c		-	<del></del>
d	Additions during the year			•			1d			<del></del>
е	Distributions during the year			•			1e		<del></del>	
f	Ending balance			•			1f	<del></del>	ī	<del></del>
	Did the organization include an amount on Fo						ity?	<u> </u>	<b>⊻</b> Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete		1							baala
		(a) Current year	(b) Pi	rior year	(c) Two years	S DACK	(d) Three ye	ars dack	(e) Four	years back
1a	Beginning of year balance	· - · · · · · · · · · · · · · · · · · ·			<del> </del>					
b	Contributions		ļ		<del> </del>					
С	Net investment earnings, gains, and losses		1							<del></del>
d	Grants or scholarships .		<u> </u>							
е	Other expenditures for facilities		1		ŀ					
	and programs		ļ		ļ <u></u> -					
f	Administrative expenses		<del> </del>			-				
g	End of year balance		<u> </u>		l				<u> </u>	
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	, column (a	)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administer	ed for the	ne organiza	tion	Г	<del></del>
	by:									Yes No
	(i) unrelated organizations						•		3a(i)	
	(ii) related organizations			•					3a(ii)	$\longrightarrow$
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the		owment fo	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	1								<del></del>
	Description of property	(a) Cost or basis (invest	1		t or other (other)		Accumulate epreciation	d	(d) Book	< value
1a	Land					^ / · _ `	, 12	. 1		
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
	I, Add lines 1a through 1e. (Column (d) must e	equal Form 990. Par	t X. colum	n (B). line i	10c.)			$\blacktriangleright$		0.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.	5 000 5 1 1/4	- 11h O F 000	Dart V. Land 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV, IIIn (b) Book value		valuation. Cost or end	of year market value
	(b) Book value	(C) Welliod of V	valuation. Cost of end	-oryear market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other		<del></del>	<del> </del>	
(A)				
(B)	· · · · · · · · · · · · · · · · · · ·			
(C)				
(D)		<del></del> -	<del></del>	
(E)				
(F)				
(G)				
(H)			<u> </u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<del></del>	1.	<u></u>	
Part VIII Investments - Program Related.	. 5- 000 D 4 N/ 1-	- 44 - 0 - 5 000	D-4 V b 40	
Complete if the organization answered "Yes"  (a) Description of investment	to Form 990, Part IV, IIn	ne 11c. See Form 990,	Paπ X, line 13. valuation: Cost or end	of year market value
	(b) Book value	(C) Method of	valuation Cost of end	Oryear market value
	<u> </u>			
(2)		<del></del>		<del></del>
(3)	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>
(4)	<del></del>			
	<del></del>	<del></del>		
(6)	<del> </del>	<del></del>	<del></del>	
(7)			<del></del>	
(8)				
(9)		,,,		<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, Irr		Part X, line 15	* // * ***
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<u>-</u>		
Total. (Column (b) must equal Form 990. Part X. col. (B) line  [Part X Other Liabilities.	. 15.)		<b>_</b>	
Complete if the organization answered "Yes"	to Form 990, Part IV, lir		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		, ,
(1) Federal income taxes				
(2)				alk a bai
(3)			j	
(4)				
(5)				
(6)				
(7)				
(8)			7. * ,	
(9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

432053 10-01-14

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule Difform 9801 2014 WHITE FAMILY SUPPORTING FOUNDATION 48-1225411 Page 5 Part XIII Supplemental Information (continued)	Schedule D	(Form 990) 2014	WHITE	FAMILY	SUPPORTING	FOUNDATION	48-1225411	Page 5
	Part XIII	Supplemental Infor	mation (co	ntinued)				
		<u> </u>					· ······	
				·				
			_					
								<del></del>
					<del></del>	······································		·
						<del></del>		
						· · · · · · · · · · · · · · · · · · ·		
							· · · · · · · · · · · · · · · · · · ·	
							<del></del>	
					· · · · · · · · · · · · · · · · · · ·			
						<u> </u>		
			<del></del>					
		· •						·
		······	<del></del>	<del></del> -				
	<u></u>							
					<del></del>			
		<del> </del>						
				· · · · · · · · ·		<del></del>	<del></del>	···
		···						
						<del></del> -		
						<del></del>		

SCHEDULE (Form 990)

Part

2 | Employer identification number 48-1225411 · Open to Public OMB No 1545-0047 SUPPORT, DONOR ADVISED Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any FUNDS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 205,000, cash grant FOUNDATION (c) IRC section if applicable 43-6049281 501(C)(3) SUPPORTING General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? WHITE FAMILY 1 (a) Name and address of organization THE JEWISH COMMUNITY FOUNDATION OF GREATER KC - 5801 W. 115TH STREET - OVERLAND PARK , KS 66211 or government Name of the organization Department of the Treasury Internal Revenue Service Part I

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2014)

30

Page 2

48-1225411

WHITE FAMILY SUPPORTING FOUNDATION

Schedule I (Form 990) (2014)

