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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

ÕMB № 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	For the	ne 2009 calend	dar year, c	or tax year beginning	4/01	, 21	009, and endin	g 3,	/31		<u>, 2010</u>		
В	Check	f applicable		C					D Employ	yer Iden	Uffication Nu	mber	
	∏ _A c	idress change	Please use IRS label	THE CENTER FOR	WHOLE	COMMUNITIE	ES, INC.		51-	0462	232		
	HN	ime change	or print or type.	700 BRAGG HILL	RD		•		E Teleph	one num	nber	_	
	\vdash	ibal return	See specific	FAYSTON, VT 05	673				802	-496	5-5686		
	H		instruc-						- 552	130	3000		
	\vdash	ermination	tions.									000	576
	H^′	mended return	<u> </u>						G Gross			802,	
	Aş	plication pending		and address of principal officer					s a group retu		filiates?	Yes	X No
				AS C ABOVE					ill affiliates inc , attach a list		structions)	Yes	No
<u> </u>	Tax	-exempt statu	ıs X 501	l(c) (3) ⊲ (insert	no)	4947(a)(1) or	527		,	,			
J	We	bsite: ► WW	W.WHOL	ECOMMUNITIES.OF	₹G	•		H(c) Group	p exemption n	umber ¹	>		
K	Form	of organization	X Corpora	ation Trust Associa	ation Ot	her ►	L Year of Format	tion 200	03 M s	State of	legal domicil	e VT	
	art I	Summ		<u>- 4 f f</u>			1				<u> </u>		
تستيا	1			ganization's mission or n	nost signifi	cant activities:	THE CENT	FR FO	R WHOIF	CON	MIINITT	TEC	
	'			INCLUSIVE COMMU									
Activities & Governance				REGARDLESS OF IN									
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Š	2			ONSHIP WITH THE if the organization disco				o than 2					
ဗိ	3			n the organization disco			sposed of mor	e ulali Z	3% OF Its a	3 3	ı		9
4	4			it voting members of the			ine 1h)			4			8
198	5			yees (Part V, line 2a)	9010111119	, 202y (t a.t v., t				5			12
₹	6			eers (estimate if necess	arv)					6			20
AC	7a			ousiness revenue from P		olumn (C), line 13	2			7a			0.
		-		s taxable income from Fo			-			7b	-		0.
	╁	THE GITTOIGH	2 20011000	taxable interine in one i	330 17	- HI 10 0 1		·	D-J V	<u> </u>	0		
	١,	0		4- (D-4) (III bo - 676)					Prior Year		_ Cur	rent Ye	
9	8			its (Part VIII, line Th)	RECE	INFD		-	1,011,4				721.
ē	9	-		iue (Part VIII, line 29)					110,2				889.
Revenue	10	Other	ncome (Pa	art VIII, column (A), lines	: 3, 4, and	7d) (A)			24,2	238.			966.
_	111	Other revenu	e (Part VI	III, column (A), lines 5, 6	A BB ac	Joc (Stud 118)	1 100		1 145 (20.0		000	<u> </u>
	12	Total revenue	e – add III	nes 8 through 11 (Must	equal Part	VIII, column (A)	, line 12)		1,145,9	00.		802,	576.
	13	Grants and s	imilar amo	ounts paid (Part IX, colu		1.3°1 (1.3°1)		-					
	14	Benefits paid to or for members (Part IX column (A), line 4), U Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)											
ø	15								<u> 157.</u>		<u>396,</u>	641.	
38	16a												
Expenses	Ь	Total fundrais	sina exper	nses (Part IX, column (D) line 25)	•	76,626.	-					
ũ	17			IX, column (A), lines 11a	•		, 0, 020.	·	408,2	242		442	441
						-							
	18			nes 13-17 (must equal P		umn (A), line 25)	•		852,6				082.
	19	Revenue less	s expense	s. Subtract line 18 from	line 12				293,2	207.		-37,	<u>506.</u>
8								Beg	inning of \	/ear		d of Yea	
100	20	Total assets	(Part X, III	ne 16)					<u>1,275,1</u>	L55.	1,	244,	434.
₹. ₹.	21	Total liabilitie	s (Part X,	, line 26)					8,3	354.		<u>15,</u>	<u>139.</u>
žů	22	Net assets or	fund bala	ances. Subtract line 21 f	rom line 2	0		ŀ	1,266,8	301.	1.	229,	295.
F	20 21 22 art II		ure Blo				· · ·						
		Under penaltie	es of penury	I declare that have examined	this zeturn ir	ockudina accompanyo	n schedules and st	atements :	and to the hes	of my l	knowledge a	nd belief	11 15
0		true, correct,	and complete	, I declare that (have examined e Declaration of preparer (other		is based on all inform	ation of which prep	parer has a	ny knowledge		a romouge a	io benei,	
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ZP a	Aa	Preparer's signature E LELA MCCARFREY, CPA 2-10-11							employed P	· 🔲			
(Pr	e- irer's									F	004764	186	
٤		Firm's name (or <u>FOT</u>	HERGILL SÉGALE	& VALL	EY, CPAS]					
	nly	yours if self- employed)	► 143	BARRE STREET					EIN ► 03-0300841				
<u> </u>		address, and ZIP + 4	MON	TPELIER, VT 056	02				Phone no		2)223-	6261	
Ma	y the	IRS discuss th		with the preparer shown		see instructions)				•	X Ye		No
			_	work Reduction Act No			uctions.	_	TEEA0113	L 12/2			(2009)
		-	•				-						·/

