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## Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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For calendar year 2016 or tax year beginning 2016, and ending Employer identification number JAY WHIPPLE FAMILY FOUNDATION
Number and street (or P O box number if mail is not delivered to street address) 36-4212048 Room/suite B Telephone number (see instructions) PO BOX 151  $(847)_{235-2851}$ City or town, state or province, country, and ZIP or foreign postal code С If exemption application is pending, check here. LAKE FOREST 60045-0153 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here . . . . . . Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation . . . . . . . Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here . . . Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε Fair market value of all assets at end of year Accounting method X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . ► s (Part I, column (d) must be on cash basis ) 1,791,037. Part I Analysis of Revenue and (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for charitable expenses per books income ińcome purposes (cash basis only) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments . . . 37,390 37,390 5 a Gross rents . . . . . b Net rental income or (loss) 18,627. L-6a Stmt 6 a Net gain or (loss) from sale of assets not on line 10 . . . REVENUE **b** Gross sales price for all assets on line 6a . . . 76,535. RECHIVED Capital gain net income (from Part IV, line 2) . . 18,627 Income modifications . . JUN 015 2017 10 a Gross sales less returns and allowances . . b Less Cost of OGDEN LIT C Gross profit or (loss) (atlach schedule) . . . . . . . 11 Other income (attach schedule) . . . . . . Total Add lines 1 through 11. . . . . . . . 56,017. 56,017. 13 Compensation of officers, directors, trustees, etc . 12,000. 10,800. 1,200. Other employee salaries and wages . . . . 14 Pension plans, employee benefits. . . . . . 15 16 a Legal fees (attach schedule). . . . . . . . . 217. 195 22. ADSIZ **b** Accounting fees (attach sch). . . . . . . . . . C Other professional fees (attach sch) . . . . . . . Taxes (attach schedule)(see instrs) FEDERAL TAXES. 18 681 681 Depreciation (attach 21 Travel, conferences, and meetings . . . . . 23 Other expenses (attach schedule) See Line 23 Stmt 28. 28. 24 Total operating and administrative expenses. Add lines 13 through 23.
Contributions, gifts, grants paid SEE STM T.2 <u>12,9</u>26 <u>,2</u>50. 11,676 85,500. 85,500. Total expenses and disbursements. Add lines 24 and 25 . . . . . . . . 98,426 86,750 11,676 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements . . . . . . . . -42,409 b Net investment income (if negative, enter -0-). . 44,341 C Adjusted net income (if negative, enter -0-) .

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0301 12/16/16

Form 990-PF (2016)

Par	<del>†</del>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
	•••	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	50,698.	66,198.	66,198.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
	}	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	<del></del>		
	"	disqualified persons (attach schedule) (see instructions)	}		
	7	Other notes and loans receivable (attach sch) . >			
Ą	1	Less allowance for doubtful accounts			
A S E T	8	Inventories for sale or use			······································
E	9	Prepaid expenses and deferred charges	<del></del>		
S	10:	a Investments — U.S. and state government obligations (attach schedule)			
	1,	b Investments — corporate stock (attach schedule) .SEE . 51MT.	1 100 E47	1 141 629	1 724 920
		c investments — corporate bonds (attach schedule)	1,199,547.	1,141,638.	1,724,839.
	1	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>
	111	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	1	Investments - mortgage loans			
	13	the state of the s			
	14				
	ļ	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
		Total assets (to be completed by all filers —			
	L	see the instructions Also, see page 1, item I)	1,250,245.	1,207,836.	1,791,037.
Ļ	17	Accounts payable and accrued expenses			
Ä	18	Grants payable			
В	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			
1	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	-		
Ëυ	24				
EU	25	Temporarily restricted			
A D	26				
A S B S A		Foundations that do not follow SFAS 117, check here . X and complete lines 27 through 31.			
ĒĹ	27	Capital stock, trust principal, or current funds	1,250,245.	1,207,836.	
SŅ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
ŔŠ	30	Total net assets or fund balances (see instructions)	1,250,245.	1,207,836.	
	31	Total liabilities and net assets/fund balances (see instructions)	1,250,245.	1,207,836.	
Part		Analysis of Changes in Net Assets or Fund Balance			
1	Total	net assets or fund balances at beginning of year — Part II, column (a	a) line 30 (must agree wi	th	1,250,245.
		r amount from Part I, line 27a			-42,409.
				<del></del>	32/303.
		ines 1, 2, and 3			1,207,836.
_	Docro	account moledad in line 2 (towers)		<del> </del>	1,201,030.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) – Pa	art II. column (b) line 30		1,207,836.
BAA		TEEA0302 12:		- 1	Form <b>990-PF</b> (2016)
		12270002 12			(2010)

