SCANNED NOV 0 9 2010

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) 11,796.	Ford	alen	dar year 2009, or tax year beginning,		and ending		
Use the IRS Name of foundation A Employer Identification number 33-6017847	G C	heck	all that apply: Initial return	Initial return of a for	mer public charity	Final return	
Set Specific City of town, state, and 2/P code and common to reverse and execution of the city of the			Amended return	Address chang	<u>e</u>	Name change	
Otherwise, JAMES L. WHITE FOUNDATION pint I	Use	the I	RS Name of foundation			A Employer identification	number
print Number and service for PD loss number of real and advanced in steast addressis; Popularity Popula	ı	abel.					
Set Specific Clay or town, start, and ZPP code Instructions PARM DESERT, CA 92211 H. Check type of organization: IX. Section 501(c)(3) exempt private foundation Fact market value of all assets at end of year 1/2 Accounting method: IX Cash Account From Part II. Code (A), Ann 161 Far market value of all assets at end of year 1/2 Accounting method: IX Cash Accounting method: IX Cash Accounting the part II analysis of Revenue asset species (a) (A) (A), Check here II. The foundation asset of common from the part II analysis of Revenue asset (a) (A) (A), Check here II. (B) (A), Check here III. (B) (1		
See Specified City of Lown, Sate, and ZIP Code PALM DESERT A 92211 H Check type of organization (X) Section 501(c)(3) exempl private foundation Section 4947(a)(1) monecempt charitable triviat Other tasable private foundation I see an article of all assets at end of year Accounting method: (X) Cash Accounting for the City of City of Town Part II, Cod (x), ine 16) S 1, 122, 930. (Part Lowland of District Section 501(c)), etc.) (Part II) analysis of Revenue and Expenses The Town II analysis of Revenue and Expenses (a) Revenue and Expenses (b) Net more than the monation and column (a) of more than the trivial of the trivial of the column (a) more than the column (a) of more than the trivial of the column (a) of more than the column (a) of the column (a) of more than the column (a) of the column (a) o			· ·	_	Room/suite	1	1 1
Instruction DATALM DESERT, CA 92211 1 1 1 1 1 1 1 1 1			HILL TOUR COOK DIKEDI, DO	ITE 3			
H. Check type of organization: X Section 901(c)(3) exempt private foundation Farr marker value of all sasets a far of of year. Other taxable private foundation Farr marker value of all sasets a far of of year. Account Farr marker value of all sasets a far of of year. Account Farr marker value of all sasets a far of of year. Account Farr marker value of all sasets a far of of year. Account Farr marker value of all sasets a far of of year. Account Farr marker value of all sasets a farr of year. Account Farr marker value of all sasets and the saset and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and of year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr marker value of all sasets and year. Account Farr		-	ne City of towii, State, and ZIP code	1			· —
Section 4947(a)(1) nenezempt charable trust □ Other taxable private foundation Ell private foundation status was terminated under section 507(b) (1) (a), check here 1		h a a l c				2. Foreign organizations med	eting the 85% test,
Far market value of all assets at end of year Accounting method: Cash Accounting method: Other (specify) Oth	7	_			tion		
The content of the	L F2						
Name			·		7.00.001	1	• •
Part	•		1.122.930 (Part I, colu	mn (d) must be on cash b	asis.)		
1 Contributions, gifts, grants, etc., received 22,500. 2 Contributions, gifts, grants, etc., received 22,500. 3 Instructions and interest from securities 25,502. 25,039. 25,502. STATEMENT 1 5a Gross rents 4 Dividends and interest from securities 25,502. 25,039. 25,502. STATEMENT 1 5a Gross rents 5 Roberts and securities 25,502. 25,039. 25,502. STATEMENT 1 5a Gross rents 5 Roberts and income of possible in the securities 25,502. 25,039. 25,502. STATEMENT 1 5a Gross rents 5 Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. Roberts and received from Part N, Inc. 2 0. 0. 1. 1. 1. 1. 1.	_		Analysis of Revenue and Expenses				(d) Disbursements
Check			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))				
Interest on awaying and temporary and temp		1	Contributions, gifts, grants, etc., received	22,500.			
Page 1989 Page		2					
Sa Gross remis Description of closes Sa Personal normal nor		3	Interest on savings and temporary cash investments				
D Net rental income or (loss) 6 Net gain or (loss) 1 (loss)		4	Dividends and interest from securities	25,502.	25,039	. 25,502.	STATEMENT 1
6a Net gain or load from sale of assets not on line 10 case of the sale of assets and only in a 1,040,055. 7 Capital gain and the cone from Part IV, line 2 8 Net short-term capital gain 9 income modifications 10 core and provided 10 case of the sale		5a	Gross rents				
Date		b	Net rental income or (loss)	1.50 000			
Net snort-term capital gain 147A 147A 187A	ē	6a		<169,808.	<u> </u>		
Net snort-term capital gain 147A 147A 187A	en	_ b	assets on line 6a	-			
10	æ				<u>_</u>		
10a and provinces 10a						N/A	
11 Other (income) (IV 0 5 2010 12 13 14 14 14 14 15 16 16 16 16 16 16 16		_	Constant and a second				
C Gross print or (loss) 10 Other (Ricomet) Other Oth		h	and allowances RECT VYD	-			
12 Total Add lines 1 through 11							
12 Total Add lines 1 through 11			Other Income OV O 5 2414 18				
14 Other Employee-stalaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 12,187. 6,093. 6,094. 0.			Total Add lines 1 through 11-	<121,806.	> 25,039		
15 Pension plans, employee benefits		13	Compensation of officers directors, troctees, etc.	15,000.	7,500	7,500.	0.
15 Pension plans, employee benefits		14	Other employee salaries and wages				
Accounting fees STMT 2 12,187. 8,093. 8,094. 0.	ú		Pension plans, employee benefits				
Accounting fees STMT 2 12,187. 8,093. 8,094. 0.	Se	Į.		10.105	6 003	6 004	
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.		1	_	12,187.	6,093	6,094.	
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	ŋ	l	•				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	ţ	ı		28	1.1	14	0.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	stra	ı		20.		•	
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	Ë	ı					
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	Adn	ı			··		
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	Ď						
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26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	atin		-				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	ber				13,705	. 13,706.	0.
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.	0	25	Contributions, gifts, grants paid	57,000.			57,000.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.		26	Total expenses and disbursements.				
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,796.		<u> </u>		84,411.	13,705	13,706.	57,000.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 11,334.		27	Subtract line 26 from line 12:	00.5.5.5			
c Adjusted net income (if negative, enter -0-)			•	<206,217.		- 	
		l			11,334	11 706	
	9235	C 01		Act Nation can the instruct	tione	11,130.	

