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SCARRED AUG 22

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

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

OMB No 1545-0052

Department of the Treasury

_		llendar year 2015 or tax year beginning		T unu no ocpuna				, 20
_		of foundation			, 2015.	, and endir	A Employer ident	
							46-09498	
WHOLE CITIES FOUNDATION  Number and street (or P O box number if mail is not delivered to street address)  Room/suite						ber (see instructions)		
					<b>B</b> receptione nair	ber (see mondatoria)		
EEO DOWLE CO						(512) 5	42-3082	
_	550 BOWIE ST  City or town, state or province, country, and ZIP or foreign postal code						(312)	142-3002
•	Jily Oi	town, state or province, country, and 217 or toleign p	siai code				C If exemption appl	cation is
	אוופי	TIN, TX 78703					pending, check he	re ▶ □
		eck all that apply. Initial return		Initial return of	of a former n	ublic char	+v-	
G	Cite	Final return	<u></u>	Amended ret	-	Jubiic Criair		
		Address change	-	Name change			85% test check	zations meeting the chere and attach
_	Cho	eck.type of organization   X   Section 50	(0)(3) (				computation	▶□
'n			$\overline{}$			hon	1 .	on status was terminated
Ť		section 4947(a)(1) nonexempt charitable trust		Other taxable pri	ash X Acc			(b)(1)(A), check here
•			_		asiiA Acc	iluai	1	is in a 60-month termination
		· · · · · · · · · · · · · · · · · · ·		specify) (d) must be on cas	h hasis l		— under section 507	(b)(1)(B), check here . ►
		Analysis of Revenue and Expenses (Th	J		ii basis j		<u> </u>	(d) Disbursements
نا	ai t	total of amounts in columns (b), (c), and (d)	(4)	Revenue and xpenses per	(b) Net inve		(c) Adjusted net	for charitable
		may not necessarily equal the amounts in	"	books	incom	ne l	income	purposes (cash basis only)
_		column (a) (see instructions) )		1,647,775.		<del></del>		(Gasii basis Gilly)
	1 2	Contributions, gifts, grants, etc., received (attach schedule).  Check if the foundation is not required to		1,01,,,,0	<del>.</del>	+		
	_	attach Sch B	ļ					-
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities			<del></del>			<del> </del>
	5a	Gross rents						-
-		Net rental income or (loss)	<del>-</del>					<u> </u>
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all						
Ve	_	assets on line 6a	1			0.	······································	
å	7	Capital gain net income (from Part IV, line 2)			<del></del>			<del> </del>
	8	Net short-term capital gain						<del></del>
	9 10 a	Income modifications						
		and allowances			· <del>-</del> v•			
		Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		1,647,775.		0.		
_	13	Compensation of officers, directors, trustees, etc		0.				
ses	14	Other employee salaries and wages		361,282.				361,282.
Ľ		Pension plans, employee benefits		55,347.	-			55,347
be	16 2	Legal fees (attach schedule) ATCH 1		3,279.				3,279
ŭ	h	Accounting fees (attach schedule)ATCH 2		11,730.			RECEIVE	11,730
Ş		Other professional fees (attach schedule) .[3]		95,902.		1		1 95, 902
ati	17	Interest				18	AUG 1 8 2016	95, 902
st	18	Taxes (attach schedule) (see instructions)				12	HOG -	
Ξ	19	Depreciation (attach schedule) and depletion.		678.				m-
þ	20	Occupancy		19,180.	_		OGDEN, U	19,180
¥	21	Travel, conferences, and meetings		16,074.	_			16,074
anc	15 16 a b c 17 18 19 20 21 22 23 24	Printing and publications		3,147.				3,147
Ď	23	Other expenses (attach schedule) ATCH .4.		85,886.				85,886
듗	24	Total operating and administrative expenses			<u></u>			
era		Add lines 13 through 23		652,505.				651,827
g	25	Contributions, gifts, grants paid		206,100.				206,100
_	26	Total expenses and disbursements Add lines 24 and 25		858,605.		0.	0	. 857,927
_	27	Subtract line 26 from line 12						
		Excess of revenue over expenses and disbursements		789,170.				
		Net investment income (if negative, enter -0-)				0.		
_	C	Adjusted net income (If negative, enter -0-).						000 85