(a) List and describe	Losses for Tax on Investmer the kind(s) of property sold (e.g., real ouse, or common stock, 200 shares M	estate.	(b) How acquire		(d) Date sold (mo , day, yr )
<del></del>			D - Donation		
1a 400 Shares Ishares	_Co.	<del></del>	<u>P</u>	02/01/07	01/11/16
		<del></del>			
d		<del></del>			
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a 76,535.		5	7,908.		18,627.
b					
C					
d					
e Committee with first and the	<del></del>	6 11 10/04/00			
	ing gain in column (h) and owned by th	<del></del>		(I) Gains (Co gain minus col (k), b	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any		than -0-) or Losses (fr	
a					18,627.
b	<del> </del>				10,027.
c					
d	<del> </del>				
е		<del></del>		<del></del>	<del></del>
2 Comital some set income of fact	If gain, also	enter in Part I, line 7			
2 Capital gain net income or (net	capital loss) If (loss), enti-	enter in Part I, line 7 er -0- in Part I, line 7	· · · · { ;	2	18,627.
3 Net short-term capital gain or (le	oss) as defined in sections 1222(5) an	d (6)			
If gain, also enter in Part I, line	8, column (c) (see instructions) If (los	s), enter -0-	_ }	1	
ın Part I, line 8		<u> </u>	<u> </u>	3	
Part V   Qualification Unde	er Section 4940(e) for Reduce	ed Tax on Net Investn	nent Incom	ne	
(For optional use by domestic private	foundations subject to the section 494	10(a) tax on net investment i	ncome)		
If section 4940(d)(2) applies, leave th	is part blank				
	•				<u></u>
	tion 4942 tax on the distributable amou	• • • • • • • • • • • • • • • • • • • •	eriod?	Yes	X No
<del></del>	fy under section 4940(e) Do not comp				
	n each column for each year, see the in		ny entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(d) Distribution (col (b) divided	
2015	90,607.	1,73	7,825.		0.052138
2014	71,500.	1,74	0,428.		0.041082
2013	93,284.	1,54	8,782.		0.060231
2012	65,534.	1,33	7,701.		0.048990
2011	67,246.	1,31	6,220.		0.051090
2 Total of line 1, column (d)				2	0.253531
3 Average distribution ratio for the number of years the foundation	e 5-year base period — divide the total has been in existence if less than 5 ye	on line 2 by 5, or by the ears		3	0.050706
	able-use assets for 2016 from Part X,		}		
	·				1,728,662.
•	• • • • • • • • • • • • • • • • • • • •			9	87,654.
	ome (1% of Part I, line 27b)			<u> </u>	443.
7 Add lines 5 and 6		· · · · · · · · · · · · · · · · · · ·		<u>,                                    </u>	88,097.
				1	
	m Part XII, line 4		·		86,750.