For	m 99	0-PF(2009) JAMES L. WHITE FOUNDATION			017847 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
<u>:</u>	-	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	2,486.	<1.>	
		Savings and temporary cash investments	213,815.	114,952.	114,952.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
şts	_	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			<u> </u>
•	10a	Investments - U.S. and state government obligations			
_	ı	Investments - corporate stock STMT 5	516,995.	352,750.	427,571.
	С	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	496,571.	555,949.	580,408.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
_	16	Total assets (to be completed by all filers)	1,229,867.	1,023,650.	1,122,930.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31			
or Fund Balances	24	Unrestricted			
ä	25	Temporarily restricted			
Ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.		4 007 006	
ş	27	Capital stock, trust principal, or current funds	1,297,026.	1,297,026.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	<67,159.>	<273,376.	•
Ž	30	Total net assets or fund balances	1,229,867.	1,023,650.	
				4 000 550	
_	31	Total liabilities and net assets/fund balances	1,229,867.	1,023,650.	
F	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
Ξ					
1		I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		1 220 967
	-	st agree with end-of-year figure reported on prior year's return)		1	1,229,867. <206,217.>
		r amount from Part I, line 27a		2	<u> </u>
3		r increases not included in line 2 (itemize)	<u> </u>	3	1,023,650.
4		lines 1, 2, and 3		4	1,023,630.
5		eases not included in line 2 (itemize)	luma (h) luna 20	5 6	1,023,650.
<u>6</u>	1013	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumii (D), iiile 30		Form 990-PF (2009)

SHORT-TERM CAPITAL LOSS LONG-TERM CAPITAL LOSS	stock, 200 shs. MLC Co.)		νβ. D	low acquired - Purchase - Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
					VARI	OUS	VARIOUS
CARTERIO CATACO RECEDENTO					VARI	OUS	VARIOUS
CAPITAL GAINS DIVIDENDS							
			ļ				
			<u> </u>		L		<u> </u>
(e) Gross sales price (f) Depreciation a (or allowable		st or other basis expense of sale			(h) G (e) plus	ain or (loss s (f) minus	(g)
555,521.	 -	605,63					<50,118
484,282.		604,22	4.				<119,942
252.							252
							
