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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

2019

| | -01 | calcinual year 2019 of tax year beginning | | , and chang | | |
|----------------------|----------------|----------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|-------------------------------------------------------------------------|----------------------------------------------|
| | Nar | me of foundation | | | A Employer identification | n number |
| | | | | | | |
| | _H | . ANGELA WHITMAN FOUNDATION | ON, INC. | | 46-0747528 |) |
| | | nber and street (or P O box number if mail is not delivered to street a | address) | • | B Telephone number | |
| | _2 | 01 S. BISCAYNE BOULEVARD | | 3400 | (305) 728- | 3823 |
| | | y or town, state or province, country, and ZIP or foreign po | ostal code | | C If exemption application is p | ending, check here |
| | M | IIAMI, FL 33131-4325 | | | | |
| | G C | Check all that apply: Initial return | Initial return of a fo | rmer public charity | D 1. Foreign organizations | s, check here |
| | | Final return | Amended return | | 0 - | |
| | | X Address change | Name change | | Foreign organizations me check here and attach co | enting the 85% test, emputation |
| | H C | Check type of organization: X Section 501(c)(3) exe | empt private foundation | nu nu | E If private foundation sta | tus was terminated |
| | | - | Other taxable private founda | ition U 4 | under section 507(b)(1) | |
| | I Fa | air market value of all assets at end of year J Accountin | g method: X Cash | Accrual | F If the foundation is in a | 60-month termination |
| | (fr | rom Part II, col. (c), line 16) | ner (specify) | | under section 507(b)(1) | |
| | | \$ 679,298. (Part I, column | n (d), must be on cash basi | s.) | | |
| | Pa | art Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | expenses per books | income | income | (cash basis only) |
| | | 1 Contributions, glfts, grants, etc., received | 600,000. | , | N/A | |
| | | 2 Check I if the foundation is not required to attach Sch. B | • | ' ; | | |
| | | 3 Interest on savings and temporary cash investments | | | | |
| 3 | | 4 Dividends and interest from securities | 12,727. | 12,727. | | STATEMENT 1 |
| 1 | | 5a Gross rents | | | | |
| 4 | | Net rental income or (loss) | | | |] |
| | 4 | 68. Net gain or (loss) from sale of assets not on line 10 | 5,462. | | | |
| | e e | b Gross sales price for all 27, 201. | • | | | , |
| ~ | Reven | 7 Capital gain net income (from Part IV, line 2) | | 5,462. | | |
| 30 | æ | 8 Net short-term capital gain | | , . . | | j |
| SCANNED JAN 1 8 2022 | | | | | · · · · · · · · · · · · · · · · · · · | 1 |
| ~ | | 9 Income modifications RECEIVED 10a and allowances | | | | |
| - Prince | | D Lass Cost of governand | | | | |
| A | | c Gross profit of floss) NOV (23 2020 | | | | |
| っ | | 11 Other income | 124. | 124. | | STATEMENT 2 |
| Q | | 12 Total. Add lines 1 through 1 FN LIT | 618,313. | 18,313. | | |
| 当 | | 13 Compensation of officers, directors, trustees, etc. | 25,000. | 0. | | 0. |
| Ź | | 14 Other employee salaries and wages | | | | |
| <u>₹</u> | | 15 Pension plans, employee benefits | | | | |
| က္က | ses | 16a Legal fees | | | | |
| • | pense | b Accounting fees | | | | |
| | 찞 | c Other professional fees STMT 3 | 2,196. | 2,196. | | 0. |
| | ē | 17 Interest | | | | |
| | Administrative | 18 Taxes STMT 4 | 271. | 94. | | 0. |
| | ist | 19 Depreciation and depletion | | | | |
| | 盲 | 20 Occupancy | | | | |
| | ₹ | 21 Travel, conferences, and meetings | | | | |
| | and | 22 Printing and publications | | , | ,, | , |
| | g | | | | ·· · · · · · · · · · · · · · · · · · · | |
| | Operating | 24 Total operating and administrative | | · · · · · · · · · · · · · · · · · · · | | |
| | era | expenses. Add lines 13 through 23 | 27,467. | 2,290. | | 0. |
| | Ö | 25 Contributions, gifts, grants paid | 485,500. | | | 485,500. |
| | | 26 Total expenses and disbursements. | | ······ | | |
| | | Add lines 24 and 25 | 512,967. | 2,290. | | 485,500. |
| | \dashv | 27 Subtract line 26 from line 12: | 522,5016 | 2,2500 | | |
| | | | 105,346. | | ' | . |
| | | 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) | 7051930. | 16,023. | <u> </u> | <u> </u> |
| | | C Adjusted net income (if negative, enter -0-). | | | N/A | |
| | | Andinorem ther thinding in negative, enter -0-). | | | -1/ ** | <u></u> |

