

Form 990

Return of Organization Exempt From Income Tax

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

2949327105111

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

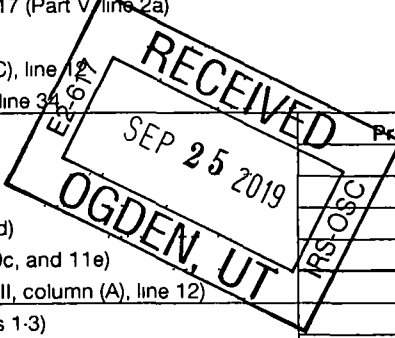
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning NOV 1, 2017 and ending OCT 31, 2018

Form sections B through M: B Check if applicable, C Name of organization (MARION & JASPER WHITING FOUNDATION), D Employer identification number (04-6147345), E Telephone number ((617)227-1782), G Gross receipts \$ (616,601), H(a) Is this a group return for subordinates? (Yes No), H(b) Are all subordinates included? (Yes No), H(c) Group exemption number, I Tax exempt status (501(c)(3)), J Website (N/A), K Form of organization (Trust), L Year of formation (1965), M State of legal domicile (NH)

Part I Summary

Table with 22 rows: 1-6 Activities & Governance, 7-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances. Includes columns for Prior Year and Current Year. Total revenue: 329,500; Total expenses: 233,904; Net assets: 3,782,455.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block details: Sign Here (ROBERT G. BANNISH, TRUSTEE), Date (9/13/19), Paid (KEVIN T MCQUAID), Preparer (RICE, HEARD & BIGELOW, INC.), Firm's address (50 CONGRESS ST, SUITE 900 BOSTON, MA 02109), Firm's EIN (04-2804696), Phone no. (617-227-1782)

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

SCANNED OCT 30 2019

931

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE FOUNDATION'S PURPOSE IS TO AWARD FELLOWSHIPS PRIMARILY TO COLLEGE LEVEL EDUCATORS, TO ENABLE THEM TO STUDY ABROAD IN UNFAMILIAR ENVIRONMENTS, IN ORDER TO STIMULATE AND BROADEN THE MINDS OF TEACHERS SO AS TO ENHANCE THE QUALITY OF THEIR INSTRUCTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 202,518. including grants of \$ 202,518.) (Revenue \$)

THE FOUNDATION IS A PERMANENT CHARITABLE TRUST FUND ESTABLISHED UNDER THE WILL OF JASPER WHITING. THE FOUNDATION BEGAN AWARDING ANNUAL FELLOWSHIPS AFTER MRS. WHITING'S DEATH IN 1965. FOR THE FOUNDATION'S FISCAL YEAR ENDING 10/31/2018, THE TRUSTEES RECEIVED 105 APPLICATIONS AND MADE 38 AWARDS TOTALING \$202,517.82. ACCORDING TO MR. WHITING'S WILL, THE BENEFITS UNDER THE FOUNDATION ARE TO BE CONFERRED AT THE SOLE DISCRETION OF THE TRUSTEES BUT SHALL NOT AT ANY TIME BE DENIED FOR REASONS OF RACE, COLOR, NATIONALITY, RELIGION OR GENDER. ALL APPLICANTS MUST SUBMIT THEIR PROPOSAL FOR THEIR PROJECT OR STUDY TO THE TRUSTEES WITHIN CERTAIN TIME DEADLINES EACH YEAR. IN AN AGREEMENT WITH THE IRS, THE TRUSTEES HAVE AGREED TO MAKE THE AWARDS DIRECTLY TO THE COLLEGE OR UNIVERSITY WITH WHICH THE APPLICANT IS AFFILIATED.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 202,518.