Complete only for assets showing gain in column (h) ai	nd owned by the foundation	n on 12/31/60			/I) Coine (C	ol (b) con	minua
		· · · · · · · · · · · · · · · · · · ·		С	(I) Gains (C ol. (k), but i		
(i) F.M.V. as of 12/31/69 (j) Adjusted b		xcess of col. (ı) r col. (ı), ıf any				(from col.	
		- (,,)					<50,118
		-					<119,942
:							252
	an also enter in Dort Lline	. 7	5				
Capital gain net income or (net capital loss)	ain, also enter in Part I, line oss), enter -0- in Part I, line	; <i>r</i> e 7	}	2			<169,808
•			7				
Net short-term capital gain or (loss) as defined in section If gain, also enter in Part I, line 8, column (c).	18 1222(3) and (6).		٦١				
			P	3			<50,118
If (loss), enter -0- in Part I, line 8							
Part V Qualification Under Section 49 or optional use by domestic private foundations subject to section 4940(d)(2) applies, leave this part blank.	o the section 4940(a) tax o	n net investment ir	ncome		ncome		
Part V Qualification Under Section 49 or optional use by domestic private foundations subject to section 4940(d)(2) applies, leave this part blank. as the foundation liable for the section 4942 tax on the disyes," the foundation does not qualify under section 4940	o the section 4940(a) tax o stributable amount of any y (e). Do not complete this p	n net investment in vear in the base per art.	riod?		ncome		Yes X No
Part V Qualification Under Section 49 or optional use by domestic private foundations subject to section 4940(d)(2) applies, leave this part blank. as the foundation liable for the section 4942 tax on the dis Yes," the foundation does not qualify under section 4940 Enter the appropriate amount in each column for each y (a) Base period years	o the section 4940(a) tax o stributable amount of any y (e). Do not complete this p	n net investment in vear in the base per art.	riod? es. (c)	.)		Distri (col. (b) di	
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Part V Qualification Under Section 49 or optional use by domestic private foundations subject to section 4940(d)(2) applies, leave this part blank. as the foundation liable for the section 4942 tax on the die Yes," the foundation does not qualify under section 4940 Enter the appropriate amount in each column for each y (a) Base period years Calendar year (or tax year beginning in) Adjusted	o the section 4940(a) tax of stributable amount of any younger; see instructions befor the complete this post of the compl	n net investment in year in the base per art. e making any entri Net value of no	es. (c)	.) rtable-use asse	ts 6.	Distri (col. (b) di	Yes X No
Part V Qualification Under Section 49 or optional use by domestic private foundations subject to section 4940(d)(2) applies, leave this part blank. as the foundation liable for the section 4942 tax on the dis Yes," the foundation does not qualify under section 4940 Enter the appropriate amount in each column for each y Base period years Calendar year (or tax year beginning in) Adjusted 2008 2007	o the section 4940(a) tax of stributable amount of any younger. Do not complete this power; see instructions befor qualifying distributions 77,941.82,500.	n net investment in year in the base per art. e making any entri Net value of no	es. (c) onchar 1 1	ntable-use asse	ts 6. 3. 6.	Distri (col. (b) di	(d) button ratio vided by col. (c)) . 0 6 7 6 9 . 0 6 4 4 0 . 0 5 1 7 6
Part V Qualification Under Section 49 or optional use by domestic private foundations subject to section 4940(d)(2) applies, leave this part blank. as the foundation liable for the section 4942 tax on the die Yes," the foundation does not qualify under section 4940 Enter the appropriate amount in each column for each y Base period years Calendar year (or tax year beginning in) 2008 2007 2006	stributable amount of any y (e). Do not complete this p (ear; see instructions befor (b) qualifying distributions 77,941. 82,500. 68,000.	n net investment in year in the base per art. e making any entri Net value of no	es. (c) onchar 1 1 1	table-use asse , 151 , 42 , 280 , 92 , 313 , 66	ts 6. 3. 6. 4.	Distri (col. (b) di	(d) button ratio vided by col. (c)) . 06769 . 06440 . 05176
Part V Qualification Under Section 49 or optional use by domestic private foundations subject to section 4940(d)(2) applies, leave this part blank. as the foundation liable for the section 4942 tax on the dis Yes," the foundation does not qualify under section 4940 Enter the appropriate amount in each column for each y (a) Base period years Calendar year (or tax year beginning in) 2008 2007 2006 2005	o the section 4940(a) tax of stributable amount of any younger; see instructions befor (b) qualifying distributions 77,941.82,500.68,000.85,000.	n net investment in year in the base per art. e making any entri Net value of no	es. (c) onchar 1 1 1	ntable-use asse , 151 , 42 , 280 , 92 , 313 , 66 , 329 , 53	ts 6. 3. 6. 4.	Distri (col. (b) di	(d) button ratio vided by col. (c)) . 06769 . 06440 . 05176
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	1990-PF (2009) JAMES L. WHITE FOUNDATION Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	e), or 4	<u>33-</u> 948	60178	<u>847</u> stru	ction	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1				_	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b (Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	•	_1_			2	<u>27.</u>
C	of Part I, line 27b			ŀ			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	J					
2 1	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2_				0.
-	Add lines 1 and 2		3_			2	<u>27.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	-			0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	ļ <u>.</u>		2	<u>27.</u>
	Credits/Payments:						
	2009 estimated tax payments and 2008 overpayment credited to 2009	<u>237.</u>					
	Exempt foreign organizations - tax withheld at source	10					
	Tax paid with application for extension of time to file (Form 8868) 6c	18.					
	Backup withholding erroneously withheld 6d		_			2	
	Total credits and payments. Add lines 6a through 6d		7_	1			<u>55.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				28.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2010 estimated tax		10 11				0.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► 28. Refu	mueu	<u> </u>	<u> </u>			<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate o	r intervene	ın	-		Yes	No
	any political campaign?	1 111101 70110		ŀ	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for de	finition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		d or	j		-	
	distributed by the foundation in connection with the activities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Did the foundation file Form 1120-POL for this year?				1c		Х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.			,		
e i	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on found		•				
	managers. ▶ \$0 .						
	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities.						
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of inco	poration, o	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4 <u>a</u>		X_
b	olf "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	4b		<u> </u>
5 '	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						1
	By language in the governing instrument, or						
•	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict w	th the state	e law				
	remain in the governing instrument?				6		<u> </u>
	Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	ļ
	If "Yes," complete Part II, col. (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design	ate)					
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	<u> </u>
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)	(5) for cale	endar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	sses			10		<u>X</u>
				Forr	ท 990	・・・	(2009)