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

| Г | art | Balance Sheets Attached schedules and amounts in the description column should be for and always amounts only | Beginning of year | End of | |
|-----------------------|-------|---------------------------------------------------------------------------------------------------------------|--------------------|----------------|---------------------------|
| <u> </u> | anı | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 5,095. | 11,595. | 11,595. |
| | 2 | Savings and temporary cash investments | 338,548. | 195,875. | 195,875. |
| | 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 | | | |
| | 1 | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| Ä | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock STMT 5 | 118,783. | 264,937. | 312,165. |
| | C | Investments - corporate bonds STMT 6 | 26,388. | 60,287. | 60,228. |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 7 | 35,028. | 96,868. | 99,011. |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe STATEMENT 8) | 0. | 424. | 424. |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item I) | 523,842. | 629,986. | 679,298. |
| | 17 | Accounts payable and accrued expenses | | | <u> </u> |
| | 18 | Grants payable | | |] |
| S | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | J |
| ap | 21 | Mortgages and other notes payable | | | 1 |
| | 22 | Other liabilities (describe > | | | |
| | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow FASB ASC 958, check here | | | 1 |
| S | | and complete lines 24, 25, 29, and 30. | | | Ì |
| lances | 24 | Net assets without donor restrictions | | | |
| 3ala | 25 | Net assets with donor restrictions | | | |
| Net Assets or Fund Ba | İ | Foundations that do not follow FASB ASC 958, check here 🕨 🛣 | | | |
| ᆵ | | and complete lines 26 through 30. | | | |
| ō | 26 | Capital stock, trust principal, or current funds | 523,842. | 524,640. | |
| ets | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| \SS | 28 | Retained earnings, accumulated income, endowment, or other funds | 0. | 105,346. | |
| et/ | 29 | Total net assets or fund balances | 523,842. | 629,986. | |
| Z | | | | | |
| | 30 | Total liabilities and net assets/fund balances . | 523,842. | 629,986. | |
| Б | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| 드 | art | | | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | |
| | • | t agree with end-of-year figure reported on prior year's return) | | . 1 | 523,842. |
| | | amount from Part I, line 27a | <u>.</u> | 2 | 105,346. |
| | | increases not included in line 2 (itemize) RECEIPTS TA | XED IN PRIOR Y | | 798. |
| | | ines 1, 2, and 3 | | 4 | 629,986. |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 29 | | 629,986. |
| | | | | | Form 990-PF (2019) |