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Point the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	<u></u>	х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If Yes, complete Schedule H	20	<u> </u>	X

Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 X 24a 24Ь **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25 a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete **27** X Schedule L, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O 38

BAA

444	Total of the first the first termination of th		Yes	No					
1 8	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 26								
Ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Х					
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 12								
2t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
38	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		х					
ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь							
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
Þ	b If 'Yes,' enter the name of the foreign country. ▶								
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
c	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?								
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?									
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?									
7 Organizations that may receive deductible contributions under section 170(c).									
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
ŧ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b							
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х					
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d								
	b Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\vdash	Х					
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	a Did the organization make any taxable distributions under section 4966?	9a							
t	Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь							
10	Section 501(c)(7) organizations. Enter:								
	a Initiation fees and capital contributions included on Part VIII, line 12								
ı	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	a Gross income from other members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	لــــا	L					
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u></u>							

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Se	ction A.	Governing Body and Management							
				. -		Yes	No		
1	a Enter the	number of voting members of the governing body	Пa	9					
	b Enter the	number of voting members that are independent.	1 b	8					
2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	ationsh	nip with any other	2		Х		
3	Did the o	ganization delegate control over management duties customarily performed by or un	nder th	e direct supervision	3		X		
4	Did the o	ganization make any significant changes to its organizational documents			4		X		
_		prior Form 990 was filed?			_		.,		
5		ganization become aware during the year of a material diversion of the organization	's asse	ets ⁷	5		X		
6	Does the	organization have members or stockholders?			6		X		
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or m body?	ore m	embers of the	7a		X		
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	a The gove	rning body?			8a	Х			
	b Each con	mittee with authority to act on behalf of the governing body?			8ь		Х		
9	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who can ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be	reached at the	9		Х		
Se		Policies (This Section B requests information about policies not	requ	ired by the Interna	al				
Rev	enue Code)		_					
						Yes	No		
10	a Does the	organization have local chapters, branches, or affiliates?			10 a		Х		
	b If 'Yes,' o	oes the organization have written policies and procedures governing the activities of thes to ensure their operations are consistent with those of the organization?	such (chapters, affiliates,	10ь				
11	Has the	rganization provided a copy of this Form 990 to all members of its governing body be	efore f	filing the form?	11	Х			
11	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990.	SI	EE SCHEDULE O					
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13			12a	Х			
	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests t is?	hat co	ould give rise	12Ь	Х			
		organization regularly and consistently monitor and enforce compliance with the poli O how this is done. SEE SCHEDULE O	cy? If	'Yes,' describe in	12c	х			
13	Does the	organization have a written whistleblower policy?			13		X		
14	Does the	organization have a written document retention and destruction policy?			14		X		
15	Did the p	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	ipprova	al by independent					
	a The orga	nization's CEO, Executive Director, or top management official SEE SCHEDULE	Ω		15 a	Х	<u> </u>		
		cers of key employees of the organization			15 b	Х			
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16		rganization invest in, contribute assets to, or participate in a joint venture or similar a ing the year?	arrange	ement with a taxable	16a		х		
	in joint v	as the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	to eva the org	eluate its participation ganization's exempt	16b				
Se		Disclosures			1 100		<u>. </u>		
		tates with which a copy of this Form 990 is required to be filed NONE							
	Section (in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply.	d 990-	T (501(c)(3)s only) ava	ılable	for pu	 blic		
Own website Another's website X Upon request									
Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, a statements available to the public. SEE SCHEDULE O									
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KEVIN MCMILLION 700 BRAGG HILL FAYSTON VT 05673									