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Form 990-PF (2009)

Part VIII - B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 19. Durry on propagants, or otherwise alterent to influence legislation (section 4945(c))? (2) Influence the outcome of any specific public election (see section 4945(c))? (3) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an organization other than a charable, etc., organization steer and individual for travel, study, or other similar purposes? (3) Provide to may purpose either than a charable, etc., organization described in section 598(a) (1), (2), or (3) or section 494(d)(c)?? (3) Provide to may purpose either than eliquous, charable, etc., organization steer and section 598(a) (1), (2), or (3) or section 494(d)(c)?? (3) Provide to may purpose either than eliquous, charable, etc., organization steer and section 598(a) (1), (2), or (3) or section 494(d)(c)?? (3) Provide to may purpose either than eliquous, charable, etc., organization steer and section 598(a) (3), or section 494(d)(c)?? (4) Provide a grant to an organization of an eliquous, charable, etc., organization steer sections 698(a) (4), etc., organization steer regarding disaster assestance check here (4) If the answer is "Yes" to (a) elevation ergandring disaster assestance check here (5) If the answer is "Yes" to (a) elevation ergandring disaster assestance check here (6) If the answer is "Yes" to (a) elevation ergandring disaster assestance check here (7) If the soundation, during the year, receive any funds, directly or indirectly, to approximation of the foundation, during the year, receive any funds, directly or indirectly, to approximation of the foundation of the foundation party to a prohibited tax shelter transaction? (4) If yes, a fact, the Form 870. (5) If yes, and the foundation eliquous, christian party to a prohibited tax shelter transaction? (6) If yes, and the foundation eliquous, chris	Form 990-PF (2009) JAMES L. WHITE FOUNDATION	N		33- <u>60178</u>	47 Page 6
(1) Carry on propaganda, or otherwes attempt to influence legislation (section 4945(s))? (2) Influence the outcome of any specific public election (see section 4955(s) or lo carry on, directly or elidirectly, any voter registration drive? (3) Provide a grant (an an individual for travel, study, or other similar purposes? (4) Provide a grant (an an individual for travel, study, or other similar purposes? (5) Provide to any purpose either their regious, chartable, scenific, literary, or educational purposes, or for the prevention of cruely to children or animals? If any answer six "est" to 54(1)-(5) daily or the travelscentised, literary, or educational purposes, or for the prevention of cruely to children or animals? If any answer six "est to 54(1)-(5) daily or the travelscentised (see instructions)? Organizations rivers for season six of the foundation claim exemption from the tax because it maintained supported the responsibility for the grant? If "Yes," atrach the statement required by Plegulations section 53 4945-5(d). 6a Dotthe foundation, during the year, receive any funds, diestly or addrectly, to pay premiums on a personal benefit contract? If "Yes," a trach the statement required by Plegulations section 53 4945-5(d). 6b If yes, dieth foundation, during the year, pay premiums, directly or inderectly, on a personal benefit contract? If "Yes," a track, file foundation approaches or have any net income attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (b) Iffice, and average holds great week devolved (a) Name and address of each employee paid more than \$50,000 (b), file, and average holds great week devolved (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compe		orm 4720 May Be F	Required (contin	ued)	
any voter registration driv? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization offer than a chardable, etc., organization described in section 509(3)(1), (2), or (3), or section 4940(9)(2)? (5) Provide to any purpose offer than reliquous, chardable, scentific, literary, or educational purposes, or for the prevention of creiety to children or animals? It may assive if xive 150, (1)(-6), dut any of the transactions fall to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance class in the section 53,4945 or in a current notice regarding disaster assistance for several expenditure responsibility for the receiving on a current intotic regarding disaster assistance class the foundation, during the year, per premiums, directly or market, in a personal benefit contract? If Yes, 'attach the statement required by Pleguidsons section 53,4945-56(6). But the foundation, during the year, pay premiums, directly or marketly, on a personal benefit contract? If Yes, 'attach the statement required by Pleguidsons section 53,4945-56(6). But the foundation, during the year, pay premiums, directly or marketly, on a personal benefit contract? If Yes, 'attach the statement required to the foundation a party to a prohibited shelter transaction? If Yes and year year, year the foundation a party to a prohibited shelter transaction? If Yes and year year, year the foundation aparty to a prohibited shelter transaction? If Yes and year year year, year the foundation aparty to a prohibited shelter transaction? It It still all officers, directors, trustees, foundation managers and their compensation. Information About Officers, Directors, Trustees, Foundation Managers, Highly paid Employees, and Contractors It is tall officers, directors, trustees, foundation managers and their compensation. (a) Name and address of each employee pad more than \$50,000 (b), fire, and average foundation of fi	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	* **		s X No	
(a) Provide a grant to an organization other than a chartable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? If any answers "Yes' to 54(1)\d, did any of the transactions fall to quality under the exceptions described in Regulations section 53-4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A N/A N/A N/A N/A N/A N/A N/	any voter registration drive?		Ye		
Solicy(1), (2), or (3), or section 490(0)(2)?	• • • • • • • • • • • • • • • • • • • •		Ye	s LXJ No	
b If any answer is "Yes" to \$61(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? If "Yes," attach the statement required by Regulations section 53 4945-5(3). 6a Did the foundation, during the year, received any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(3). 6b If yes, did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," at 60, the Form 8870. A Asy to middle the foundation aparty to a prohibited tax shelter transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation did not receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? It still all officers, directors, trustees, foundation managers and their compensation. (a) Name and address of each employees foundation their compensation. (b) Title, and average devoted to position (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensati	• • • • • • • • • • • • • • • • • • • •	i described in section	☐ Ye	s X No	