E	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End of	End of year		
	<u></u>	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	899,498.	1,417,397.	<u>1,417,397</u> .		
	2	Savings and temporary cash investments					
	3	Accounts receivable ► 400, 409.					
		Less allowance for doubtful accounts ▶	28,461.	400,409.	400,409.		
		Pledges receivable ▶					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts >					
ध		Inventories for sale or use					
Assets		Prepaid expenses and deferred charges					
As		Investments - U.S. and state government obligations (attach schedule).					
		Investments - corporate stock (attach schedule)					
		Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings,					
		and equipment basis Less accumulated depreciation					
		(attach schedule)					
l	12   13	investments - montgage loans					
	14	Land, buildings, and			-		
	1	Less accumulated depreciation 678	1,275.	2,420.	2,420.		
	15	(attach schedule) Other assets (describe ATCH 5 )	13,542.	49,422.	49,422.		
		Total assets (to be completed by all filers - see the		12721	13,122		
		nstructions Also, see page 1, item I)	942,776.	1,869,648.	1,869,648.		
$\dashv$			3127	100,000.	1,005,010.		
		Accounts payable and accrued expenses			+		
ွ		Grants payable	<del></del>				
Liabilities		Deferred revenue					
░		_oans from officers, directors, trustees, and other disqualified persons					
<u>.</u>		Mortgages and other notes payable (attach schedule)					
_	22 (	Other liabilities (describe )					
	23	Fotal liabilities (add lines 17 through 22)	0.	100,000.			
ᅥ		Foundations that follow SFAS 117, check here		100,000.			
Š		and complete lines 24 through 26 and lines 30 and 31.			1		
alances			942,776.	1,722,985.			
画		Unrestricted	312,7701	46,663.			
8	25	Femporarily restricted	<del></del>				
힏		Permanently restricted	<del></del>				
흾	1	Foundations that do not follow SFAS 117,					
5	'	check here and complete lines 27 through 31.			}		
छ	27 (	Capital stock, trust principal, or current funds					
Se	28 F	Paid-in or capital surplus, or land, bldg, and equipment fund					
&	29 F	Retained earnings, accumulated income, endowment, or other funds	942,776.	1,769,648.			
ᇹ	30	Total net assets or fund balances (see instructions)	342,110.	1,709,040.			
Z		Total liabilities and net assets/fund balances (see	942,776.	1 060 640			
ᆜ		nstructions)		1,869,648.			
		Analysis of Changes in Net Assets or Fund Balar		wet aggs with	<del></del>		
7		net assets or fund balances at beginning of year - Part I			040 776		
_		of-year figure reported on prior year's return)			942,776.		
		r amount from Part I, line 27a			789,170.		
		r increases not included in line 2 (itemize) ► ATCH 6		3	37,702.		
		ines 1, 2, and 3			1,769,648.		
5	Decr	eases not included in line 2 (itemize) ▶	5 5 6	5	1 760 640		
6	Total	net assets or fund balances at end of year (line 4 minus	iine 5) - Part II, column (b	), line 30 <b>6</b>	1,769,648.		

Pa	art IV Capital Gains	and Losses for Tax on Inv	estment Income				
		d describe the kind(s) of property sold	(e g , real estate,	(b) How acquired	(c) Date	(d) Date sold	
	2-story b	P - Purchase D - Donation	acquired (mo., day, yr)	(mo , day, yr )			
1a			-				
b							
c							
d							
9							
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo		
	(c) Gross sales price	(or allowable)	plus expense of sale	(e) plus (f) minus (g)			
а							
b							
C							
<u>d</u>							
0							
	Complete only for assets	showing gain in column (h) and owner	ed by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less t		
	(I) 1 W V 43 OI 12/31/03	as of 12/31/69	over col (j), if any		Losses (from co	l (h)) 	
a							
_b							
C							
d							
<u>e</u>							
2	Capital gain net income	or (not capital loss)	gain, also enter in Part I, line 7				
4	, -	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2			
3		ain or (loss) as defined in sections					
	If gain, also enter in Pa	art I, line 8, column (c) (see ins	tructions) If (loss), enter -0- in				
_		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		3			
Pá	art V Qualification l	Under Section 4940(e) for Re	duced Tax on Net Investment l	ncome			
(Fo	or optional use by domesti	c private foundations subject to th	e section 4940(a) tax on net investi	ment incor	ne)		
If s	ection 4940(d)(2) applies,	leave this part blank					
						1. 🖂	
			outable amount of any year in the ba	ase penoc	7	Yes X No	
		not qualify under section 4940(e)	<del></del>	<del></del>			
_1		nount in each column for each yea	ir, see the instructions before makin	g any entr			
	(a) Base penod years	(b)	(c)		(d) Distribution ra		
Ce	ilendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) dwided by		
	2014	328,012.	551,053.			0.595246	
	2013						
_	2012						
	2011						
_	2010						
						0 505046	
2		1)		2		0.595246	
3	Average distribution ratio	for the 5-year base period - divid	le the total on line 2 by 5, or by the			0 100415	
	number of years the four	ndation has been in existence if les	ss than 5 years	3		0.198415	
					_		
4	Enter the net value of no	ncharitable-use assets for 2015 fr	om Part X, line 5	4	1,	518,830.	
5	Multiply line 4 by line 3.	· · · · · · · · · · · · · · · · · · ·		5		301,359	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6	-	<del></del>	
7	Add lines 5 and 6			7		301,359.	
8	Enter qualifying distributi	ons from Part XII, line 4		8	_ <del>.</del>	857,927.	
	If line 8 is equal to or g	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	rate See the	
	Part VI instructions						