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

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

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

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

Check this box if the organization did not	compens	ate ar	ту с	urrei	nt o	fficer,	dıre	ctor, or trustee.		
(A)	(B)			-	c)			(D)	(E)	(F)
Name and Title	Average hours		osition (check all that apply)					Reportable compensation from	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		stee	rustee		ı"	ensated				
JULIAN AGYEMAN	_									0
BOARD MEMBER	5	X	\vdash			-		0.	0.	0.
SCOTT CHASKEY BOARD MEMBER	5	Х						0.	0.	0.
JOHN ELDER VICE CHAIR	5	х		Х				0.	0.	0.
TORRI ESTRADA							T			
BOARD MEMBER	5	Х						0.	0.	0.
GIL LIVINGSTON										
CHAIRMAN	5	X	<u> </u>	X			╙	0.	0.	0.
DANYELLE O'HARA	_	۱		١	ŀ					
SECRETARY	5	X	├	X	┝		⊢	0.	0.	0.
LAURET SAVOY	_	l ,		1	l			0.	0.	0
BOARD MEMBER TOM WESSELS	5	X	\vdash	├	⊢		┢	U.,	0.	0.
BOARD MEMEBER	5	х	l		l			0.	0.	0.
PETER FORBES	<u> </u>		╁┈		┪	 		· · · · · · · · · · · · · · · · · · ·		<u> </u>
EXECUTIVE DIREC	40	1		Х	ł			80,265.	0.	0.
VIRGINIA MCGINN			Г		İ			,		
EXECUTIVE DIREC	40	_	ļ	X	_		L	49,001.	0.	0.
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	-									

Part VII Section A. Officers, Directors, Trus		∧ey	En			es	, an			пріоуе		<u>ont</u>
(A)	(B)	ĺ_		(6				(D)	Œ)	- 1	(F)	
• Name and Title	Average hours per week			Officer		Mighest compensate		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization: (W-2/1099-MISC)	arno Con Ore	stmated unt of otto opensate rom the ganization of relateranization anization	her on n
		ee	stee			nsated						
					_			 				
					_	_						
										<u> </u>		
											_	
1b Total							•	129,266.	C	1.		(
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e lis	ted	abo	ve)	who	rece	eived more than \$	5100,000 in report	able com	Yes	ion N
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or truste	ee, k	еу є	empl	loye	e, o	r hıg	hest compensate	d employee	3	163	,
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	oortable	com	iper 0? <i>I</i> :	ısatı f 'Ye	on a	and omp	othe elete	r compensation fr Schedule J for si	om uch			Г
individualDid any person listed on line 1a receive or accrue or	ompens	ation	ı fro	m a	ny u	inrel	ated	organization for	services	4		,
rendered to the organization? If 'Yes,' complete Scientific B. Independent Contractors	neaule J	tor :	SUCI	ı pe	rsor					5	<u> </u>	1 2
Complete this table for your five highest compensation from the organization.	ed indep	end	ent	con	tract	tors	that	received more th	an \$100,000 of			
(A) Name and business addre	ss							(B Description) of Services	Comp	(C) ensatio	n
			_									
				_								
					_							