AJLD

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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		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 Schedule J		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		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).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input boxes. Contains questions about Form 1096, Form W-2G, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

Part VI 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

Section 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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **RICE, HEARD & BIGELOW, INC. - (617)227-1782**
50 CONGRESS ST, SUITE 900, BOSTON, MA 02109

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		118,725.		118,725.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	482,730.			
		(ii) Other				
		b Less cost or other basis and sales expenses	287,101.			
		c Gain or (loss)	195,629.			
	d Net gain or (loss)		195,629.		195,629.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a RETURNED GRANTS	900099	15,146.			15,146.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		15,146.				
12 Total revenue See instructions.		329,500.	0.	0.	329,500.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	202,518.	202,518.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,373.		9,373.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	746.		746.	
c Accounting	4,500.		4,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	10,852.		10,852.	
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 O.)				
a FOREIGN TAXES	3,343.		3,343.	
b TRUSTEE BOND PREMIUM	2,000.		2,000.	
c INVESTMENT EXPENSES	572.		572.	
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	233,904.	202,518.	31,386.	0.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non interest-bearing	1.	1.
	2	Savings and temporary cash investments	198,385.	243,322.
	3	Pledges and grants receivable, net		
	4	Accounts receivable, net		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees - Complete Part II of Schedule L		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) - Complete Part II of Sch L		
	7	Notes and loans receivable, net		
	8	Inventories for sale or use		
	9	Prepaid expenses and deferred charges		
	10a	Land, buildings, and equipment - cost or other basis - Complete Part VI of Schedule D	10a	
	b	Less - accumulated depreciation	10b	10c
	11	Investments - publicly traded securities	3,488,640.	3,539,132.
	12	Investments - other securities - See Part IV, line 11		
	13	Investments - program related - See Part IV, line 11		
	14	Intangible assets		
	15	Other assets - See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,687,026.	3,782,455.	
Liabilities	17	Accounts payable and accrued expenses		
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability - Complete Part IV of Schedule D		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons - Complete Part II of Schedule L		
	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	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		
	26	Total liabilities. Add lines 17 through 25	0.	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		
	28	Temporarily restricted net assets		
	29	Permanently restricted net assets		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	3,687,026.	3,782,455.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	0.
	32	Retained earnings, endowment, accumulated income, or other funds	0.	0.
33	Total net assets or fund balances	3,687,026.	3,782,455.	
34	Total liabilities and net assets/fund balances	3,687,026.	3,782,455.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	329,500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	233,904.
3	Revenue less expenses Subtract line 2 from line 1	3	95,596.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,687,026.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-167.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,782,455.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a 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 on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b 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 basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **MARION & JASPER WHITING FOUNDATION** Employer identification number **04-6147345**

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non functionally integrated supporting organization
 - f Enter the number of supported organizations 22

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
HAMPSHIRE COLLEGE	04-6002284	7		X	26,418.	
MIDDLEBURY COLLEGE	03-0179298	7		X	16,115.	
WHEATON COLLEGE	04-2103638	7		X	4,980.	
KEENE STATE COLLEGE	02-6009681	7		X	6,354.	
SALEM STATE UNIVERSITY	04-2620632	7		X	8,932.	
Total					202,518.	0.

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization'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 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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		X
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)		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		X
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 12a or 12b in Part I, answer (b) and (c) below		X
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)		X
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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		X
8 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 or 990-EZ)		X
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.		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		X
c Did a disqualified person (as defined in line 9a) 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.		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below		X
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	X	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		X
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		X

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	21,844.	1,159.
2	Recoveries of prior-year distributions	0.	0.
3	Other gross income (see instructions)	103,761.	118,725.
4	Add lines 1 through 3	125,605.	119,884.
5	Depreciation and depletion	0.	0.
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	28,838.	31,387.
7	Other expenses (see instructions)	0.	0.
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	96,767.	88,497.

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	4,908,185.	5,275,780.
b	Average monthly cash balances	226,919.	253,092.
c	Fair market value of other non-exempt-use assets	0.	0.
d	Total (add lines 1a, 1b, and 1c)	5,135,104.	5,528,872.
e	Discount claimed for blockage or other factors (explain in detail in Part VI)	0.	
2	Acquisition indebtedness applicable to non-exempt-use assets	0.	0.
3	Subtract line 2 from line 1d	5,135,104.	5,528,872.
4	Cash deemed held for exempt use Enter 1 1/2% of line 3 (for greater amount, see instructions)	77,027.	82,933.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5,058,077.	5,445,939.
6	Multiply line 5 by .035	177,033.	190,608.
7	Recoveries of prior-year distributions	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	177,033.	190,608.