Pai	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948 - See	nstru	ction	<u>s)                                     </u>		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 )					
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			_		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.		
	here 🕨 🔀 and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2					
3	Add lines 1 and 2			0.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.		
6	Credits/Payments					
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 135.					
b	Exempt foreign organizations - tax withheld at source					
c	Tax paid with application for extension of time to file (Form 8868).  6c 369.					
d	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d			504.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		5	504.		
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 0 . Refunded ▶ 11		Ę	504.		
Par	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		Х		
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?	1b		Х		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities			1		
c	Did the foundation file Form 1120-POL for this year?	1c	-	Х		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on					
	foundation managers   \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х		
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		- V		
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					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		х	1		
_	conflict with the state law remain in the governing instrument?	6	X	<del> </del> -		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	41	<del></del>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
_	ATTACHMENT /					
Ð	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	х	1		
۰	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	-00		<del>                                     </del>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			1		
	complete Part XIV	9	х	1		
4.0						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		х		
	names and addresses		n-PF	(2015)		

orm	990-PF (2015) WHOLE CITIES FOUNDATION 46-0949	876	1	Page <b>5</b>
Par	t VII-A Statements Regarding Activities (continued)	•		
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	Ι	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	the contract of the contract o			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13		13	Х	
	Website address WWW.WHOLECITIESFOUNDATION.ORG			
14	The books are in care of ▶ WHOLE FOODS MARKET - TAX DEPT Telephone no ▶ 512-542	-308	2	
	Located at ▶ 550 BOWIE ST AUSTIN, TX ZIP+4 ▶ 78703			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		🕨	•
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is_"Yes" to 1a(1)-(6),_did any of_the acts fail_to qualify under-the exceptions described-in Regulations			L
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			Ì
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years ,,,,,,,			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	26		
	all years listed, answer "No" and attach statement - see instructions)	2b		-
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>			}
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
_	<i>-</i> – –			
Ь	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3b		
	foundation had excess business holdings in 2015)	4a		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	+4		<b>─</b> .,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

Form 990-PF (2015)

4b

	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the year did the foundation pay or incur any amo	ount to					
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	. Yes X No	<b>,</b>		
	(2) Influence the outcome of any specific public el	ection (see section 4	955), or to carry on	,	i		
	directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or o	other similar purposes?		. Yes X No	<b>&gt;</b>		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in						
	section 4945(d)(4)(A)? (see instructions),			Yes X No	<b>,</b>		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational						
	purposes, or for the prevention of cruelty to children or animals? Yes X No						
b	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in						
	Regulations section 53 4945 or in a current notice regain	rding disaster assistan	ce (see instructions)?		5b	X	
	Organizations relying on a current notice regarding disa	ster assistance check h	nere				
c	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	cemption from the ta	ax x <u></u>			
	because it maintained expenditure responsibility for the	grant?		Yes No	<b>&gt;</b>		
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)					
6a	Did the foundation, during the year, receive any ful	nds, directly or indire	ectly, to pay premiun	ns			
	on a personal benefit contract?			Yes X No	•		
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct?	. 6b	X	
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a p				1		
	If "Yes," did the foundation receive any proceeds or ha						
Pa	Information About Officers, Directo	rs, Trustees, Fou	ndation Managers	s, Hignly Pald Emp	pioyees,		
1	List all officers, directors, trustees, foundation						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens other all		
		devoted to position	`enter`-0-)	and deferred compensation			
ATC	H 8		0.	0.		0.	
7110							
		1					
				-			
2	Compensation of five highest-paid employees	(other than thos	e included on line	o 1 - see instructi	ons). If no	one, enter	
2	Compensation of five highest-paid employees	· · · · · · · · · · · · · · · · · · ·	e included on line		ons). If no	one, enter	
	"NONE."	(other than thos	e included on line	(d) Contributions to employee benefit	(e) Expens	se account,	
		(b) Title, and average		(d) Contributions to	(e) Expens		
	"NONE."	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	se account,	
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
(a)	"NONE."  Name and address of each employee paid more than \$50,000  H 9	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances	