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instru	ıctions	<u>s)</u>		
1:	a Exempt operating foundations described in section 4940(d)(2), check here · · · · ▶ and enter 'N/A' on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)	. ]				
1	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			8	87.
	check here . ▶ ☐ and enter 1% of Part I, line 27b					
•	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3			8	87.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5			8	87.
6	Credits/Payments					
;	2016 estimated tax pmts and 2015 overpayment credited to 2016					
1	Exempt foreign organizations — tax withheld at source 6 b					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d	7			1,2	43.
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			3	56.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax	11				
Pa	री 🕅 A Statements Regarding Activities	لــــــــــــــــــــــــــــــــــــــ		-		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
•	participate or intervene in any political campaign?		[	1 a		X
i	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			1 Б		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?		[	1 c		Х
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		Ī			
	(1) On the foundation \$ (2) On foundation managers \$			į.	į.	
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$		ii ii	}	 	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		[	2		Х
	If 'Yes,' attach a detailed description of the activities		j.			
3				ļ,	i i	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		[	3		Χ
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		Χ
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		[	5		X
	if 'Yes,' attach the statement required by General Instruction T			1	jj	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		4	,	8	
	By language in the governing instrument, or		Î	}	ĵ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict					
	with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV			7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		_	1		
	ILLINOIS		_	}	j	
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)?	)(5) (IV .		9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names					
BAA	and addresses	· · ·		10 m 990	DE (2	X 2016\

	1990-PF (2016) JAY WHIPPLE FAMILY FOUNDATION 36-421204	8		age 5
Rai	Statements Regarding Activities (continued)		17.7	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)		i	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
	Website address			
14	Website address	235	-285	- <del>-</del> -
	located at P DO BOY 161		-202	<u>+</u>
45	Section 4047(a)(1) personal about his trusts films for 200 PE in law of Form 4044. Check have	<del>-</del>		
13	and enter the amount of tax-exempt interest received or accrued during the year			□ 
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Par	Statements Regarding Activities for Which Form 4720 May Be Required	'	((	
2.00	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		i i	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the		1	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )			
b	If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a			
	private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	2.5		
_	•	2 b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		į	ĺ
	► 20 , 20 , 20 , 20		1	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			
	determine if the foundation had excess business holdings in 2016)	3 b		X
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
l.	Did the foundation make any procedure to a series of the first of the			
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4 b		Х
BAA			0-PF (2	

7 a At any time during the tax year, was the foundati	on a party to a prombited	i lax sheller transaction?		
b If 'Yes,' did the foundation receive any proceeds				
Part VIII Information About Officers, D	rectors, Trustees,	Foundation Manag	gers, Highly Paid I	Employees,
and Contractors				
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	<del>,</del>
	(b) Title, and average	(c)Compensation	(d)Contributions to	1 (3)
				I (e) Expense account
(a) Name and address	hours per week devoted to position	(If not paid,	employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address	hours per week devoted to position			(e) Expense account, other allowances
(a) Name and address  JAY N WHIPPLE III		(If not paid,	plans and deferred	other allowances
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane	devoted to position	(If not paid,	plans and deferred	other allowances
JAY N WHIPPLE III	devoted to position PRES/SEC/TREAS	(If not paid,	plans and deferred	(e) Expense account, other allowances
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE	devoted to position PRES/SEC/TREAS 0.00	(If not paid, enter -0-)	plans and deferred compensation	other allowances
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N.	devoted to position  PRES/SEC/TREAS  0.00  DIR	(If not paid, enter -0-)	plans and deferred compensation	other allowances
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201	devoted to position PRES/SEC/TREAS 0.00	(If not paid, enter -0-)	plans and deferred compensation	other allowances
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE	devoted to position  PRES/SEC/TREAS 0.00  DIR 0.00	(If not paid, enter -0-)	plans and deferred compensation	other allowances
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE 2000 N. Parkway	devoted to position  PRES/SEC/TREAS 0.00  DIR 0.00  DIR	(If not paid, enter -0-)	plans and deferred compensation  0.	0.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE	devoted to position  PRES/SEC/TREAS 0.00  DIR 0.00	(If not paid, enter -0-)	plans and deferred compensation	other allowances
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE 2000 N. Parkway	devoted to position  PRES/SEC/TREAS 0.00  DIR 0.00  DIR	(If not paid, enter -0-)	plans and deferred compensation  0.	0.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE 2000 N. Parkway	devoted to position  PRES/SEC/TREAS 0.00  DIR 0.00  DIR	(If not paid, enter -0-)	plans and deferred compensation  0.	0.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112	devoted to position  PRES/SEC/TREAS 0.00  DIR 0.00  DIR 0.00	(If not paid, enter -0-)  0.	plans and deferred compensation  0.	O. O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  Compensation of five highest-paid employee	devoted to position  PRES/SEC/TREAS 0.00  DIR 0.00  DIR 0.00	(If not paid, enter -0-)  0.	plans and deferred compensation  0.  0.	0.  0.  nter 'NONE.'
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  Compensation of five highest-paid employee  (a) Name and address of each employee	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  structions). If none, e	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  Compensation of five highest-paid employee	DIR  O.00  DIR  O.00  DIR  O.00  DIR  O.00	(If not paid, enter -0-)  0.	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  0.  nter 'NONE.'
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113 SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201 WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  Compensation of five highest-paid employee  (a) Name and address of each employee	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  structions). If none, e	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	DIR  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  (d)Contributions to employee benefit plans and deferred	0.  O.  O.  O.  O.  O.  O.  O.  O.  O.
JAY N WHIPPLE III PO Box 2113 , 4073 Shore Lane Boca Grande FL 33921-2113  SARA G WHIPPLE 2009 14th St. N. ARLINGTON VA 22201  WILLIAM C WHIPPLE 2000 N. Parkway MEMPHIS TN 38112  2 Compensation of five highest-paid employee paid more than \$50,000	devoted to position  PRES/SEC/TREAS  0.00  DIR  0.00  DIR  0.00  s (other than those ince hours per week devoted to position	(If not paid, enter -0-)  0.  0.  luded on line 1 – see in	plans and deferred compensation  0.  0.  1.  1.  1.  1.  1.  1.  1.  1.	other allowances  0.  0.  nter 'NONE.'  (e) Expense account, other allowances