b flany answer is "Yes" to 5a(1)-(5), old any of the transactions fall to qualify under the exceptions described in Regulations section 53.495 or a current notice regarding disaster assistance (see instructions)? Crainizations relying on a current notice regarding disaster assistance check here	• • • • • • • • • • • • • • • • • • • •	or educational purposes, or f		s X No	
Organizations relying on a current notice regarding disaster assistance check here c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(g). B Did the foundation, during the year, pay preniums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay preniums, directly or indirectly, to pay premiums on a personal benefit contract? 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 8 b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 9 b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, fursitions, further than the foundation received any proceeds on a proposal process of the foundation received any proceeds on the foundation received any proceeds on the foundation received any proceeds on the foundation of the foundation received any proceeds on the foundation of the foundation received any proceeds on the foundation of the foundation received any proceeds on the foundation of the foundation received any proceeds on the foundation of the foundation received any proceeds on the foundation of the foundation of the foundation received any proceeds on the foundation of the foundation received any proceeds on the foundation of the foundation received any proceeds on the foundation of the foundation received any proceeds on the foundation received any proceeds on the foundation of the foundation received any proceeds on the fou	·	ler the exceptions described i	 _		
c It the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If Yes, attach the statement required by Regulations section 53 4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes's to 6b, file Form 8870. A 1A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes's to 6b, file Form 8870. If It yes, did the foundation receive any proceeds or have any net income attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation. If It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoked (c) Distalon of the properties of the position of the highest-paid employees (other than those included on line 1). If none, enter "NONE." PAUL M. STODDARD & ASSOCIATES TRUSTEE 40004 COOK STREET, SUITE 3 PALM DESERT, CA 92211 5.00 15,000. (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoked (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on	· · · · · · · · · · · · · · · ·	•		N/A 5	ib
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a Al any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (a) Name and address (b) Title, and average hours per week devoked (enter 0-) PAUL, M. STODDARD & ASSOCIATES TRUSTEE 1. List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors TRUSTEE 2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 D. O. O. O. Total number of other employees paid over \$50,000					
Sa Did the foundation, during the year, recoive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes				s No	
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes 105, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address PAUL M. STODDARD & ASSOCIATES TRUSTEE 400.04 COOK STREET, SUITE 3 PALM DESERT, CA 92211 5 . 00 15 , 000 . 0 . 0 . 0 . 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average though the part of the paid, enter 6 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .					
Total number of other employees paid over \$50,000 Total number of		pay premiums on	☐ Ye	s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		ersonal benefit contract?	•	[.6	b X
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII	•	helter transaction?	☐ Ye	s X No	
List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (fl not paid, enter -0-) (d) Compensation (d) Co	b If yes, did the foundation receive any proceeds or have any net income attribute	able to the transaction?			'b
1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position PAUL M. STODDARD & ASSOCIATES PAUL M. STODDARD & ASSOCIATES PALM DESERT, CA 92211 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (in to paid, enter 0-) (i	Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/	
(a) Name and address hours per week devoted to position fenter -0-1 compensation account, other allowances PAUL M. STODDARD & ASSOCIATES TRUSTEE 40004 COOK STREET, SUITE 3 5.00 15,000. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and verage hours per week devoted to position (c) Compensation (d) Com		compensation.			
PALM DESERT, CA 92211 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combututions to employee the employee account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account, other
PALM DESERT, CA 92211 5.00 15,000. 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation of the imployee each employee paid more than \$50,000 NONE Total number of other employees paid over \$50,000	······································	TRUSTEE			
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation employee the filiplans and detered compensation. (e) Expense account, other allowances Total number of other employees paid over \$50,000		F 00	15 000		0
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense employees paid over \$50,000	PALM DESERT, CA 92211	5.00	15,000.	<u> </u>	
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense employees paid over \$50,000					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense employees paid over \$50,000		<u></u>			
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense employees paid over \$50,000					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense employees paid over \$50,000					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense employees paid over \$50,000					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense employees paid over \$50,000					
NONE NONE Total number of other employees paid over \$50,000	2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(+) Evnance
Total number of other employees paid over \$50,000	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other
Total number of other employees paid over \$50,000	NONE				ı
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000					·
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000					
riniii aau-r i 1700au	Total number of other employees paid over \$50,000			Form	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly		
Part VIII Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		· · · · · · · · · · · · · · · · · · ·
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e	(c) Compensation
NONE		
	-	
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
1		
2		
3		-
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
		