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
stal number of others receiving over \$50,000 for professional services	
art IX-A Summary of Direct Charitable Activities	
	<del></del>
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
WHOLE CITIES FOUNDATION'S MISSION IS TO IMPROVE INDIVIDUAL	
AND COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS,	
EDUCATION, AND BROADER ACCESS TO NUTRITIOUS FOOD IN THE	858,60
2 COMMUNITIES WE SERVE. WHOLE CITIES PARTNERS WITH COMMUNITY-	
BASED ORGANIZATIONS THAT CREATE FOOD ACCESS SOLUTIONS FROM	
THE GROUND UP, BUILDS COLLABORATIVE PARTNERSHIPS WHERE	
NUTRITIOUS FOOD ACCESS AND HEALTHY EATING EDUCATION COME	
TOGETHER, BROADENS ACCESS TO HEALTHY EATING INFORMATION, AND	
INSPIRES CONVERSATIONS ABOUT WELLNESS AND FRESH FOOD.	
C C C C C C C C C C C C C C C C C C C	<u> </u>
art IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  NONE	7 8 110 4 11
NONE	
2	_
All other program-related investments See instructions	ı
All other program-related investments See instructions  NONE	

### WHOLE CITIES FOUNDATION

Form 990-PF (2015)

_		0
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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1,089,707.
С		1c	452,252.
d	Total (add lines 1a, b, and c)	1d	1,541,959.
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see	3	1,541,959.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	23,129.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,518,830.
6	Minimum investment return. Enter 5% of line 5	6	75,942.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here   X  and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4-	057 007
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	857,927.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	_
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	857,927.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_ [	
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	857,927.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculating whether	the foundation

### WHOLE CITIES FOUNDATION

Form 990-PF (2015)

Page 9

Рa	rt XIII Undistributed Income (see instr	ructions)			
4	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
•	•	<del>-</del>	<del>                                     </del>		0.
	line 7	<del></del>	<del> </del>	<del></del>	<del>                                     </del>
_	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only				<u> </u>
b	Total for prior years 20 13 ,20 12 ,20 11				
3	Excess distributions carryover, if any, to 2015			·	
	From 2010				
	F		]		
	From 2012				
	From 2013				
е	From 2014				
f	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2014, but not more than line 2a				
ь	Applied to undistributed income of prior years				
-	(Election required - see instructions)				
_					
С	Treated as distributions out of corpus (Election required - see instructions)				
_					
	Applied to 2015 distributable amount			<del></del>	<del> </del>
	Remaining amount distributed out of corpus				<del>                                     </del>
5	Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same				<del></del>
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
ь	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				<del></del>
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions			<del></del>	
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see				
	instructions				<del> </del>
f	Undistributed income for 2015 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2016				
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
_	•	<del></del>			<del></del>
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)				<u> </u>
9	Excess distributions carryover to 2016.	0.			
	Subtract lines 7 and 8 from line 6a				<del></del>
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
đ	Excess from 2014		]		]
е	Excess from 2015				

_	Drivete On	anding Foundations	/acc instructions	ad Dard VIII A accepti	0)	3 3 1 3 0 . C 1 1 age 10
		erating Foundations	•			
1 a	If the foundation has	<del>-</del>			00/05/00	1.0
	foundation, and the ruling	•	•		· · · <del> , </del>	
Ь	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section X 4942	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(-)
	I or the minimum investment return from Part X for each					
	year listed					
h	85% of line 2a				<del></del>	
C	Qualifying distributions from Part XII, line 4 for each year listed	857,927.	328,012.			1,185,939.
А	Amounts included in line 2c not		323,5221			
_	used directly for active conduct					
	of exempt activities		<del></del>		<del>-</del> -	<del></del>
e	Qualifying distributions made directly for active conduct of					•
	exempt activities Subtract line				•	
	2d from line 2c	857,927.	328,012.	=		1,185,939.
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets	1,869,649.	942,776.			2,812,425.
	(2) Value of assets qualifying					
	under section	1,869,649.	942,776.			2,812,425.
ь	4942(j)(3)(B)(i)	<u> </u>				
_	enter 2/3 of minimum invest-					
	ment return shown in Part X,	50,628.	18,368.			68,996.
	line 6 for each year listed	30,020.	10,300.			- 00,330.
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)	1,647,775.	1,257,246.			2,905,021.
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)	352,019.	526,972.			878,991.
	(3) Largest amount of sup-					
	port from an exempt					
	organization					
Рa		tary Information (C	omplete this part	only if the foundat	ion had \$5,000	or more in assets at
ļ		uring the year - see		o,		
1	Information Regarding	<del></del>				
				than 2% of the tota	l contributions rece	eived by the foundation
	before the close of any	tax year (but only if the	ey have contributed n	nore than \$5,000) (Se	ee section 507(d)(2)	)
		, , ,	•	, , ,	, , , ,	•
_	N/A	the foundation who is	100/ as mass of	the steel of a seri	aration (or an agua	dly large parties of the
D	ownership of a partner					illy large portion of the
	Ownership of a partite	ship of other entity) of	Willow the roundation	nas a 10 % of greater	microsi	
	N/A					
2	Information Regarding	-		· · · · · ·		
	Check here ▶ X If the	he foundation only n	nakes contributions	to preselected chari	table organizations	and does not accept
				ints, etc (see instruct	ions) to individuals	or organizations under
	other conditions, comp	olete items 2a, b, c, and	ld			
а	The name, address, a	nd telephone number o	or e-mail address of t	he person to whom app	olications should be a	ddressed
		,				
ь	The form in which appl	lications should be sub	mitted and informatio	n and materials they	should include	<del></del>
_	verm in miner app					
	N/A					
	Any submission deadli	nee				
C	This subilities to the autilities	1100				
	31 / B					
	N/A			internal disease of the	bla Balda I od	£
d		mitations on awards,	such as by geogra	ipnical areas, charita	die tields, kinds o	f institutions, or other
	factors					