3 Five highest-paid independent contractors for professional services (see instru		·
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	<del> </del>
		ļ
		<del></del>
otal number of others receiving over \$50,000 for professional services		Non
Part IX-A Summary of Direct Charitable Activities		
ist the foundations four largest durant aboutable polytime durant the tour year leaked relevant at his trade of	ation much no the number of	<del></del>
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform rganizations and other beneficiaries served, conferences convened, research papers produced, etc.	lation such as the number of	Expenses
1 NONE		
		0
2		}
		Ì
3		
		}
4	·	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		}
Part IX-B   Summary of Program-Related Investments (see instruction	ns)	<del>' = </del>
Describe the two largest program-related investments made by the foundation during the ta		Amount
1 NONE		}
		0
2		
All other program-related investments. See instructions		
NONE		
		о
otal. Add lines 1 through 3	<del> </del>	Non
		Form <b>990-PF</b> (2016

see instructions )	Foreign for	andations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities		1,754,987.
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)		
d Total (add lines 1a, b, and c)	1d	1,754,987.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	1,754,987.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	26,325.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		1,728,662.
6 Minimum investment return. Enter 5% of line 5		86,433.
Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here   ☐ and do not complete this part	erating foun	
1 Minimum investment return from Part X, line 6	1	86,433.
2 a Tax on investment income for 2016 from Part VI, line 5	887.	
b Income tax for 2016 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	887.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	85,546.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	85,546.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	85,546.
PantXIII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	86,750.
b Program-related investments — total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		86,750.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)		0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		86,750.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	ئــــا	

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Form 990-PF (2016)