2		
All albana and a state of a state of the sta		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
		n 990-PF (2009)

Part X Minimum Investment Return (All domestic founds	ations must complete this part	Foreign four	ndations, s	ee instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out	charitable, etc., purposes:			
a Average monthly fair market value of securities			1a	912,882.
b Average of monthly cash balances			1b	912,882. 165,627.
c Fair market value of all other assets			1c	
d Total (add lines 1a, b, and c)			1d	1,078,509.
e Reduction claimed for blockage or other factors reported on lines 1a and				
1c (attach detailed explanation)	1e	0.		
2 Acquisition indebtedness applicable to line 1 assets			2	0.
3 Subtract line 2 from line 1d			3	1,078,509.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater	amount, see instructions)		4	16,178.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter he	re and on Part V, line 4		5	1,062,331.
6 Minimum investment return Enter 5% of line 5			6	53,117.
Part XI Distributable Amount (see instructions) (Section 494 foreign organizations check here and do not complete		foundations an	ıd certain	
1 Minimum investment return from Part X, line 6			1	53,117.
2a Tax on investment income for 2009 from Part VI, line 5] 2a]	227.		
b Income tax for 2009. (This does not include the tax from Part VI.)	2b			
c Add lines 2a and 2b			2c	227.
3 Distributable amount before adjustments. Subtract line 2c from line 1			3	52,890.
4 Recoveries of amounts treated as qualifying distributions			4	0.
5 Add lines 3 and 4		,	5	52,890.
6 Deduction from distributable amount (see instructions)			6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and	d on Part XIII, line 1	•	7	52,890.
Part XII Qualifying Distributions (see instructions)				
1 Amounts paid (including administrative expenses) to accomplish charitable,	etc., purposes:			57.000
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	57,000
b Program-related investments - total from Part IX-B			1b	0,
2 Amounts paid to acquire assets used (or held for use) directly in carrying ou	t charitable, etc., purposes		2	
3 Amounts set aside for specific charitable projects that satisfy the:				
a Suitability test (prior IRS approval required)			3a	
b Cash distribution test (attach the required schedule)			3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V,			4	57,000
5 Foundations that qualify under section 4940(e) for the reduced rate of tax or	net investment			_
income. Enter 1% of Part I, line 27b			5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4			6	57,000.
Note. The amount on line 6 will be used in Part V, column (b), in subsequer	it years when calculating whether i	he foundation	qualifies for	the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				52,890.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 19,832.	Ì			
b From 2005 19,494.	İ		:	
c From 2006 3, 297.				
d From 2007 19, 251.				
e From 2008 21,488.	02.262			
f Total of lines 3a through e	83,362.			
4 Qualifying distributions for 2009 from		,		
Part XII, line 4: ► \$ 57,000.			0.	
a Applied to 2008, but not more than line 2a		-		<u> </u>
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.			52,890.
d Applied to 2009 distributable amount	4,110.			32,030.
e Remaining amount distributed out of corpus	4,110.			0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u> </u>
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	87,472.			
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 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	19,832.			
not applied on line 5 or line 7	19,032.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	67,640.			
· · · · · · · · · · · · · · · · · · ·	07,040.			
10 Analysis of line 9: a Excess from 2005 19,494.				
b Excess from 2006 19, 494.				
c Excess from 2007 19, 251.				
d Excess from 2008 21, 488.				
e Excess from 2009 4,110.				
				Form 990-PF (2009)