Part III

Outplemental mornation
THE FUND REPRESENTATIVE TO CLARIFY THOSE REQUESTS THAT MIGHT APPEAR TO
INVOLVE PERSONAL BENEFITS. AS A SAFEGUARD, GRANTS TO CHARITIES THAT ARE
KNOWN TO PROVIDE BENEFITS TO THEIR DONORS ARE SENT WITH AN ACCOMPANYING
LETTER WARNING THE GRANTEE THAT NO PERSONAL BENEFITS CAN BE PROVIDED TO
ANYONE IN EXCHANGE FOR THE GRANT. IF IT COMES THE KNOWLEDGE OF THE STAFF
THAT A PERSONAL BENEFIT WAS PROVIDED, THEN A GRANT REFUND IS REQUESTED.
GRANT LETTERS ALSO SPECIFY THE PURPOSE OF THE GRANT, AND WHERE APPROPRIATE,
THE REPORTING RESPONSIBILITIES OF THE GRANTEE. THESE REPORTS ARE USED TO
DETERMINE WHETHER THE GRANTEE USED THE FUNDS IN THE MANNER REQUESTED. THE
FOUNDATION MAINTAINS A LIST OF APPROVED GRANTEES THAT HAVE HAD THEIR
501(C)(3) STATUS VERIFIED EITHER BY THE IRS WEBSITE LIST OF CHARITIES OR BY
WRITTEN DOCUMENTATION RECEIVED FROM THE CHARITY.

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

WHITE FAMILY SUPPORTING FOUNDATION

**Employer identification number** 48-1225411

Pa	rt I Questions Regarding Compensation	— т	<u>1</u>	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	1 1		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			,
	First-class or charter travel Housing allowance or residence for personal use	1 1		
	Travel for companions Payments for business use of personal residence	1' 1		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	- '		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		1	
		:		:
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		_	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		1 1		l
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			Í
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	1 1	,	İ
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee	1 . 1		ĺ
		1 1		,
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	-		<u> </u>
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	]		1
		, i		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		٠,	
	contingent on the revenues of			<u> </u>
а	The organization?	5a	<u> </u>	X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.	J. ~ C	,	. `
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	_	-	
	contingent on the net earnings of:	, `		1
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.	, ,	, ,	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	i a	1	٠.,
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	,	.*'	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	5 17	- ,	,
	Regulations section 53.4958-6(c)?	9		
LH/	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (For	m 990	) 201

432111 10-13-14

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred in prior Form 990
(1) LAUREN MATTLEMAN HOOPES	[5	0	0	0	0.	.0		0
SECRETARY	<u> </u>	163,12	0	0	6,525.	8,831.	178,477.	0
	Ξ							
	<b>E</b>							
	Ξ							
	<u> </u>							
	€							
	€							
	€							
	: 🗉							
	€							
	: 🗉							
	≘							
	€ (							
	18							
	<u> </u>							
	€							
	Ξ							
	: E							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
!	€							
	Ξ							
								-
	Ξ							
	▣							
	Ξ							
	Œ							
							Sched	Schedule J (Form 990) 2014

432113 10-13-14

Schedule J (Form 990) 2014

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.aov/form990.

2014
Open to Public Inspection

Name of the organization

WHITE FAMILY SUPPORTING FOUNDATION

Employer identification number 48-1225411

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GREATER KANSAS CITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION IS DESIGNED TO PROVIDE SUPPORT FOR OTHER CHARITABLE
ORGANIZATIONS, AS DESCRIBED IN SECTIONS 501(C) AND 509(A) OF THE
INTERNAL REVENUE CODE. THE ORGANIZATION IS EXCLUSIVELY FOR CHARITABLE,
EDUCATIONAL, OR RELIGIOUS PURPOSES. IT SUPPORTS ACTIVITIES FOR THE
BENEFIT OF, PERFORMS THE FUNCTIONS OF, OR CARRIES OUT THE PURPOSE OF,
THE JEWISH COMMUNITY FOUNDATION OF GREATER KANSAS CITY.
FORM 990, PART VI, SECTION A, LINE 2:
GERALD WHITE, SANDRA FRIED AND LINDA WHITE ARE CHILDREN OF SHIRLEY WHITE.
FORM 990, PART VI, SECTION A, LINE 6:
SEE LINE 7A EXPLANATION BELOW.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS OF THE SUPPORTING FOUNDATION FALL INTO ONE OF TWO CLASSES, THOSE
REPRESENTING THE DONOR(S) AND THOSE REPRESENTING THE SUPPORTED
ORGANIZATION. MEMBERS OF THE DONOR CLASS ARE ELECTED BY THE DONOR(S);
MEMBERS OF THE SUPPORTED ORGANIZATION CLASS ARE ELECTED BY THE SUPPORTED
ORGANIZATION. ALL MEMBERS SERVE AS TRUSTEES. THE SUPPORTED ORGANIZATION
CLASS MUST ALWAYS HAVE ONE MORE TRUSTEE THAN THE DONOR CLASS. AT THE ANNUAL
MEETING, THE TRUSTEES ELECT OFICERS TO CARRY OUT THE DAY TO DAY BUSINESS OF
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2014)  8-27-14