## Part XIII Undistributed Income (see instructions)

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only	85,546.
2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only	03,340.
a Enter amount for 2015 only	
b Total for prior years 20 , 20 , 20   3   Excess distributions carryover, if any, to 2016   a From 2011   0	
3 Excess distributions carryover, if any, to 2016 a From 2011	
a From 2011 0. b From 2012 0. c From 2013 0. d From 2014 0. e From 2015 42,755.	
b From 2012	
c From 2013 0. d From 2014 0. e From 2015 42,755.	
d From 2014 0. e From 2015 42,755.	
e From 2015	
	l
4 Qualifying distributions for 2016 from Part	1
XII, line 4 \$ 86,750.	,
a Applied to 2015, but not more than line 2a · · · 419.	
b Applied to undistributed income of prior years (Election required — see instructions)	
c Treated as distributions out of corpus (Election required — see instructions)	
d Applied to 2016 distributable amount	42,791.
e Remaining amount distributed out of corpus 43,540.	
<b>5</b> Excess distributions carryover applied to 2016 42, 755.	42,755.
(If an amount appears in column (d), the same amount must be shown in column (a) )	
6 Enter the net total of each column as	
indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	
b Prior years' undistributed income Subtract line 4b from line 2b · · · · · · · · · · · · · · · · · ·	
C Enter the amount of prior years' undistributed income for which a notice of deficiency has	
been issued, or on which the section 4942(a) tax has been previously assessed	
d Subtract line 6c from line 6b Taxable amount – see instructions	
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions	ļ
The 2d Taxable diffount See High deligits.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017	0.
7 Amounts treated as distributions out of	<u>-</u>
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	
<del></del>	
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	
10 Analysis of line 9	
a Excess from 2012 O .	
<b>b</b> Excess from 2013 0 .	
c Excess from 2014 0 .	
d Excess from 2015 0.	
e Excess from 2016 43,540.	,

Form 990-PF (2016) JAY WHIPPLE FAMII				36-4212048	Page 10
PartXIV Private Operating Foundat			<del></del>		N/A
1 a If the foundation has received a ruling or det is effective for 2016, enter the date of the rul	ermination letter that ing	it is a private opera	ating foundation, and	the ruling	
b Check box to indicate whether the foundation	n is a private operatii	ng foundation descr	ribed in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
investment return from Part X for each year listed	(4) 2010	(5) 2010	(0) 20 1 1	1 (5)2010	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	<u> </u>				
d Amounts included in line 2c not used directly for active conduct of exempt activities					<u></u> -
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets			<del></del>	<del>   </del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	<u> </u>				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or			1		
more exempt organizations as provided in section 4942(j)(3)(B)(III)	ļ		<del> </del>		
an exempt organization			<del> </del>		
Part XV Supplementary Information	(Complete this	part only if the	foundation had	1 \$5 000 or more	
assets at any time during th					
Information Regarding Foundation Manage a List any managers of the foundation who has close of any tax year (but only if they have of JAY N WHIPPLE III	ve contributed more	than 2% of the total \$5,000) (See sect	I contributions receive tion 507(d)(2))	ed by the foundation b	efore the
b List any managers of the foundation who ow a partnership or other entity) of which the foundation N/A	n 10% or more of the undation has a 10% o	e stock of a corpora or greater interest	tion (or an equally la	ge portion of the own	ership of
2 Information Regarding Contribution, Gran	nt, Gift, Loan, Scho	larship. etc Progr	rams:	<del></del>	
Check here X if the foundation only marequests for funds. If the foundation makes complete items 2a, b, c, and d	akes contributions to	preselected charita	ble organizations and	d does not accept uns ons under other cond	olicited itions,
a The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed	
·					
b The form in which applications should be sul	omitted and informat	ion and materials th	ney should include		
c Any submission deadlines	<del></del>		<del></del>	<del></del>	
d Any restrictions or limitations on awards, suc	h as by geographica	l areas, charitable f	fields, kinds of institut	ions, or other factors	

3 Grants and Contributions Paid During the 1	ear or Approved for Fut	ture Paymen	ıt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	]	<u> </u>
a Paid during the year				
SEE ATTACHED SCHEDULE			GENERAL	
	NONE	D	GENERAL	
STMT 2	NONE	P		0.5.500
IL 6004	5	1	ļ.	85,500.
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		1	<u> </u>	
Total		<u> </u>	<u> </u>	85,50 <u>0</u> .
b Approved for future payment				
		Į		
		1		
	l l	1		1
				j
	1	<b>\</b>		1
		}		
		1 -		
		1		
		1		
Total		<del></del>	<b>&gt;</b> 21	<del></del>