Lai		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S, GRANTS AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c				0.2, 0.10, 0. 0.14
UTIONS, GIFT HER SIMILAR	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 703, 721		: •		
E CONTRI	g Noncash contribus included in lins 1a-1f: \$ h Total. Add lines 1a-1f Business Code	703,721.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2a RETREATS/WORKSHOPS b BOOK/CD SALES c	92,219. 3,670.	92,219. 3,670.		
PROGRAM SE	f All other program service revenue g Total. Add lines 2a-2f	▶ 95,889.			
	 3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties. 	2,966.			2,966.
	(i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis				
	and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events				
OTHER REVENUE	of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses	_			
ОТН	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses	•			
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances	>			
	b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	<u> </u>			····
	b c d All other revenue				
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	► 802,576.	95,889.	0.	2,966.

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors, trustees, and key employees	143,904.	100,733.	6,515.	36,656.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	183,594.	123,772.	42,890.	16,932.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	69,143.	46,679.	10,599.	11,865.
11	Fees for services (non-employees)		·		
_	n Management	0.706			
	b Legal	2,706.		2,706.	
	c Accounting				
	d Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	g Other	17.065	10.000	7 140	
	Advertising and promotion	17,865.	10,099.	7,142.	624.
13		4,821.	68.	4,753.	
14	Information technology		·		
15 16	Royalties	46,387.	23,360.	23,027.	
17	Occupancy Travel	76, 203.	62,345.	13,858.	
18		70,203.	02,343.	13,636.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,868.	22,190.	5,038.	5,640.
23 24	Insurance Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
;	a CONTRACT SERVICES	173,297.	123,023.	46,802.	3,472.
	b MEALS	26,665.	22,988.	2,374.	1,303.
4	c MISCELLANEOUS	14,986.	53.	14,933.	
1	d INSURANCE	11,694.		11,694.	
	• TELECOMMUNICATIONS & INTERNET	9,283.	485.	8,798.	
	f All other expenses	26,666.	20,437.	6,095.	134.
	Total functional expenses. Add lines 1 through 24f	840,082.	556,232.	207,224.	76,626.
26	Joint costs. Check here Lift following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		<u> </u>			Form 990 (2009)

Pa	nt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	58,465.	1	161,368.
	2	Savings and temporary cash investments	543,318.	2	274,314.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,053.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net	4,779.	7	1,053.
	8	Inventories for sale or use	10,269.	8	7,868.
	9	Prepaid expenses and deferred charges	3,335.	9	383.
	10 a	Land, buildings, and equipment cost or other basis. 10a 890, 685.			
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation. 10b 91, 237.	313,679.	10 c	799,448.
	11	Investments – publicly-traded securities	5,891.	11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	330,366.	15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,275,155.	16	1,244,434.
	17	Accounts payable and accrued expenses	223.	17	10,492.
	18	Grants payable		18	·
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	····
AB	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	·····
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
į	1	of Schedule L		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	8,131.	25	4,647.
	26	Total liabilities. Add lines 17 through 25	8,354.	26	15,139.
N F	ļ	Organizations that follow SFAS 117, check here ➤ X and complete lines	į.		
	1	27 through 29 and lines 33 and 34.		▎╴▐	
Ş	27	Unrestricted net assets	932,407.		1,229,295.
Ĕ	28	Temporarily restricted net assets	334,394.	28	
S	29	Permanently restricted net assets		29	
Ŗ		Organizations that do not follow SFAS 117, check here ▶ and complete			
Ę		lines 30 through 34.			
В	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	·
ķ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ç	33	Total net assets or fund balances	1,266,801.	33	1,229,295.
<u> </u>	34	Total liabilities and net assets/fund balances.	1,275,155.	34	<u>1,244,434.</u>

form 990 (2009) THE CENTER FOR WHOLE COMMUNITIES, INC. 51-0462232		Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. \square Cash \square Accrual \square Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	`		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	<u> </u>
b Were the organization's financial statements audited by an independent accountant?	2ь		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 **2009**

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

> Attach to Form 990 or Form 990-EZ. > See separate instructions.