orm 990-PF (2009) JAMES L Part XIV Private Operating F	. WHITE FOU		A guestion (I)		-601/847 Page 10
<u></u>		· · · · · · · · · · · · · · · · · · ·	-A, question 9)	N/A	
1 a If the foundation has received a ruling o			_		
foundation, and the ruling is effective fo				40.40(3)(0) == [1040(2)(5)
b Check box to indicate whether the found		ng roundation described i	Prior 3 years	4942(j)(3) or L	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(4)2000	(8) 2000	(0) 2001	(4) 2000	(0) 10.0.
investment return from Part X for					
each year listed		-		 	
b 85% of line 2a		 		 	
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not				<u> </u>	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
` '					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		ŀ			
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				1 105 000	
Part XV Supplementary Info			if the foundation	n had \$5,000 c	or more in assets
at any time during		instructions.)			
1 Information Regarding Foundation				- fd-t b-af	the class of any tay
a List any managers of the foundation w year (but only if they have contributed	ho have contributed more	e than 2% of the total con section 507(d)(2))	tributions received by th	e toundation before	the close of any tax
, , , ,	more man 40,000). (See	36611011 307 (11)(2).)			
NONE b List any managers of the foundation w	ha aven 100/ ar mara of t	the steek of a serveration	(or an equally large port	on of the ownership	of a partnership or
other entity) of which the foundation ha	as a 10% or greater inter	est.	(or an equality large por	ion of the ownership	or a partition strip of
NONE	•				
2 Information Regarding Contribu	tion Grant Gift Loai	Scholarship etc. P	rograms	·	
Check here if the foundation				not accept unsolicite	ed requests for funds. If
the foundation makes gifts, grants, etc.	. (see instructions) to ind	lividuals or organizations i	under other conditions,	complete items 2a, b	, c, and d.
a The name, address, and telephone num					
a The hame, address, and telephone han	noor or the person to the		,,		
SEE STATEMENT 7					
b The form in which applications should	be submitted and inform	ation and materials they s	hould include:		
				<u></u>	
c Any submission deadlines:		. —			
d Any restrictions or limitations on aware	ds, such as by geographi	cal areas, charitable fields	, kınds of ınstitutions, or	other factors:	
					Form 990-PF (2009)
023801 02-02-10					rum 330°FF (7009)

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	COMMIDBRION					
a Paid during the year	or substantial contributor	recipient						
SEE STATEMENT 8			<u> </u>	57,000.				
b Approved for future payment NONE Total			► 3a ► 3b	57,000.				

923611 02-02-10

Part XVI-A Analysis of Income-Producing Activities

	Unrainted	hucinace income	Euglis .		
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business	business income (b) Amount	(C) Exclu- sion code	by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
_	code		Code	, mount	
a b	-		+ +-		
	-		++		
<u> </u>			 - -	- · -	
d			+		
e			1 		
g Fees and contracts from government agencies	-		+		
Membership dues and assessments			+		
3 Interest on savings and temporary cash	 		 		
investments					
4 Dividends and interest from securities			14	25,502.	-
5 Net rental income or (loss) from real estate:		· · · · · · · · · · · · · · · · · · ·	1 4	23,302.	
a Debt-financed property			 		
b Not debt-financed property			 -		
			 		
6 Net rental income or (loss) from personal					
property 7 Other investment income			 		
			+	<u> </u>	
8 Gain or (loss) from sales of assets other			14	-160 000	
than inventory			14	<169,808.	
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory	-		+		
11 Other revenue:			01		
a TAX REFUND			01		
b			 		
<u> </u>			+		
d	-		+		
40 Subtatal Add galumna (h) (d) and (a)	-	0.	+	<144,306.	> 0.
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	<u> </u>	·!	<u> </u>	<144,306
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.	•			10	
					
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	xempt F	Purposes	
Line No. Explain below how each activity for which in	come is reported in	column (e) of Part XVI-	A contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (other the					
					
					

	Exempt Organizations			5.0	
1	Did the organization directly or indirectly engage in any of the following	g with any other organizatio	n described in section 501(c) of	Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 52				
а	Transfers from the reporting foundation to a noncharitable exempt org	ganization of:			
	(1) Cash		1a	(1)	X
	(2) Other assets			(2)	X
b	Other transactions:				
	(1) Sales of assets to a noncharitable exempt organization		16	(1)	X
	(2) Purchases of assets from a noncharitable exempt organization			(2)	X
	(3) Rental of facilities, equipment, or other assets		<u>1b</u>	(3)	X
	(4) Reimbursement arrangements	•	16	(4)	X
	(5) Loans or loan guarantees		<u>1b</u>	(5)	X
	(6) Performance of services or membership or fundraising solicitation	ins	<u>16</u>	(6)	X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid emp	ployees		c	<u>X_</u>
d	If the answer to any of the above is "Yes," complete the following sche	dule. Column (b) should alw	vays show the fair market value of the goods, other	assets,	
	or services given by the reporting foundation. If the foundation receive	ed less than fair market valu	e in any trans <u>action</u> or sharing arrangement, show	ın į	
	column (d) the value of the goods, other assets, or services received.				
(a) L	Line no (b) Amount involved (c) Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and sharir	д аталдет	ents
	N/A				
		<u> </u>			
			<u> </u>		
					