| Part IV Capital Gains and | Losses for Tax on Ir | vestmen | t Income | | | | | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|--------------------------------------|--------------|----------------------------|-------------------------|---------------------|---------------------------------------|----------------------------------|
| | kind(s) of property sold (for examples) or common stock, 200 sha | | ite, | | How ac - Purc - Dona | quired hase ation | (c) Date (mo., c | acquired day, yr.) | (d) Date sold (mo., day, yr.) |
| 18 PUBLICLY TRADED | SECURITIES | | | | | | | | |
| b CAPITAL GAINS DI | VIDENDS | | | | | | | | |
| С | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | Ĺ., | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | Sain or (loss) s (f) minus (| g)) |
| a 21,672. | | | 21,73 | 9. | | | | | -67. |
| b 5,529. | | | | | | | | | 5,529. |
| С | | ļ | v- | | | | | | |
| d | | ļ | | | | | | | |
| e | | | 10101100 | _ | | | | | |
| Complete only for assets showing ga | | | • | | | | | Col. (h) gaın not less thar | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (i) col. (j), if any | | | | | (from col. (I | |
| a | | | | | | | | | <u>-67.</u> |
| b | | | | | | | | | 5,529. |
| C | | | | | | | | | |
| d | | | | | | | | | |
| е | | | | | | | | | |
| 2 Capital gain net income or (net capital | loss) { If gain, also enter If (loss), enter -0- | | | } | 2 | | | | 5,462. |
| 3 Net short-term capital gain or (loss) as | s defined in sections 1222(5) an | d (6): | | | | | | | |
| If gain, also enter in Part I, line 8, colu | | - (-)- | | JI | | | | | |
| If (loss), enter -0- in Part I, line 8 | | <u> </u> | | Д | 3 | | | N/A | |
| Part V Qualification Und | er Section 4940(e) for | Reduced | Tax on Net | Inv | estn | ent Inc | ome | | |
| (For optional use by domestic private fou | ndations subject to the section 4 | 1940(a) tax on | net investment in | come | :.) | | | | |
| If section 4940(d)(2) applies, leave this p | art blank. | | | | | | | | |
| | | | | | | | | | |
| Was the foundation liable for the section | | | • | iod? | | - | - | • | Yes X No |
| If "Yes," the foundation doesn't qualify un | | | | atriac | | | - | | |
| 1 Enter the appropriate amount in each (a) | | ISU UCUOUS DE | iore making any er | | | | | | (4) |
| Base periód years | (b) Adjusted qualifying dist | tributions | Net value of nor | (c) nchar | | use assets | | Distrib | (d) ution ratio |
| Calendar year (or tax year beginning in | , 1 | 0,406. | Tect value of no. | 101141 | | 7,431 | | (cor (n) aivi | ded by col. (c)) 1.163098 |
| 2018 2017 | | 8,447. | - | | 38 | $\frac{7,431}{6,534}$ | ┽ | | .979078 |
| 2017 | 27 | 1,681. | | | 27 | $\frac{0,334}{0,779}$ | + | | .855609 |
| 2015 | | 2,500. | | | | $\frac{0,775}{9,746}$ | | | .723871 |
| 2014 | | $\frac{2,300.}{2,927.}$ | | | | $\frac{5,720}{1,850}$ | | · · · · · · · · · · · · · · · · · · · | 1.104419 |
| 2014 | 24 | 2, 721. | | | 20 | 1,030 | + | Ī | 1.104417 |
| 2 Total of line 1, column (d) | | | | | | | 2 | 1 | 4.826075 |
| 3 Average distribution ratio for the 5-year | er hace neriod - divide the total o | .n. line 2 hv 5 (| or by the numbe | r of v | /earc | | | | 4.020073 |
| the foundation has been in existence if | • | IIIIC 2 Dy 0.0 | o, or by the numbe | ,, 0, , | oui 5 | | 3 | | .965215 |
| the foundation has been in existence in | less man 5 years | • | • | | | • | | | *,,0,3213 |
| 4 Enter the net value of noncharitable-us | se assets for 2019 from Part X | ine 5 | | | | | 4 | | 540,370. |
| The life her value of nononariable at | oc assets for Eo to from that A, t | | • • | | | | · · · | | 310,000 |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | 521,573. |
| o manpy mio i by mio o | • | | | | • | | <u> </u> | | |
| 6 Enter 1% of net investment income (1 | % of Part I line 27h) | | | | | | 6 | | 160. |
| 2 2.35. 175 5. Hot invocations modifie () | | | • | | | | | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | | 521,733. |
| | | • | • | | | • •• | - - | | |
| 8 Enter qualifying distributions from Par | | | | | | | 8 | | 485,500. |
| If line 8 is equal to or greater than line See the Part VI instructions | 7, check the box in Part VI, line | 1b, and comp | lete that part using | ja 19 | % tax r | atc. | | | |