Inspection

Employer identification number

<u>CHE</u>	С	ENTER FOR WI	HOLE COMMUNITI	ES, INC.					51-0	462232	2		
ar'	E	Reason for P	ublic Charity Stat	tus (All organization	s must	compl	ete thi	s part	.) See	ınstruc	ctions		
he c	orga	anization is not a pr	rivate foundation beca	use it is: (For lines 1 thro	ugh 11, c	heck on	ly one b	ox.)					
1		A church, conven	tion of churches or as	sociation of churches des	cribed in	section	170(ь)(1)(A)(i).					
2		A school describe	ed in section 170(b)(1)	(A)(ii). (Attach Schedule	E.)								
3		A hospital or coop	perative hospital service	ce organization described	i in sectic	n 170(b)	ίχΑχ()	i).					
4		A medical researd	ch organization operat	ed in conjunction with a h	nospital d	escribed	in sect	ion 170	(b)(1)(A)	(iii) Ente	er the hospital's	s	
		name, city, and s											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)												
8		7		170(b)(1)(A)(vi). (Comple	te Part II)							
9	X An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10	\Box	An organization o	rganized and operated	d exclusively to test for pu	ublic safe	ty. See	section	509(a)(4	4).				
11		more publicly sup	ported organizations	d exclusively for the bene described in section 509(ization and complete line	a)(1) or s	ection 5	09(a)(2)	tions of . See s	i, or carr ection 5	y out the 09(a)(3).	purposes of o Check the box	ne or that	
		a Type I	b Type I	1 c Type	III — Fund	ctionally	ıntegrat	ed		d 🗌	Type III Oth	er	
e		By checking this than foundation m 509(a)(2)	oox, I certify that the on nanagers and other that	organization is not control an one or more publicly s	led direct supported	ly or ind organiz	irectly b ations d	y one o escribe	r more o d in sect	disqualification 509(ed persons oth a)(1) or section	ner I	
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box												
9		Since August 17,	2006, has the organiz	ation accepted any gift of	r contribi	ution froi	m any o	f the fol	llowing p	ersons?			
											Ye	s No	
		below, the g	governing body of the	controls, either alone or supported organization?	together	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		(ii) a family me	mber of a person des	scribed in (i) above?							11 g (ii)		
		(iii) a 35% contr	olled entity of a perso	n described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the follow	ving information about	the supported organization	ons.						<u>_</u>		
	((I) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	organiza (I) liste	Is the tion in col d in your erning ment?	the organ	ou notify sization in (1) of upport?	organizat (I) organi	Is the bon in col zed in the S ?	(vii) Amount of S	Support	
					Yes	No	Yes	No	Yes	No			
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				<u>-</u>	+			ļ	ļ				
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	edule A (Form 990 or 990-EZ) 2009					51-046			Page 2
Pai	Support Schedule for	Organizations	s Described in	n Sections 170)(b)(1)(A)(iv) a	nd 170(b)(1) <u>(A)</u> ((vi)	
_	(Complete only if you checke	d the box on line	5, 7, or 8 of Part	1)					
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	1			-	
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Tota	nl
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
_	Total. Add lines 1-through 3					· · · · · · · · · · · · · · · · · · ·			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
	Public support. Subtract line 5 from line 4							<u></u>	
Sec	tion B. Total Support		, — — — —	· _ ·	· · · · · · · · · · · · · · · · · · ·				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Tota	ıl
7	Amounts from line 4							-	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	structions).			L	12		
	First five years. If the Form 990 i organization, check this box and	stop here	·	d, third, fourth, o	r fifth tax year as	a section 501	(c)(3)		<u>►</u>
	tion C. Computation of Pu			-		· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 20	•	•	e 11, column (f)		-	14		<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			L	15		<u> </u>
16	a 33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1.	3 % or more	, check	this box	▶ 🗌
1	 33-1/3 support test — 2008. If the and stop here. The organization 				and line 15 is 33-	1/3% or more	, chec	k this box	▶ 🗍
17:	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this l	box and stop here	. Explain in F	Part IV	how	-
1	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	s' test, check this l	box and stop here	Explain in F	art IV	is 10% how the	▶
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check this	box and se	e <u>instr</u> u	ictions	▶ □