Page 11

Part XV Supplementary Information (	continued)					
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 contribution   Foundation factor of the contribution   Purpose of grant or contribution   Amount    Amount   Amount   Purpose of grant or contribution   Purpose of grant or contrib						
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	Contribution			
a Paid dunng the year						
7 mgu 10						
ATCH 10						
		İ				
		j				
Total				106,100.		
b Approved for future payment						
B //pprovod for rataro payment						
ATCH 11						
			'			
		1				
Table				100,000.		
Total	<u> </u>	<u> </u>	<u></u> 3b	100,000.		

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Part XV	I-A Analysis of Income-Prod	ucing Act	ivities			<u> </u>
	s amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
-	m service revenue					(See instructions)
				<del> </del>	<u></u>	
				<del>                                     </del>		
				<del> </del>		<del></del> ·_
, —						
g Fees	and contracts from government agencies					
-	ership dues and assessments					
	on savings and temporary cash investments					
	nds and interest from securities					
5 Net ren	atal income or (loss) from real estate					
a Deb	ot-financed property					
<b>b</b> Not	debt-financed property					
6 Net rent	al income or (loss) from personal property					
7 Other II	nvestment income					
8 Gain or	(loss) from sales of assets other than inventory		<u> </u>			
9 Net inc	ome or (loss) from special events					
•	profit or (loss) from sales of inventory					
	evenue a					
ь						<del></del>
e	A dal - da		<u> </u>			
	al Add columns (b), (d), and (e)					· · · · · · · · · · · · · · · · · · ·
(Soo works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated				13	<del></del>
Part XVI			complishment of Ev	omnt Dur	20505	
Line No.	Explain below how each activity		·	-	·	
lacktriangle	accomplishment of the foundation	n's exemp	t purposes (other than b	y providing	funds for such purposes	s) (See instructions)
			-			<del></del>
			•		· · · · · · · · · · · · · · · · · · ·	
						·
					<del></del>	
				<del></del>		
						5 990 PE (2045)

JSA 5E1492 1 000

Form	• 990-PF (	. 2015)	WHOLE CITIES FOUNDATION		46-0949	9876	Pa	ge 13
	t XVII		egarding Transfers To and Tr	ansactions and Relation				
1	ın sec organı	tion 501(c) of the Co zations?	ly or indirectly engage in any of the de (other than section 501(c)(3) org	anizations) or in section 527,			Yes	No
	(1) Ca (2) Ot	shher assets	g foundation to a noncharitable exem					X
В	(1) Sa (2) Pu (3) Re (4) Re	rchases of assets fro ntal of facilities, equi imbursement arrange	ncharitable exempt organization on a noncharitable exempt organization pment, or other assets or exempt organization.	n		1b(2) 1b(3) 1b(4)		X X X X
	Sharin If the value	g of facilities, equipm answer to any of th of the goods, other a	s or membership or fundraising solice nent, mailing lists, other assets, or pai e above is "Yes," complete the follous assets, or services given by the repo sharing arrangement, show in colu	d employees	should always show lation received less	the than	fair m	arket
(a) L	ine no	(b) Amount involved N/A	(c) Name of nonchantable exempt organiz	ation (d) Description of trans	fers, transactions, and shar	nng arra	ngeme	nts

2a	Is the	foundation	n dire	ctly or	ındırectly	affiliated with	n, or related	to, one	or more	tax-exempt	organizations		
	descri	bed in sec	ction 5	01(c) o	f the Code	(other than s	ection 501(c	)(3)) or ın	section	527?		∐∖	∕es ∑ No
_													

<b>b</b> If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
		-

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

Sign	
Here	

orrect, and complete Declaration	of preparer (other than taxpayer)	s based on all information of which	preparer has any knowledge	
> Rus	m	815/14	Asst- Scentury	May the IRS discuss this with the preparer shown
Signature of fficer or trustee		Date	Title	(see instructions)? Yes

Paid	Print/Type prep	arer's name	Preparer's signature	Date		Check self-em		f PTIN	
Prepare	Firm's name	Firm's name					Firm's EIN		
Use Or	Firm's address	m's address			Phone				
					Phone	: no			

### Schedule B

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

Name of the organization

WHOLE CITIES FOUNDATION

## **Schedule of Contributors**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or 990-FF) and its instructions is at www.irs.gov/form990.