| Form 990-PF (2019) H. ANGELA WHITMAN FOUNDATION | , INC. | | | 074752 | | Page 4 | |
|------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|-------|-------------|--------------------------------------------------|---------------------------------|----|
| Part VI Excise Tax Based on Investment Income (Section 4 | | | 948 - | - see insti | ucuc | 7115) | |
| 1a Exempt operating foundations described in section 4940(d)(2), check here an | id enter "N/A" on line 1 | ·] | | | | | |
| Date of ruling or determination letter: (attach copy of letter if | | | | | | الديدي | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | and enter | 1% | 1 | | | 320. | |
| of Part I, line 27b | | | | | | 1 | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter | r 4% of Part I, line 12, | , col. (b) | | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only | r, others, enter -0-) | _ | 2 | | | 0. | |
| 3 Add lines 1 and 2 | | | 3 | | 7. | 320. | |
| - 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only | y; others, enter -U-) | | 4 | | | 0. | |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 5 | | 3 | 320. | |
| 6 Credits/Payments: | | | | | | | |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019 | 6a | 100. | | | | | |
| b Exempt foreign organizations - tax withheld at source | 6b | 0. | | | | } | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | 0. | | | | } | |
| d Backup withholding erroneously withheld | 6d | 0. | 1 | | | | |
| 7 Total credits and payments. Add lines 6a through 6d | | | 7 | · | | 00. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a | attached | | 8 | | | 0. | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | attached | | 9 | | | 220.7 | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 10 | | | | |
| | . | Refunded | 11 | | | | |
| Part VII-A Statements Regarding Activities ■ Statements Regarding Activities | | Netalided | | | | | |
| | audation or did it part | ricinate or intervene | ın | | Yes | No | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local le | yisiation or ulu it part | icipate or intervene | | 1a | | X | |
| any political campaign? | | .ationa for the defin | tion | . 1b | ┼ | $\frac{\mathbf{x}}{\mathbf{x}}$ | , |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political pur | | | шоп | 10 | + | ^ | • |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi | es or any materials pu | DIISTIED OF | | Į. | | | |
| distributed by the foundation in connection with the activities. | | | | | - | $\frac{1}{x}$ | |
| c Did the foundation file Form 1120-POL for this year? | | - | - | 1c | ┼ | ↓ ▲ | |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during | | • | | | | 1 | |
| (1) On the foundation. ► \$ 0. (2) On foundation manage | | 0. | | | ŀ | 1 1 | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expe | enditure tax imposed o | on foundation | | | ŀ | | |
| managers. ► \$0 . | | | | | - | . | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the | e IRS? | • | | 2 | ↓ | X | |
| If "Yes," attach a detailed description of the activities. | | | | | | - | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing | ng instrument, articles | of incorporation, o | r | | _ | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | • | | | 3 | ļ <u></u> | X | - |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the | year? | | | 4a | <u> </u> | Х | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | | Ņ | /A 4b | | <u> </u> | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the ye | ar? | | | 5 | 1 | X | - |
| If "Yes," attach the statement required by General Instruction T. | | | | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied | d either: | | | | | 1 1 | |
| By language in the governing instrument, or | | | | | 1 | | |
| By state legislation that effectively amends the governing instrument so that no manda | itory directions that co | inflict 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," co | mpiete Part II, col. (c) | , and Part XV | | 7 | X | <u> </u> | |
| | | | | | | | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instruc- | ctions. > | | | İ | | 1 1 | |
| FL | | - | | | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the | e Attorney General (or | designate) | | | | | |
| of each state as required by General Instruction G? If "No," attach explanation | ,(9. | • , | | 8b | X | | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of | section 4942(i)(3) or | 4942(j)(5) for caler | ndar | | 1 | 1 | L. |
| year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," c | *** ** | (4) (1) | | 9 | 1 | X d | ۲ |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sch | | and addresses | | 10 | | X | |
| g pro an jour in 160, attach a sal | | | | Form QC | n-PE | | |

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had not been removed from jeopardy before the first day of the tax year beginning in 2019?

| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be I | Required (contin | ued) | | |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------|----------------------------------------------------------------|-------------|---------------------|
| 5a. During the year, did the foundation pay or incur any amount to: | | | | Ye | s No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | 🛄 Y | es 🗶 No 🖟 | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indir | | | • | |
| any voter registration drive? | | | es 🗶 No 📑 | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? . | Y(| es X No | | 1 1 |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | j j |
| 4945(d)(4)(A)? See instructions | | Y ₀ | es 🛣 No | 1 | 1 1 |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or | for | | ł | 1 1 |
| the prevention of cruelty to children or animals? | | —— | es 🗶 No | | 1 1 |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described | in Regulations | | | _ |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | | N/A | 5b | , |
| Organizations relying on a current notice regarding disaster assistance, check l | | | . ▶□ | Ì | 1 4 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi | | . — | I | - | 1 1 |
| expenditure responsibility for the grant? | D | I/A Y | es L No | | 1 1 |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | ļ | ľ | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | [32] | ļ | |
| a personal benefit contract? | | . L Y0 | es 🗶 No 📙 | | - - <u>x</u> - |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | <u> </u> | 6b | +^. |
| If "Yes" to 6b, file Form 8870. | | | . ਓ | ļ | 1 1 |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | L ¥0 | es X No | | - ' |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | _ | N/A | 7b | + |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 61,000,000 in remuneration o | | s X No | ł | 1 1 |
| excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trusto | occ Foundation Ma | | | | <u></u> |
| Paid Employees, and Contractors | ees, roundation wa | mayers, migni | , | | |
| 1 List all officers, directors, trustees, and foundation managers and t | heir compensation. | | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) E | pense |
| (a) Name and address | nours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | | nt, other rances |
| RAYMOND KUHN | PRESIDENT | | | | |
| 4502 N. FEDERAL HIGHWAY APT 225C | | | | | |
| LIGHTHOUSE POINT , FL 33064 | 1.00 | 25,000. | 0. | | 0. |
| H. ANGELA WHITMAN | TREASURER | , | | | |
| 10225 COLLINS AVENUE | | | | | |
| BAR HARBOUR , FL 33154 | 1.00 | 0. | 0. | | 0. |
| | DIRECTOR | | | | |
| 315 DURAND DRIVE | | 1 | | | |
| LOS ANGELES , CA 90068 | 1.00 | 0. | 0. | | 0. |
| | | 1 | | | |
| | | | | | |
| | 1d.d (: d) | aman HAIOAIF II | | | |
| 2 Compensation of five highest-paid employees (other than those inc | (b) Title, and average | enter NONE. | (d) Contributions to | (a) F) | nense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | accour | opense nt, other |
| MONTE | devoted to position | 1 | compensation | allow | ances |
| NONE | * | | | | |
| | | | | | |
| | Ji | | - | | |
| | <u> </u> | | | | |
| | | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 | | | | | 0 |
| | ······································ | | Form | OON_DE | (2010) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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485,500.

Ο.

income. Enter 1% of Part I, line 27b

6 Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

| Part XIII | Undistributed | Income | (see instructions) |
|-----------|---------------|--------|--------------------|
| | | | |

| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-----------------------------------------------|----------------------|
| 1 Distributable amount for 2019 from Part XI, | | | | |
| line 7 | | | | 26,699. |
| 2 Undistributed income, if any, as of the end of 2019 | | | | |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2019: | | <u> </u> | <u> </u> | |
| a From 2014 212, 834. | | | <u>, </u> | l |
| bFrom 2015 188.513. | | | , | , ,, |
| cfrom 2016 218,180. | | | | |
| dFrom 201/ 359,236. | † ' . | , , , , | 1; | , , |
| eFrom 2018 498,232. | 1 | | ĺ, | |
| f Total of lines 3a through e | 1,476,995. | | | |
| 4 Qualifying distributions for 2019 from | | | <u></u> | |
| Part XII, line 4: ▶\$ 485,500. | i | | | |
| a Applied to 2018, but not more than line 2a | 1 , | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | • | | , |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2019 distributable amount | | | | 26,699. |
| e Remaining amount distributed out of corpus | 458,801. | | ^ | |
| Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus, Add fines 31, 4c, and 4e. Subtract line 5 | 1,935,796. | | • | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2018. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2019. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 0. |
| be distributed in 2020 | <u>-</u> | | | 0. |
| 7 Amounts treated as distributions out of | | , i | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election | | • | | , " |
| may be required - see instructions) | 0. | | • | • |
| Excess distributions carryover from 2014 | | • | | |
| not applied on line 5 or line / | 212,834. | | • | |
| 9 Excess distributions carryover to 2020. | 222,0011 | | | <u> </u> |
| Subtract lines / and 8 from line 6a | 1,722,962. | | , , | |
| 10 Analysis of line 9; | _,,. | | , | , |
| a Excess from 2015 188,513. | t tot i i | | • | , |
| b Excess from 2016 218, 180. | | | | |
| c Excess from 2017 359,236. | , | ` <u>.</u> | , | |
| d Lxcess from 2018 498, 232. | ' ' | | | • |
| e Excess from 2019 458,801. | | | | |