			 		
		······································			
			<u> </u>		
		 	<u> </u>		
		· · · · · · · · · · · · · · · · · · · 			
2a	Is the foundation directly or indirectly affiliated with, or related to, one			. 🗔	₹7
	in section 501(c) of the Code (other than section 501(c)(3)) or in sect	tion 52/7	١ ـــا ١	∕es <u>∑</u>	∑ No
D	of "Yes," complete the following schedule.	(b) Type of organization	(c) Description of relationship		
		(b) Type of Organization	(c) Description of relationship		
	N/A				
Т	Under penalties of perjury, I declare that I have examined this return, including acco	I I I I I I I I I I I I I I I I I I I	ents, and to the best of my knowledge and belief, it is true,	correct,	
	and complete Degaration of preparer (other than taxpayer or fiduciary) is based on				
ŀ	/ Alfal	1 9/26/101	or trustee		
ē	Signature of officer or trustee	Date	Title		
₽∤	Preparer's Manual II		ate Check if Preparer's id	entifying nu	mber
Sign Here		/ //	8/31/10 self-		
<u>ا</u> ا	MILAM KNECHT & WAR		EIN >		
J	Hinn's name (or yours Milliam), RNECHT & WAR				
	address, and ZIP code GLENDALE, CA 91203			<u> 550-9</u>	991
				90-PF	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization		Employer identification number
J2	AMES L. WHITE FOUNDATION	33-6017847
Organization type (check of	one).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable 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	
	is covered by the General Rule or a Special Rule .)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule See instructions.
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II	money or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the r (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one condutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literar cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is chec purpose. Do not o	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conuse exclusively for religious, charitable, etc., purposes, but these contributions did not ked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization because etc., contributions of \$5,000 or more during the year	aggregate to more than \$1,000. vely religious, charitable, etc ,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedul in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line	
	Ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	e B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Employer identification number

JAMES L. WHITE FOUNDATION

33-6017847

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES WHITE TRUST 12759 FOOTHILL BLVD. #C222 RANCHO CUCAMONGA, CA 91739	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A	A)
CITIZENS TRUST	•		12,425.		0.		425.
CITIZENS TRUST PFF INVESTMENTS			11,635. 1,694.		252. 0.		383. 694.
TOTAL TO FM 990-PF, PART I, I	.N 4		25,754.		252.	 	502.
FORM 990-PF	AC	COUNTI	NG FEES		· · · · · · · · · · · · · · · · · · ·	STATEMENT	2
	1 2						
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
TAX PREPARATION FEES TRUST ACCOUNTING		2,350. 9,837.	1 4	,175. ,918.	1,17 4,91		0.
TO FORM 990-PF, PG 1, LN 16B	1	2,187.	6	,093.	6,09	4.	0.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST- COME	(C) ADJUSTED NET INCOM		
FOREIGN TAX		28.	•	14.	1	4.	0.
TO FORM 990-PF, PG 1, LN 18		28.		14.	1	4.	0.
FORM 990-PF	0	THER E	XPENSES	<u> </u>		STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		ABLE
MISCELLANEOUS		196.		98.	9	8.	0.
TO FORM 990-PF, PG 1, LN 23		196.		98.	9	8.	0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE COMMON STOCK CORPORATE PREFERRED STOCK		321,422.	391,953. 35,618.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	352,750.	427,571.
FORM 990-PF	OTHER INVESTMENT	rs	STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BOND FUNDS	COST	555,949.	580,408
TOTAL TO FORM 990-PF, PART I	I, LINE 13	555,949.	580,408.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PAUL STODDARD 40004 COOK STREET, SUITE 3 PALM DESERT, CA 92211

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

THE FOLLOWING SHOULD BE SUBMITTED:

- 1) COPIES OF ORGANIZATIONAL DOCUMENTS
- 2) 501(C) STATUS
- 3) MISSION STATEMENT
- 4) FINANCIAL STATEMENTS
- 5) WRITTEN REQUEST

ANY SUBMISSION DEADLINES

MAY 15TH & DECEMBER 15TH

RESTRICTIONS AND LIMITATIONS ON AWARDS

INLAND EMPIRE GEOGRAPHICAL AREA

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 8
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ABILITY FIRST	NONE GENERAL GIFT	501C3	3,000.
	NONE GENERAL GIFT	501C3	2,000.
AVON WALK FOR BREAST CANCER	NONE GENERAL GIFT	501C3	5,500.
BREAST CANCER 3 DAY	NONE GENERAL GIFT	501C3	5,000.
COMMUNITY SENIOR CENTER	NONE GENERAL GIFT	501C3	3,000.
INLAND VALLEY HOPE PARTNERS	NONE GENERAL GIFT	501C3	2,000.
LOMA LINDA RONALD MCDONALD HOUSE	NONE GENERAL GIFT	501C3	3,000.
ONTARIO CHRISTIAN SCHOOL	NONE GENERAL GIFT	501C3	2,500.

JAMES L. WHITE FOUNDATION			33-6017847
OPARC	NONE GENERAL GIFT	501C3	4,000.
PROJECT SISTER SEXUAL ASSAULT	NONE GENERAL GIFT	501C3	3,000.
RECORDING FOR THE BLIND & DYSLEXIC	NONE GENERAL GIFT	501C3	3,000.
SALEM CHRISTIAN HOMES	NONE GENERAL GIFT	501C3	4,000.
SHOES THAT FIT	NONE GENERAL GIFT	501C3	5,000.
TRAVELERS AID OF THE INLAND EMPIRE	NONE GENERAL GIFT	501C3	2,000.
UPLAND COMMMUNITY PTNRSHP YTH	NONE GENERAL GIFT	501C3	2,000.
WEST END YMCA	NONE GENERAL GIFT	501C3	8,000.
TOTAL TO FORM 990-PF, PART XV, 1	LINE 3A		57,000.