Schedule A (Form 990 or 990-EZ) 2009

BAA

Page 3

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

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in)> (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 966,458. 1,011,429 690,669 4,041,180. 638,159 734,465 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 86,346. 110,239. 95.888 424,668. 34,960 97,235 purpose 3 Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 0. 831,700. 1,052,804. 1,121,668 786,557 4,465,848. 673,119 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0 41,000 144,741 185,741. persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 503,951 0 0 592,307 558,679 1,654,937. 648,692 0 592,307 599,679. 0 1,840,678. c Add lines 7a and 7b 8 Public support (Subtract line 2,625,170. 7c from line 6) Section B. Total Support (d) 2008 (f) Total **(c)** 2007 (e) 2009 (a) 2005 **(b)** 2006 Calendar year (or fiscal yr beginning in) ► 786,557 673,119 831,700 052,804 121,668 4,465,848. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources 2,966 961 7,856 14,953 24,238 50,974. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 14,953. 24,238 2,966 50.974. 961 7,856 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 4,516,822. 13 Total support. (add ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage 58.1% 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 53.1% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 1.1% 0.5% 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not ► X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990 or	990-E	Z) 20	209	THE	3 C	ENTE	R F	OR	WHOLE	COM	TINUM	IES,	INC.	51-04622	32 Page	4
Part IV	Supp	olemer	ntal l	nfo	rmal	ion.	Co	mplet	e ti	nis p	art to i	provid	e the e	explai	nations	s required by Pinformation. Se	art II, line 10;	_
	Part	II, line	17a	or	17b;	and	Pa	art III,	line	12	. Provid	de any	other /	addi	tional	information. Se	e instructions.	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

THE CENTER FOR WHOLE COMMUNITIES, INC.

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545-0047

Open to Public Inspection

Employer Identification number

51-0462232 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part 1 | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements. 2a 2Ь **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located >

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations,

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
 - **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenues included in Form 990, Part VIII, line 1

and enforcement of the conservation easement it holds?

- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- **b** Assets included in Form 990, Part X