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| Part XVI-A | Analysis of Inco | me-Producing | Activities |
|------------|------------------|--------------|-------------------|
|------------|------------------|--------------|-------------------|

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) | |
|----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|---------------|---------------------------------------|-------------------|--|
| • | (a) | (b) | (C) Exclu- | (d) | Related or exempt | |
| 1 Program service revenue: | Business code | Amount | slon code | Amount | function income | |
| a | | | | | | |
| b | - | | | | | |
| C . | - | | | | | |
| d | - | | | | | |
| e | - | | | | | |
| 1 | | | + + | | | |
| 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 | 12,727. | | |
| 5 Net rental income or (loss) from real estate. | | | + | | | |
| a Debt-financed property | | | | · · · · · · · · · · · · · · · · · · · | | |
| b Not debt-financed property | - | ······································ | + + | | | |
| 6 Net rental income or (loss) from personal | | | | · | | |
| property | | | | İ | | |
| 7 Other investment income | | ··· ·· · · · · · · · · · · · · · · · · | 01 | 124. | | |
| 8 Gain or (loss) from sales of assets other | | | 1 | | | |
| than inventory | | | 18 | 5,462. | | |
| 9 Net income or (loss) from special events | | | + | | | |
| 10 Gross profit or (loss) from sales of inventory | | | 1 1 | | | |
| 11 Other revenue: | | | 1 1 | | · | |
| a | | | 1 | | | |
| b | - | | + | | | |
| G | - | | <u> </u> | | | |
| d | - | ¥ | + + | | | |
| 8 | - | | 1 | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | - | 0 | | 18,313. | 0. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 18,313. | |
| (Can worksheet in line 12 instructions to works calculations) | | | • | | | |

Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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Form **990-PF** (2019)