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	96,767.
2	Enter 85% of line 1	2	82,252.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	177,033.
4	Enter greater of line 2 or line 3	4	177,033.
5	Income tax imposed in prior year	5	0.
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	177,033.
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	202,518.
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	17,352.
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions.	
7	Total annual distributions. Add lines 1 through 6	219,870.
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	202,518.
9	Distributable amount for 2017 from Section C, line 6	177,033.
10	Line 8 amount divided by line 9 amount	100.00%

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		177,033.
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions		
3	Excess distributions carryover, if any, to 2017		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016 83,282.		
f	Total of lines 3a through e 83,282.		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		83,282.
i	Carryover from 2012 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2017 from Section D, line 7 \$ 219,870.		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		93,751.
c	Remainder Subtract lines 4a and 4b from 4	126,119.	
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions		
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2018. Add lines 3j and 4c 126,119.		
8	Breakdown of line 7		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017 126,119.		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B; line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

PART IV SECTION A

THE FOUNDATION AWARDS ANNUAL FELLOWSHIPS AT THE SOLE DISCRETION OF THE TRUSTEES BUT SHALL NOT AT ANY TIME BE DENIED FOR REASONS OF RACE, COLOR, NATIONALITY, RELIGION OR GENDER. ALL APPLICANTS MUST SUBMIT THEIR PROPOSAL FOR THIER PROJECT OF STUDY TO THE TRUSTEES WITHIN CERTAIN TIME DEADLINES EACH YEAR. IN AN AGREEMENT WITH THE IRS, THE TRUSTEES HAVE AGREED TO MAKE THE AWARDS DIRECTLY TO THE COLLEGE OR UNIVERSITY WITH WHICH THE APPLICANT IS AFFILIATED.

FOR THE TAX YEAR ENDED 10/31/2018, THE WHITING FOUNDATION EXPENDED \$25,485 MORE THAN THE REQUIRED DISTRIBUTABLE AMOUNT TO SUPPORTED ORGANIZATIONS. THE FOUNDATION HAS BEEN IN OPERATION SINCE 1965. WHILE THE AMOUNTS PROVIDED FOR EACH RECIPIENT INSTITUTION DO NOT REPRESENT A MAJOR PORTION OF ANY ONE RECIPIENT'S OVERALL SUPPORT, IT NEVERTHELESS ALLOWS FOR THE CONTINUATION OF THE LONG STANDING PROGRAMS OF TRAVEL AND STUDY ABROAD FOR EDUCATORS WISHING TO IMPROVE THE QUALITY OF INSTRUCTION IN THEIR CHOSEN FIELDS. ARTICLE EIGHT OF JASPER WHITING'S WILL SPECIFIES THAT "THE PRIMARY AIM OF THIS FOUNDATION IS TO PROVIDE FACILITIES FOR STUDY AND TRAVEL IN ORDER PROPERLY TO QUALIFY INDIVIDUALS WHO ARE DESIROUS AS TEACHERS TO TRANSMIT THEIR LEARNING AND EXPERIENCE TO OTHERS."