Employer identification number

	46-0949876
Organization type (check or	e):
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
-	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under s 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during contributions totale during the year for <b>General Rule</b> appli	the year, contributions exclusively for religious, charitable, etc., purposes, but no such and exclusively religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purpose be not complete any of the parts unless the less to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year
Caution. An organization that 990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, ust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its to certify that it does not meet the filing requirements of Schedule B (Form 990-990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number 46-0949876

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	WHOLE FOODS MARKET SERVICES, INC.  550 BOWIE ST.  AUSTIN, TX 78703	\$\$	Person X X X X X X X X X X X X X X X X X X X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NUTIVA NOURISH FOUNDATION  213 WEST CUTTING BLVD.  RICHMOND, CA 94804	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANNIE'S INC  1610 FIFTH STREET  BERKELEY, CA 94710	\$ 100,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GRIMMWAY ENTERPRISES  PO BOX 81498  BAKERSFIELD, CA 93380	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part If for noncash contributions)

Employer identification number

46-0949876

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is ne	eded. 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		T	

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V391

Employer identification number

46-0949876

Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any ons completing Par e year. (Enter this ır	one contributor. ( t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transi	er of gift	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transt	er of gift	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
		<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee
			-	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee
			<del></del>	
			<u>_</u>	

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1		CHARITABLE	3,279.	3,279.
ATTACHMENT 1		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	3,279.	3,279.
	I - LEGAL FEES			TOTALS
	FORM 990PF, PART I - LEGAL FEES	DESCRIPTION	LEGAL FEES	

ATTACHMENT 1 PAGE 18

ATTACHMENT 2

ATTACHMENT 2 PAGE 19

	NET INVESTMENT INCOME	- مد د <i>د</i>	1
EES	REVENUE AND EXPENSES PER BOOKS	11,730.	11,730.
FORM 990PF, PART I - ACCOUNTING FEES	1	EES	TOTALS
FORM 990PF,	DESCRIPTION	ACCOUNTING FEES	

11,730.

CHARITABLE PURPOSES

ADJUSTED NET INCOME

DESCRIPTION

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

EXPENSES PER BOOKS

REVENUE AND 95,902.

95,902.

TOTALS

OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES

95,902.

95,902.

46-0949876

ATTACHMENT

AND EXPENSES	PER BOOKS 446.	11,336.	800.	8,133.	1,459.	3,736.	801.	5,574.	49,448.	18.	4,135.
	DESCRIPTION MEALS	MEETINGS AND EVENTS	EDUCATIONAL MATERIALS	MARKETING	COMMUNICATION	SUPPLIES	POSTAGE & DELIVERY	MEMBERSHIP & DUES	MISCELLANEOUS	BANK SERVICE CHARGE	LICENSES

REVENUE

- OTHER EXPENSES

FORM 990PF, PART I

CHARITABLE PURPOSES  446. 11,336. 8,133. 1,459. 3,736. 801. 5,574. 49,448.
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85,886.

85,886.

TOTALS

ATTACHMENT 5

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PART II - OTHER ASSETS FORM 990PF,

DESCRIPTION

WFM STOCK OPTIONS

TOTALS

ENDING BOOK VALUE

ENDING

49,422.

49,422.

49,422.

49,422.

ATTACHMENT 5 PAGE 22

37,702.

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ATTACHMENT	ь							

### FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

TOTAL

DESCRIPTION

UNREALIZED STOCK APPRECIATION RIGHTS G/L
PRIOR PERIOD ADJUSTMENT

35,880.
1,822.

## ATTACHMENT 7

FORM 990PF, PART VII-A, LINE 8A - STATES

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

WHOLE CITIES FOUNDATION

ATTACHMENT 8

TITLE AND AVERAGE HOURS PER

WEEK DEVOTED TO POSITION

NAME AND ADDRESS

AUSTIN, TX 78703

550 BOWIE ST WALTER ROBB

AUSTIN, TX 78703

ROBERTA LANG 550 BOWIE ST 550 BOWIE ST AUSTIN, TX 78703

PATRICIA YOST

DIRECTOR

550 BOWIE ST AUSTIN, TX 78703

NONA EVANS

DIRECTOR

550 BOWIE ST AUSTIN, TX 78703

SCOIT ALLSHOUSE

550 BOWIE ST AUSTIN, TX 78703

MEREDITH SMITH

ATTACHMENT 8 (CONT'D)