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Page 13

Form 990-PF (2019) H. ANGELA WHITMAN FOUNDATION, INC. 46-0747528

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

| | | Exempt Organ | lizations | | | | | | | | |
|---------|-----------|-----------------------------------|--------------------------|---------------------|--------------------------|--------------|---------------------|-------------------------------------------|--------------------------------|-----------|------|
| 1 D | od the or | ganization directly or indir | rectly engage in any | of the followin | g with any other organ | nzation | described in secti | on 501(c) | | Yes | No |
| | | n section 501(c)(3) organ | | | | | | | | | |
| a T | ransfers | from the reporting founda | ation to a noncharita | able exempt or | ganization of: | | | | | | ı |
| (| 1) Cash | | | | | | | | 1a(1) | | X |
| (| 2) Other | assets | | | | | | | 1a(2) | | X |
| | | isactions: | - | | | | | | | | |
| (| 1) Sales | of assets to a noncharital | ble exempt organiza | ition | | | | | 1b(1) | | X |
| (| 2) Purci | hases of assets from a noi | ncharitable exempt | organization | | | _ | | 15(2) | | X |
| (| 3) Renta | al of facilities, equipment, i | or other assets | | | | | | 1b(3) | | X |
| į. | 4) Reim | bursement arrangements | | | | | | | 1b(4) | | X |
| (| 5) Loan | s or loan guarantees | | | _ | | | | 1b(5) | | X |
| (| 6) Perfo | rmance of services or me | embership or fundra | ısıng solicitatio | ns | | | | 1b(6) | | Х |
| c S | haring o | f facilities, equipment, ma | uling lists, other asse | ets, or paid em | ployees | | | | 1c | | X |
| d If | the ansv | wer to any of the above is | "Yes," complete the | following sche | dule. Column (b) shou | ild alway | ys show the fair m | narket value of the g | oods, other ass | ets, | |
| 0 | r service | s given by the reporting fo | oundation. If the fou | ndation receive | ed less than fair marke | t value i | n any transaction | or sharing arrange | ment, show in | | |
| C | olumn (d | i) the value of the goods, (| other assets, or sen | vices received. | | | | | | | |
| (a)Line | no | (b) Amount involved | (c) Name o | f noncharitable | exempt organization | | (d) Description | of transfers, transaction | ns, and sharing an | angeme | nts |
| | | | | N/A | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 2a Is | the four | ndation directly or indirect | tly affiliated with, or | related to, one | or more tax-exempt or | rganızat | ions described | | | | |
| ın | section | 501(c) (other than section | n 501(c)(3)) or in se | ection 527? | | | - | | Yes | X |] No |
| b If | "Yes," co | implete the following sche | | | | | | | | | |
| | | (a) Name of orga | anization | | (b) Type of organizat | tion | (| c) Description of re | lationship | | |
| | | N/A | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| • | Under | penalties of perjury, I declare t | that I have examined the | is return including | g accompanying schedules | s and sta | tements, and to the | best of my knowledge has any knowledge | May the IRS of | iscuss th | nis |
| Sigr | | elief, it is the correct, and com | h DV | | 1 | المرار | | | return with the shown below | | |
| Here | | CATUA AU | | | ne II | 15/0 | DIRECT | OR | _ X Yes | L | No |
| | Sign | ature of officer of trustee | <u> </u> | | Date | | Title | | | | |
| | | Print/Type preparer's na | me | Preparer's si | gnature | D | ate | Check if | PTIN | | |
| | _ | | | | | _ [| | self- employed | - 4 4 4 | | |
| Paid | | MARK SCOTT | | | | 나 1 : | 1/10/20 | | P01359 | | |
| | oarer | Firm's name ► KAU | FMAN ROSS | IN & C | O.,P.A. | | | Firm's EIN ► 5 | 9-18183 | 53 | |
| Use | Only | | | | | | | | | | |
| | | Firm's address ► 33 | | | SUITE 501 | | | | | _ | |
| | i | MT: | ΔΜΤ 17·17. 3 | 2122 | | | | Dhone no 30 | 5858560 | [] | |

| 3 • Grants and Contributions Paid During the Y | cai (Oontinaation) | | | |
|------------------------------------------------|---------------------------------------------------------|----------------------|----------------------------------|--------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | CONTRIBUTION | |
| | | | | |
| MIAMI LIGHTHOUSE FOR THE BLIND | N/A | PUBLIC CHARITY | GENERAL CHARITABLE | |
| 501 SW 8TH STREET | | | | 122.00 |
| MIAMI, FL 33130 | | · | | 122,00 |
| OPHTHAMOLOGY RESEARCH FOUNDATION | N/A | PUBLIC CHARITY | GENERAL CHARITABLE | |
| P.O. BOX 015869 | | | | |
| MIAMI , PL 33101 | | | | 50,00 |
| | | | | |
| RATE FRUIT COUNCIL INTERNATIONAL, INC. | N/A | PUBLIC CHARITY | GENERAL CHARITABLE | |
| P.O. BOX 660506 | | | | |
| MIAMI SPRINGS, FL 33266 | | | | 1,00 |
| NOODY FOUNDATION, INC. | N/A | PUBLIC CHARTTY | GENERAL CHARITABLE | |
| 2500 VIRTUDES STREET | | | | |
| CORAL GABLES, FL 33156 | | | | 2,50 |
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| | <u> </u> | <u> </u> | · | 175,50 |