Part XVI-A   Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue			code		
a	ļ <u>-</u>		_{		
b	<u> </u>				
C					. <u></u>
d	]		<u> </u>		
e	<u> </u>				
f	\				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	37,390.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			<del> </del>		
6 Net rental income or (loss) from personal property	<b></b>		<del> </del>		
7 Other investment income			<del></del>		
8 Gain or (loss) from sales of assets other than inventory	<b></b>	<del></del>	18	18,627.	
9 Net income or (loss) from special events	<b></b>	<del> </del>	<del></del>	10,027.	
10 Gross profit or (loss) from sales of inventory	<del> </del>	<del></del>	<del> </del>		
11 Other revenue					
		<del> </del>			
ab	<del></del>	<del> </del>	<del></del>		
<u> </u>	<del> </del>	<del></del>	++-		
	1	Í	<del>                                     </del>		
<del></del>	<del> </del>			l	
d			<del> </del>		
d					
d				56,017.	
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				56,017.	56,017.
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	s )				56,017.
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B. Relationship of Activities to the	s) e Accomp	lishment of Exen	npt Purpos	es	
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	s) e Accomp	lishment of Exen	npt Purpos	es	
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B. Relationship of Activities to the	s) e Accomp	lishment of Exen	npt Purpos	es	
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incoaccomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incoaccomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
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d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incoaccomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
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d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incoaccomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
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d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incoaccomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incoaccomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incompositions accomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incoaccomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incompositions accomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incompositions accomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incompositions accomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	56,017.
d e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities to the  Line No. Explain below how each activity for which incompositions accomplishment of the foundation's exempt p	s) e Accomp	lishment of Exen	npt Purpos	es	

# Form 990-PF (2016) JAY WHIPPLE FAMILY FOUNDATION 36-4212048 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

							\	es No
describe	organization directly or i ed in section 501(c) of th to political organizations	ie Code (other than se	y of the following wit ection 501(c)(3) organ	h any other nizations) or	organization in section 527,			res No
a Transfei	rs from the reporting fou	indation to a noncharit	able exempt organiz	ation of				
	sh						1 a (1)	Х
(2) Oth	er assets						1 a (2)	X
b Other tra	ansactions							
(1) Sale	es of assets to a noncha	ırıtable exempt organı	zation				1 b (1)	X
(2) Pur	chases of assets from a	noncharitable exemp	torganization				1 b (2)	X
(3) Ren	ital of facilities, equipme	ent, or other assets .					1 b (3)	X
( <b>4</b> ) Rei	mbursement arrangeme	nts					1 b (4)	X
( <b>5</b> ) Loa	ns or loan guarantees						1 b (5)	X
	formance of services or	•	•				<u> </u>	X
c Sharing	of facilities, equipment,	mailing lists, other as	sets, or paid employe	es			1 c	X
the good	swer to any of the abov ds, other assets, or serv saction or sharing arran	ices given by the repo	rting foundation If th	e foundatio	n received less that	an fair market value	value of ın	
(a) Line no	(b) Amount involved	(c) Name of nonchari	table exempt organizatior	(0	<ol><li>Description of trans</li></ol>	sfers, transactions, and	sharing arrange	ments
		· · · · · · · · · · · · · · · · · · ·						
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		· · · · · · · · · · · · · · · · · · ·						
describe	undation directly or indi- id in section 501(c) of the complete the following s	ie Code (other than se	related to, one or mection 501(c)(3)) or in	ore tax-exer section 527	npt organizations		. Yes	XNo
	) Name of organization		(b) Type of organizat	ion	(c	) Description of rela	tionship	<del></del>
	, <u></u>		(-) -)		,,,	, <u></u>		<del> </del>
							<del></del>	
								<del></del>
Under p	penalties of perjury, I declare that and complete Declaration of p	thave examined this return	n, including accompanying s	chedules and s	tatements, and to the be	est of my knowledge and	belief, it is true,	
Sign Here		Taxare (Other Irlan taxpayer)	3/3/		PRESIDENT		May the IRS this return w preparer sho	vith the own below
Signa	ture of officer or trustee		Date		Title		_ (see instruct	es No
	Print/Type preparer's name	F	reparer's signature		Date	Check If	PTIN	
Paid	Michael Lolli	no	mol		5/31/17	self-employed	P014673	302
Preparer		N WHIPPLE INC				<del> </del>	194330	
Use Only		BOX 151						
		KE FOREST		IL 60	0045-0151	Phone no		
BAA							Form <b>990-</b>	PF (2016)