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2014

OMB No 1545-0047

WHITE FAMILY SUPPORTING FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 48-1225411

Part I.	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	if the organization answered "Yes" or	. Form 990, Part IV, line 33.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
								-
								1
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions Complete if the organization an	swered "Yes" on Form 990,	Part IV, line 34 be	cause it had one o	r more related tax-exem	ıpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	1 to 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(b)(13)
JEWISH COMMUNITY 43-6049281, 5801	FOUNDATION OF GREATER KC - W. 115TH STREET, OVERLAND	POUNDATION	KANSAS	501(C)(3)		N/A	200	
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.				Schedule R (Form 990) 2014	(Form 990)	2014

General or Percentage managing ownership Page 2 Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 9 Ξ Code V-UBI amount in box 20 of Schedule – K-1 (Form 1065) Share of end-of-year assets  $\equiv$ 6 Disproportionate Yes No allocations? Ξ Share of total income  $\boldsymbol{arepsilon}$ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e Share of total income ε (d)
( Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) <u>છ</u> (d)
( Direct controlling entity Primary activity 9 (C)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2014 Part III Part IV

48-1225411

WHITE FAMILY SUPPORTING FOUNDATION

432162 08-14-14

Schedule R (Form 990) 2014

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ž
1 During the tax year, did the organization engage in any of the following transact	tions with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest. (ii) annuities. (iii) royalties, or (iv) rent from a controlled entity	entity			1a		X
b Gift grant, or capital contribution to related organization(s)				<b>1</b> b	×	
c Gift grant, or capital contribution from related organization(s)				10		×
			,	₽		×
• Loans or loan quarantees by related organization(s)				1e		×
	•	•		. ·	· -	٠
f Dividends from related organization(s)				11		×
d Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				1!		×
i Lease of facilities, equipment, or other assets to related organization(s)	•			1;		×
					-	1
k lease of facilities equipment or other assets from related organization(s)				¥		ļ×
Performance of services or membership or fundraising solicitations for	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related o	related organization(s)			£	×	
n Shanno of facilities, equipment, mailing lists, or other assets with related organization(s)	ization(s)	:		ħ		×
		•		10		×
p Reimbursement paid to related organization(s) for expenses				đ		×
		•		19		×
					_	
r Other transfer of cash or property to related organization(s)	•			+		×
s Other transfer of cash or property from related organization(s)				13		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on who must complete th	us line, including covered re	elationships and transaction thresholds.			
(a)	(b)	(c)	(d) Pevlovni tri iome printimateh to bothod	paylor		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and utalisation.	no must complete tris	s line, including covered re	alloriships and transaction triesholds.
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY FOUNDATION OF GREATER KC	В	205,000. CASH PAID	ASH PAID
(2) JEWISH COMMUNITY FOUNDATION OF GREATER KC	×	8,432.	8,432.CASH PAID
(4)			
(5)			
(6)			
432163 08-14-14	,		Schedule R (Form 990) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

tage	1		1				410
(k) Percent owners							066
(j) Seneral or nanaging partner?	ON Se						
(h) (i) (j) (k)  Dispropri Code V-UBI General or Percentage broate amount in box 20 managing ownership of Schedule K-1 partner?	(Form 1065)						Schedule 8 (Form 990) 2014
(h) ispropor- tionate ocations?	CN Se						
~ <u>p</u>	assets						
•	псоте						
(e) Are all Are all 501(c)(3)	Yes No						
(d) Predominant income (related, unrelated, excluded from tax under	sections 512-514)						
) omicile foreign	country)						
(b) Primary activity							
(a) (b) (c) Name, address, and EIN Primary activity Legal of (state or							

41

Schedule B	3 (Form 990) 2014	WHITE	<b>FAMILY</b>	SUPPORTING	FOUNDATION	48-1225411	Page 5
Part VII	(Form 990) 2014 Supplemental In	formation					
L	Provide additional inf	ormation for room	oneon to auge	tions on Schadula B (	'eas instructions)		
	Provide additional int	ormation for resp	onses to ques	dions on Schedule in (	See instructions		
	- <u></u>						
				<u> </u>	<del></del>	<del> </del>	
	<del></del>						
	_ <del>.</del>			<del></del>			
				<del></del>			
-							
	<del></del>	***	<del></del>				
	<u> </u>			<del> </del>		****	
-							
				<del></del>	<u></u>		
				<u> </u>			
				<del></del>	····		
					<del></del>		
					<del></del>		
			-	· · · · · · · · · · · · · · · · · · ·			
	<del></del>						
	<u>.</u>						