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MARION & JASPER WHITTING FOUNDATION

Employer identification number
04-6147345

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLEBURY COLLEGE 14 OLD CHAPEL ROAD MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	5,970.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR ORION LEWIS
MIDDLEBURY COLLEGE 14 OLD CHAPEL ROAD MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	5,760.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR NATALIE EPELSHEIMER
SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM, MA 01970	04-2620632	501(C)(3)	4,642.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR FORREST RODGERS
KEENE STATE COLLEGE 115 WINCHESTER STREET KEENE, NH 03435	02-6009681	501(C)(3)	6,354.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR SASHA DAVIS
SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM, MA, 01970	04-2620632	501(C)(3)	4,290.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR JEFF DRISKELL
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002	04-6002284	501(C)(3)	4,600.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR TAMMY OWENS

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

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

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002	04-6002284	501(C)(3)	3,000.	0.			TRAVEL ASSISTANCE FOR PROFESSOR ANNIE ROGERS
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	3,581.	0.			TRAVEL ASSISTANCE FOR LECTURER LISA GRAHAM
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	7,220.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR TIAN HUI NG
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002	04-6002284	501(C)(3)	3,068.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR CLAUDIO NOLASCO
BRIDGEWATER STATE UNIVERSITY 10 SHAW ROAD BRIDGEWATER, MA 02325	04-3010428	501(C)(3)	5,265.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR MARY CONNOR
MIDDLEBURY COLLEGE 14 OLD CHAPEL ROAD MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	4,385.	0.			TRAVEL ASSISTANCE FOR PROFESSOR PATRICIA SالدARRIAGA
WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	2,620.	0.			TRAVEL ASSISTANCE FOR PROFESSOR JANEKKE VAN DE STADT
HARVARD UNIVERSITY 1414 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	4,000.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR VINAY GUPTA
EMMANUEL COLLEGE 400 THE FENWAY BOSTON, MA 02115	04-2760551	501(C)(3)	6,500.	0.			TRAVEL ASSISTANCE TO ASST. PROFESSOR VIOLETTA RAVAGNOLI

MARION & JASPER WHITING FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANDMARK COLLEGE 19 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208	501(C)(3)	5,083.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR JOHN RUSSO
WHEATON COLLEGE 26 E. MAIN STREET NORTON, MA 02766	04-2103638	501(C)(3)	4,980.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR AUBREY WESTFALL
BOSTON COLLEGE 36 COLLEGE ROAD CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	3,344.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR SUMMER SHERBURNE HAWKINS
BAY PATH UNIVERSITY 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	2,390.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR MARIE MECKEL
PROVIDENCE COLLEGE ONE CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	5,444.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR SANG WOO KANG
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	04-2103552	501(C)(3)	5,500.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR ULKA ANJARIA
UNIVERSITY OF MASSACHUSETTS - AMHERST - 70 BUTTERFIELD TERRACE - AMHERST, MA 01003	04-3167352	501(C)(3)	6,984.	0.			TRAVEL ASSISTANCE FOR SENIOR LECTURER II A.L. WING
UNIVERSITY OF MASSACHUSETTS - AMHERST - 70 BUTTERFIELD TERRACE - AMHERST, MA 01003	04-3167352	501(C)(3)	9,901.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR GULRU CAKMAK
BENTLEY UNIVERSITY 175 FOREST STREET WALTHAM, MA 02452	04-1081650	501(C)(3)	4,830.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR NATHAN CARTER

Schedule I (Form 990)

MARION & JASPER WHITING FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002	04-6002284	501(C)(3)	9,750.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROF CHRISTINA CIANFRANI & ASST. PROF SARAH HEWS
BOSTON COLLEGE 36 COLLEGE ROAD CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	5,600.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR TARA PISANI GAREAU
UNIVERSITY OF MASSACHUSETTS - AMHERST - 70 BUTTERFIELD TERRACE - AMHERST, MA 01003	04-3167352	501(C)(3)	6,500.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR CARYN BRAUSE
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002	04-6002284	501(C)(3)	6,000.	0.			TRAVEL ASSISTANCE FOR PROFESSOR MONIQUE ROELOFS
UNIVERSITY OF MASSACHUSETTS - BOSTON - 100 MORRISSEY BOULEVARD - BOSTON, MA 02125	04-6013152	501(C)(3)	2,687.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR KRISTIN MURPHY
UNIVERSITY OF MASSACHUSETTS - AMHERST - 70 BUTTERFIELD TERRACE - AMHERST, MA 01003	04-3167352	501(C)(3)	4,868.	0.			TRAVEL ASSISTANCE FOR ASST. PROFESSOR SARAH FEFER
UNIVERSITY OF MASSACHUSETTS - AMHERST - 70 BUTTERFIELD TERRACE - AMHERST, MA 01003	04-3167352	501(C)(3)	7,900.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR RICHARD CHU
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0731360	501(C)(3)	5,350.	0.			TRAVEL ASSISTANCE FOR LECTURER CARRIE KOFFMAN
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	4,910.	-0.			TRAVEL ASSISTANCE FOR INSTRUCTOR ELIZABETH MCDONALD