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2019

Name of the organization

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| I | H. ANGELA WHITMAN FOUNDATION, INC. | 46-0747528 |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Organization type (checl | k one): | |
| Filers of: | Section. | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| Note: Only a section 501 General Rule X For an organizat | n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. | aling \$5,000 or more (in money or |
| Special Rules | | |
| sections 509(a)(any one contribu | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in the supplied in | 16a, or 16b, and that received from |
| For an organizat | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr ibutions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or e uelty to children or animals. Complete Parts I, II, and III. | |
| year, contributio is checked, ente purpose. Don't c | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totale er here the total contributions that were received during the year for an exclusively religicomplete any of the parts unless the General Rule applies to this organization becaus able, etc., contributions totaling \$5,000 or more during the year | d more than \$1,000. If this box ious, charitable, etc , |
| but it must answer "No" | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | |

Name of organization

Employer identification number

| T.T | A STOTET A | WILL I TOWN X XI | FOUNDATION. | TNC |
|-----|------------|------------------|-------------|------|
| п. | AINTELIA | AALI T I IATAATA | LOURDWITON. | TIAC |

46-0747528

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | H. ANGELA WHITMAN 10225 COLLINS AVENUE BAL HARBOUR, FL 33154 | \$600,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| <u> </u> | | \$ | Person Payroll Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| <u> </u> | | \$ | Person Payroli Noncash (Complete Part II for noncash contributions.) | | |

Name of organization

Employer identification number

H. ANGELA WHITMAN FOUNDATION, INC.

46-0747528

| Part II N | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | ., |
|------------------------------|-----------------------------------------------------------------|-------------------------------------------|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | | |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| - | | | <u></u> |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 1- | | | <u></u> |
| — I — | | | |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) **Employer identification number** Name of organization 46-0747528 H. ANGELA WHITMAN FOUNDATION, INC. Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF | DIVIDEND | S AND INTER | EST FROM SEC | URITIES S | TATEMENT 1 |
|----------------------------------------------------|-----------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | REVENUE | | |
| SUNTRUST BANK | 18,256 | . 5,52 | 9. 12,72 | 7. 12,727. | |
| TO PART I, LINE 4 | 18,256 | 5,52 | 9. 12,72 | 7. 12,727. | |
| FORM 990-PF | | OTHER I | NCOME | S | STATEMENT 2 |
| DESCRIPTION | | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| SUNTRUST BANK - OTH | ER INCOME | | 124. | 124. | |
| TOTAL TO FORM 990-P | F, PART I, | LINE 11 | 124. | 124. | |
| FORM 990-PF | 0' | THER PROFES | SIONAL FEES | S | STATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INVESTMENT MANAGEME | NT FEES | 2,196. | 2,196 | • | 0. |
| TO FORM 990-PF, PG | 1, LN 16C = | 2,196. | 2,196 | • | 0. |
| FORM 990-PF | | TAX | ES | S | TATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| FOREIGN TAXES | _ | 94. | 94 | • | . 0. |
| 2019 ESTIMATED EXCI: TAXES 2018 EXCISE TAXES | SE | 100. 77. | 0 | | 0. |
| TO FORM 990-PF, PG | 1, LN 18 | 271. | 94 | • | 0. |
| | === | | | | |

| FAIR MARKET VALUE | |
|----------------------|--|
| 45,116 | |
| 9,051 | |
| 16,420 | |
| 33,323 | |
| 50,833 | |
| 43,078 | |
| 40,771 | |
| 30,238 | |
| 21,501 | |
| 21,834 | |
| 312,165 | |
| STATEMENT | |
| FAIR MARKET VALUE | |
| 6,803 | |
| 53,425 | |
| 60,228 | |
| STATEMENT | |
| FAIR MARKET VALUE | |
| 19,081 | |
| 34,810 | |
| 15,845 | |
| 14,431 | |
| | |
| 14,844 | |
| | |

H. ANGELA WHITMAN FOUNDATION, INC.

| FORM 990-PF | OTHER ASSETS | STATEMENT 8 | |
|----------------------------------|-------------------------------|---------------------------|----------------------|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| DIVIDENDS RECEIVABLE | 0. | 424. | 424. |
| TO FORM 990-PF, PART II, LINE 15 | 0. | 424. | 424. |