USTEE
TH
AND T
RECTORS, AND TRUST
S, DIRECTORS, AND
CERS,
ST OF OFFICERS
OF.
II - LIST OF OFFI
1
VIII
PART VIII
990PF,
FORM

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

GLENDA FLANAGAN 550 BOWIE ST AUSTIN, TX 78703

DIRECTOR

DIRECTOR

BETSY FOSTER 550 BOWIE ST AUSTIN, TX 78703

ASSISTANT SECRETARY

ALBERT PERCIVAL 550 BOWIE ST AUSTIN, TX 78703

ATTACHMENT 8 PAGE 26

EMPLOYEES	
PAID	
HIGHEST	
FIVE	
THE	
OF	
COMPENSATION	
- IIIA	
PART	
990PF,	•

6				
ATTACHMENT 9	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	21,386.	22, 656.	44,042.
	COMPENSATION	107,152.	90,676.	197,828.
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	40.00	40.00	TOTAL COMPENSATION
	NAME AND ADDRESS	MEREDITH SMITH 550 BOWIE ST AUSTIN, TX 78703	KATHY WOOLBRIGHT 550 BOWIE ST AUSTIN, TX 78703	

ATTACHMENT 10

# RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

JACKSON, MS 39202 4945 SOUTH DRIVE FOOD PRINT FARM

RECIPIENT NAME AND ADDRESS

BROAD COMMUNITY CONNECTIONS 300 N BROAD ST, STE 208

NEW ORLEANS, LA 70119

THE NO BOUNDARIES COALITION

200 BROADWAY STREET, STE 107 NEW ORLEANS, LA 70118 MARKET UMBRELLA

8,600. AMOUNT OFFERS FRESH, AFFORDABLE PRODUCE AT CHURCHES AND FAITH INITIATIVE, AN INNOVATIVE CSA PROGRAM THAT WHOLE CITIES SUPPORTS FOOT PRINT FARM'S FARM 2 OTHER CONVENIENT LOCATIONS IN AREAS OF JACKSON PURPOSE OF GRANT OR CONTRIBUTION WITH FEW HEALTHY FOOD RETAILERS.

35,000

WHOLE CITIES PROVIDES SUPPORT FOR BROAD COMMUNITY AFFORDABLE FOOD TO THE BROAD STREET NEIGHBORHOODS COMMUNITIES WHOLE CITIES PROVIDED FUNDS FOR THE HEALTH EDUCATORS WHO CAN ENGAGE IN OUTREACH AND HELP COMMUNITY MEMBERS ACCESS SERVICES RELEVANT EDUCATION AND TRAINING DESIGNED TO PROMOTE THE REFRESH PROJECT TO RECRUIT AND TRAIN COMMUNITY CONNECTIONS' REFRESH PROJECT, A MULTI-SECTOR HEALTH HUB WHOSE TENANTS SUPPLY HEALTHY AND AND PROVIDE COMMUNITY ENGAGED PROGRAMMING, HEALTH AND WELLNESS OF THE SURROUNDING TO THEIR NEEDS. WHOLE CITIES SUPPORTED NO BOUNDARIES COALITION'S FRESH, HEALTHY PRODUCE WITH THEIR SNAP BENEFITS. AND RUN AN EBT MACHINE, ENABLING SHOPPERS TO BUY BOUNDARIES COALITION USED THE FUNDS TO PURCHASE POP UP MARKET IN CENTRAL WEST BALTIMORE NO

1,500.

UMBRELLA'S FARMERS MARKET PRESCRIPTION PROGRAM COULD THEN BE REDEEMED AT PARTICIPATING FRESH, IN THE PROGRAM, COMMUNITY MEMBERS AT RISK FOR PRESCRIPTION FOR FRESH PRODUCE PRESCRIPTIONS PARTICIPATING CLINICS TO RECEIVE A MONTHLY WHOLE CITIES PROVIDED FUNDING FOR MARKET DIETARY RELATED ILLNESSES SIGNED UP AT HEALTHY FOOD VENDORS.