MARION & JASPER WHITING FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS - AMHERST - 70 BUTTERFIELD TERRACE - AMHERST, MA 01003	04-3167352	501(C)(3)	7,000.	0.			TRAVEL ASSISTANCE FOR ASSOC. PROFESSOR FRANK C. SUP IV
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	5,058.	0.			TRAVEL ASSISTANCE FOR PROFESSOR LOUISE MARLOW
UNIVERSITY OF MASSACHUSETTS - AMHERST - 70 BUTTERFIELD TERRACE - AMHERST, MA 01003	04-3167352	501(C)(3)	5,774.	0.			TRAVEL ASSISTANCE FOR PROFESSOR LEDA COOKS
WILLIAMS COLLEGE 75 PARK STREET WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	6,045.	0.			TRAVEL ASSISTANCE FOR PROFESSOR MICHAEL MACDONALD
DARTMOUTH COLLEGE 6045 WENTWORTH HALL HANOVER, NH 03755	04-3391566	501(C)(3)	5,365.	0.			TRAVEL ASSISTANCE FOR SENIOR LECTURER VIRGINIA BEAMAN

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

"EVERY FELLOW APPOINTED UNDER THIS TRUST SHALL BE REQUIRED EACH YEAR TO MAKE A REPORT TO THE TRUSTEES OF THE FOUNDATION OF HIS/HER ACTIVITIES WHILE A BENEFICIARY". THIS REPORT IS REQUIRED TO BE MADE WITHIN TWELVE MONTHS OF THE PAYMENT OF THE AWARD.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT G. BANNISH	TRUSTEE	17,100.	MANAGEMENT		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT G. BANNISH

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT FEES IN THE AMOUNT OF \$6,248 AND GRANT ADMINISTRATIVE FEES IN THE AMOUNT OF \$10,852 WERE PAID TO RICE HEARD & BIGELOW, INC., OF WHICH MR. BANNISH IS A STOCKHOLDER.

SCHEDULE O
(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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

MARION & JASPER WHITING FOUNDATION

Employer identification number

04-6147345

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS PREPARED BY A TAX ACCOUNTANT AND THEN SUBMITTED TO THE TAX
MANAGER FOR DETAILED REVIEW AND PREPARER SIGNATURE. ONCE REVIEWED AND
SIGNED BY THE PREPARER, THE RETURN IS THEN PRESENTED TO THE TRUSTEE FOR
FURTHER REVIEW AND TRUSTEE SIGNATURE.

FORM 990, PART VI, SECTION C, LINE 19:

UPON WRITTEN REQUEST, A COPY OF THE REQUESTED DOCUMENT IS MADE AVAILABLE BY
THE ORGANIZATION.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

TIZIANA C. DEARING - 27 STONY BRAE ROAD, NEWTON 02461

BONNEY S. KELLERMAN - MIT, 600 MEMORIAL DRIVE, ROOM W98-516

CAMBRIDGE 02139

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF CAPITAL ADJ - BOSTON PROPERTIES INC -167.

FORM 990, PART VII, TRUSTEE COMPENSATION

MANAGEMENT FEES IN THE AMOUNT OF \$6,248 AND GRANT ADMINISTRATIVE FEES

IN THE AMOUNT OF \$10,852 WERE PAID TO RICE HEARD & BIGELOW, INC., OF

WHICH MR. BANNISH IS A STOCKHOLDER.