# Form 990-PF Part I, Line 6a

## **Net Gain or Loss From Sale of Assets**

2016

31110		Employer Identification Number
AY WHIPPLE FAMILY FOUNDATI	ON	36-4212048
Asset Information:		
Description of Property 400	SHARES ISHARES	
Date Acquired . 02/01/07	How Acquired Purchased	
Date Sold	Name of Buyer	
Sales Price 76, 535.	Cost or other basis (do not reduce by depreciation)	57,908.
Sales Expense		
Total Gain (Loss) 18,6	527. Accumulation Depreciation	
Description of Property		
Date Acquired .	How Acquired	<del></del>
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property		
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	<del></del>
Sales Expense	Valuation Method	
Total Gain (Loss)	Valuation Method  Accumulation Depreciation	
Description of Property		
Date Acquired .		
Date Sold	How AcquiredName of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Valuation Method	
Description of Property		
Date Acquired .		
Date Sold	How AcquiredName of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Valuation Method	<del></del>
Description of Property	, south addition boprosidion in the	<del></del>
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Calco Evanno	Valuation Mathod	
Total Gain (Loss)		<del></del>
Description of Property	Accumulation Depreciation	
Date Acquired	How Acquired	
Date Sold	How Acquired Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
	Valuation Method	
Sales Expense	Valuation Method	
Description of Property	Accumulation Depreciation	
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
ATTORNEY GENERAL	13.			13.
SECRETARY OF STATE	15.			15.

## JAY WHIPPLE FAMILY FOUNDATION 36-4212048 INVESTMENTS 12/31/2016

# OF SHARES	SECURITY	TICKER	PURCHASE DATE	COST	FAIR MARKET VALUE 12/31/2016	UN- REALIZED GAIN/LOSS
700.00 ISHARES 6,400.00 ISHARES	S TR MSCI EAFE INDEX TR RUSSELL 2000 INDEX FD S TR S&P 500 INDEX FD	EFA IWM IVV	11/30/2004 11/30/2004 2/1/2007		\$190,509 \$94,395 \$1,439,935	\$19,569 \$50,224 \$513,408
TOTALS			:	\$1,141,638	\$1,724,839	\$583,201

## Jay Whipple Family Foundation 36-4212048 Contributions 2016

Date	Check #	Description	Amounts
1/15/16	2283	Daniel Murphy Scholarship Fund	12,000.00
1/15/16	2284	Foxcroft School	1,000.00
1/15/16	2285	Lake Forest Country Day School	500.00
1/15/16	2286	Phillips Exeter Academy	10,000.00
1/15/16	2287	Proctor Academy	2,000.00
1/15/16	2288	The Children's Place	5,000.00
1/15/16	2289	Church of the Holy Spirit	500.00
1/15/16	2290	Community Church	1,000.00
1/15/16	2291	Doctors Without Borders	5,000.00
1/15/16	2292	Fundaniños	2,000.00
1/15/16	2293	Greater Chgo Food Depository	10,000.00
1/15/16	2294	John Austin Cheley Foundation	3,500.00
1/15/16	2295	Lake Forest Hospital Fund	5,000.00
1/15/16	2296	Middleburg Humane Foundation	1,000.00
1/15/16	2297	Orphans of the Storm	500.00
1/15/16	2298	St. Judes Children's Research	25,000.00
1/15/16	2299	Trey Duffy Scholarship Fund	500.00
1/15/16	2300	Street Dog Foundation Rescue	1,000.00
		Total	85,500.00

STMT 2