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **D** (Form 990) 2009

			LE COMMUN.			51-046			Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Hist	orical Treasu	res, or	Other Similar As	sets (c	<u>ontın</u>	ued)
3 Using the organization's acquisition items (check all that apply)	on accession	and othe	r records, chec	k any of the follo	wing that	are a significant use	of its col	lection	
a Public exhibition			d Loan	or exchange prog	_				
b Scholarly research			e Other						
c Preservation for future genera	ations								
Provide a description of the organ Part XIV.			•	•	-	,	ın		
5 During the year, did the organizal assets to be sold to raise funds ra	ather than to	be mainta	ained as part o	f the organization	n's collect	ion?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo					answere	ed 'Yes' to Form !	990, Pa ——	ırt IV,	, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or othe	er intermediary	for contributions	or other a	assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd compl	ete the followin	g table:					
							Amount		
c Beginning balance .						1c			
d Additions during the year						1d			
 Distributions during the year 				•		1e			
f Ending balance						1f			
2a Did the organization include an ai	mount on For	m 990, P	art X, line 21?				Yes	L	_ No
b If 'Yes,' explain the arrangement		_							
Part V Endowment Funds Co	mplete if c	organiza	ation answei	ed 'Yes' to F	orm 990	0, Part IV, line 10)		
	(a) Current	year	(b) Prior year	(c) Two y	ears back	(d) Three years back	(e) Fo	our years	back
1a Beginning of year balance							1		
b Contributions									
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
 Other expenditures for facilities and programs 									
f Administrative expenses									
g End of year balance				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			1		
2 Provide the estimated percentage	e of the year	end balar	nce held as.						
a Board designated or quasi-endow	vment ►		%						
b Permanent endowment ►									
c Term endowment ►									
3a Are there endowment funds not in organization by:	n the possess	sion of the	e organization t	hat are held and	l administ	ered for the	Г	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(II), are the related of	rganizations	listed as	required on Sci	nedule R?			3b		
4 Describe in Part XIV the intended	duses of the	organizat	ion's endowme	nt funds					
Part VI Investments—Land, B	uildings,	and Eq	uipment. Se	e Form 990,	Part X,	line 10.			
Description of investment			or other basis vestment)	(b) Cost or of basis (othe		(c) Accumulated Depreciation	(d) B	ook Va	alue
1a Land									
b Buildings				143,		18,767.		125,	,007.
c Leasehold improvements				647,		21,345.		625,	, 980.
d Equipment					062.	47,109.		44,	, 953.
e Other				7,	524.	4,016.			,508.
Total. Add lines 1a through 1e (Columi	า (d) must eq	ual Form	990, Part X, co	olumn (B), line 1	O(c))	>		799,	,448.

Schedule **D** (Form 990) 2009

Part VII	Investments-Other Securities See F	orm 990, Part X, lir	ne 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ation ket value
Financial o			-	
Closely-he	ld equity interests			
Other				
				
==				
	mn (b) must equal Form 990 Part X, col. (B) line 12.)	Form 000 Dort V	12) 17/3	
Part VIII	Investments—Program Related (See	T		<u></u>
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ket value
			· · · · · · · · · · · · · · · · · · ·	·
	····			
				
				
T-A-1 (0.1	nn (h) must equal Form 990 Part X Col (B) line 13)			
Part IX	nn (b) must equal Form 990, Part X, Col. (B) line 13.) • Other Assets (See Form 990, Part X,	line 15) N/A		
(1,44,45)		escription		(b) Book value
	(4)			(B) BOOK Value
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	_		
	olumn (b) must equal Form 990, Part X, col (B), li			
Part X	Other Liabilities (See Form 990, Part			
Endaral In	(a) Description of Liability come Taxes	(b) Amount	- 	
	CARD PAYABLE	3,80		
	L LIABILITIES	3,80		
IMINOL	B BIADIBIIIBS			
	- "			
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 25)	4,64	7.	<u></u>
2. FIN 48 for uncert	Footnote. In Part XIV, provide the text of the foot ain tax positions under FIN 48.	note to the organization's	s financial statements that reports the	organization's liability

Schedule D (Form 990) 2009 THE CENTER FOR WHOLE COMMUNITIES, INC.

51-0462232

Page 3

Sche	edule D (Form 990) 2009 THE CENTER FOR WHOLE COMMUNITIES, INC. 5:	1-046	2232	Page 4
Pal	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities	- [
6	Investment expenses			
7	Prior period adjustments	[
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8	ſ		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
ε	a Net unrealized gains on investments.			
ŀ	Donated services and use of facilities 2b]		
•	Recoveries of prior year grants 2c]		
•	d Other (Describe in Part XIV)]]		
•	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
ŧ	a Investments expenses not included on Form 990, Part VIII, line 7b			
ŀ	b Other (Describe in Part XIV)]		
	c Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	1 1	N/A	
	Total expenses and losses per audited financial statements			
	Donated services and use of facilities	- 1		
	b Prior year adjustments 2b	- 1		
	c Other losses	- 1		
	d Other (Describe in Part XIV)	┨╻┞		
,	Add lines 2a through 2d	20		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b	-		
	b Other (Describe in Part XIV) c Add lines 4a and 4b	اء ا		
		4c		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) It XIV Supplemental Information	1 3		
Com	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this par mation.	lines 11 t to pro	b and 2b, Par ovide any add	t V, itional

Schedule D	(Form 990) 2009	THE CENTER FO	OR WHOLE COM	MUNITIES,	INC.	51-0462232	Page 5
Part XIV	Supplementa	THE CENTER FO	ntınued)	- <u>-</u> -			
							. – – – –
	. 						
							