18,000

ATTACHMENT 10

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8/15/2016

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

UNIVERSITY OF MISSISSIPPI FOUNDATION 2500 NORTH STATE STREET JACKSON, MS 39216

RECIPIENT NAME AND ADDRESS

ONE PENN CENTER, STE 900 1617 JOHN F. KENNEDY BLVD PHILADELPHIA, PA 19103 THE FOOD TRUST

205 E WASHINGTON ST, STE B ANN ARBOR, MI 48104 FAIR FOOD NETWORK

AMOUNT COMMUNITIES. WHOLE CITIES PROVIDED FUNDS TO EQUIP TRAINS INDIVIDUALS FROM FAITH BASED AND COMMUNITY 20 COMMUNITY HEALTHY ADVOCATES WITH THE TRAINING GROUPS AS HEALTH ADVOCATES WHO CAN THEN PROVIDE CONTAINING BLOOD PRESSURE MONITORS, GLUCOMETERS, HEALTH SCREENINGS AND HEALTH PROMOTION IN THEIR AND GEAR THEY NEEDED TO BE EFFECTIVE AND MOBILE ADVOCATE PROGRAM (CHA), WHICH AIMS TO ADDRESS OBESITY, DIABETES, AND CARDIOVASCULAR DISEASE MISSISSIPPI MEDICAL CENTER'S COMMUNITY HEALTH THROUGH PREVENTION AND EARLY DETECTION. CHA WHOLE CITIES SUPPORTED THE UNIVERSITY OF IN THEIR COMMUNITY, INCLUDING BACKPACKS PURPOSE OF GRANT OR CONTRIBUTION AND SCALES.

10,000.

ATTACHMENT 10 (CONT'D)

15,000, MATERIALS, AND EDUCATIONAL PROGRAMMING TO PROMOTE ORLEANS THROUGH COMMUNITY ENGAGEMENT, MARKETING INCREASE FRUIT AND VEGETABLE CONSUMPTION IN NEW WHOLE CITIES SUPPORTS THE FOOD TRUST'S WORK TO FRUIT AND VEGETABLE CONSUMPTION AT THE CIRCLE FOOD STORE.

WHOLE CITIES SUPPORTS FAIR FOOD NETWORK'S DOUBLE UP FOOD BUCK PROGRAM, WHICH DOUBLES THE VALUE OF SNAP BENEFITS WHEN PEOPLE BUY LOCAL FRUITS AND FRESH PRODUCE WHOLE CITIES PROVIDED FUNDS FOR ECONOMIES AND HELPS FAMILIES BRING HOME MORE VEGETABLES THIS SUPPORTS LOCAL FARMERS AND THE PROGRAM'S EDUCATIONAL, COMMUNICATION, EVALUATION, AND ADMINISTRATION COSTS.

18,000,

TOTAL CONTRIBUTIONS PAID

106,100.

ATTACHMENT 10

V391

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8/15/2016

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46-0949876

FORM 990PE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 11

FOUNDATION STATUS OF RECIPIENT

BROAD COMMUNITY CONNECTIONS 300 N BROAD ST, STE 208

NEW ORLEANS, LA 70119

RECIPIENT NAME AND ADDRESS

BACKYARD GARDENERS NETWORK

NEW ORLEANS, LA 70117 603 FORSTALL STREET

ONE PENN CENTER SUITE 900 1617 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103 THE FOOD TRUST

65,000. AMOUNT WHOLE CITIES PROVIDES SUPPORT FOR BROAD COMMUNITY CAN ENGAGE IN OUTREACH AND HELP COMMUNITY MEMBERS AFFORDABLE FOOD TO THE BROAD STREET NEIGHBORHOODS AND COMMUNITY ENGAGED PROGRAMMING, EDUCATION AND CITIES PROVIDED FUNDS FOR THE REFRESH PROJECT TO RECRUIT AND TRAIN COMMUNITY HEALTH EDUCATORS WHO WELLNESS OF THE SURROUNDING COMMUNITIES. WHOLE HEALTH HUB WHOSE TENANTS PROVIDE HEALTHY AND CONNECTIONS' REFRESH PROJECT, A MULTI-SECTOR TRAINING DESIGNED TO PROMOTE THE HEALTH AND ACCESS SERVICES RELEVANT TO THEIR NEEDS. PURPOSE OF GRANT OR CONTRIBUTION

ADVOCATES WHO TEACH HEALTHY COOKING AND LIFESTYLE WORKSHOP SERIES THAT FOCUSES ON FOOD AS A SOURCE GARDENERS NETWORK'S GARDEN IN NEW ORLEANS' LOWER NETWORK'S FOOD AS MEDICINE PROGRAM, A HANDS-ON 9TH WARD AND ARE LED BY LOCAL CHEFS AND HEALTH OF HEALING THE CLASSES ARE HELD IN BACKYARD WHOLE CITIES SUPPORTS BACKYARD GARDENERS TECHNIQUES.

20,000

MATERIALS, AND EDUCATIONAL PROGRAMMING TO PROMOTE ORLEANS THROUGH COMMUNITY ENGAGEMENT, MARKETING INCREASE FRUIT AND VEGETABLE CONSUMPTION IN NEW WHOLE CITIES SUPPORTS THE FOOD TRUST'S WORK TO FRUIT AND VEGETABLE CONSUMPTION AT THE CIRCLE FOOD STORE.

15,000,

TOTAL CONTRIBUTIONS APPROVED

100,000.

ATTACHMENT 11

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