							
							

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or 990-EZ.

Transactions with Interested Persons

➤ Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Part	TER FOR WHOLE COMMUNI Excess Benefit Transactio Complete if the organization answ	ns (sect	ion 50	1(0)(3) :					522 <u>3</u>				
	Excess Benefit Transactio Complete if the organization answ	ns (sect vered Yes	ion 50	1/61/31 =									
1			on Forr	n 990, Pai	nd section t IV, line 25a	or 25b, o	4) organiz Form 990-E	ation Z, Par	s onl t V, lin	y). ie 40b.		_	
<u>'</u>	(a) Name of disqualified person					(h) Descriptor	of transaction	•				(c) Corrected?	
	(a) Name of disquamed person					(m) Description						Yes	No
													
section 3 Enter	the amount of tax imposed on the n 4958 the amount of tax, if any, on line 2 Loans to and/or From Inte	2, above, r	eimburs Person	ed by the	organization		· · · · · · · · · · · · · · · · · · ·		► \$ ► \$				
(a) N	Complete if the organization answ		to or from		rt IV, line 26 (30-EZ, Part V,	r	lefault?	(1) Арр	proved 1	(a) W	ntten
(a) Name of interested person and purpose			inization?		pal amount	(4)5	nance oue		iciaun	by bo	ard or		ment?
		То	From			ļ		Yes	No	Yes	No	Yes	No
		_				ļ							ļ
						<u> </u>		_					-
		 				<u> </u>		 	 -		-		\vdash
						<u> </u>			<u> </u>			-	
								İ	İ				
Total					► \$								
Part III	Grants or Assistance Ben Complete if the organization	e fitting l on answ	Interes ered 'Y	ted Per 'es' on f	sons. Form 990, I	Part IV,	line 27.						
	(a) Name of interested person	(b) Relations	Relationship between interested person and the organization				(c) Amount and type of assistance					
						-, .,							
				·									
			·										
			·										
Part IV	Business Transactions In Complete if the organization	volving on answ	Interes ered'Y	ted Per es' on F	sons. orm 990, F	Part IV, I	ine 28a, 28	3b, o	r 28c	:.			
	(a) Name of interested person		elationship ested perso organizati	n and the	(c) Amou transact	int of ion \$	(d) Des	cnption	of trans	action		organiz	aring of zation's nues?
			ים פונדיווים	T DE ርጥ () D		21 000	PROPERTY I	O E N T N	т			Yes	No X
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	rivacy Act and Paperwork Reduct				<u> </u>		L			rm 99			<u> </u>

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

> Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization THE CENTER FOR WHOLE COMMUNITIES, INC.	Employer Identification number 51-0462232
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
990 IS REVIEWED IN DRAFT FORM BY THE CHAIR OF THE GOVERNING BOD	Y AND THE
CO-DIRECTORS BEFORE FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI	ENT OF CONFLICTS
ALL MEMBERS OF THE BOARD ARE AWARE OF THE CONFLICT OF INTEREST	POLICY AND
VOLUNTARILY RECLUSE THEMSELVES OF ANY DECISIONS WHICH MIGHT CRE	ATE A CONFLICT.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	FOR CEO, EXEC. DIR., OR TOP MGT
CO-DIRECTORS COMPENSATION IS SET BY THE BOARD AFTER REVIEW OF F	RELEVANT SALARIES IN
THE AREA AND EXPERIENCE OF THE EMPLOYEE.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
990 IS AVAILABLE AT WWW.GUIDESTAR.ORG. ALL OTHER DOCUMENTS ARE	AVAILABLE UPON
REQUEST.	

Schedule (Form 990) 2009		Page 2
	Employer Identification number 51-0462232	
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