

Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation  
 ► Do not enter social security numbers on this form as it may be made public.  
 ► Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning

, 2018, and ending

, 20

Name of foundation

WHOLE PLANET FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

550 BOWIE STREET

City or town, state or province, country, and ZIP or foreign postal code

AUSTIN, TX 78703

G Check all that apply.  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation (03)

I Fair market value of all assets at J Accounting method:  Cash  Accrual  
 end of year (from Part II, col (c), line  Other (specify)  
 16) ► \$ 11,114,442. (Part I, column (d) must be on cash basis )

A Employer identification number

20-2376273

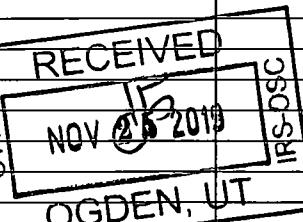
B Telephone number (see instructions)

(512) 542-0959

C If exemption application is pending, check here. ► D 1 Foreign organizations, check here. ►   
 2 Foreign organizations meeting the 85% test, check here and attach computation. ► E If private foundation status was terminated under section 507(b)(1)(A), check here. ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ► 

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	8,000,621.			
2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .				
3 Interest on savings and temporary cash investments. . . . .	54,501.	54,501.	54,501.	
4 Dividends and interest from securities . . . . .	146,565.	146,565.	146,565.	
5a Gross rents . . . . .				
b Net rental income or (loss) . . . . .				
6a Net gain or (loss) from sale of assets not on line 10 . . . . .	107,777.			
b Gross sales price for all assets on line 6a . . . . .	107,777.			
7 Capital gain net income (from Part IV, line 2) . . . . .		107,777.		
8 Net short-term capital gain. . . . .				
9 Income modifications . . . . .				
10a Gross sales less returns and allowances . . . . .				
b Less Cost of goods sold . . . . .				
c Gross profit or (loss) (attach schedule) . . . . .				
11 Other income (attach schedule) . . . . .				
12 Total. Add lines 1 through 11 . . . . .	8,309,464.	308,843.	201,066.	
13 Compensation of officers, directors, trustees, etc . . . . .	0.			
14 Other employee salaries and wages . . . . .	1,359,759.			1,359,759.
15 Pension plans, employee benefits . . . . .	163,608.			163,608.
16a Legal fees (attach schedule) ATCH 1 . . . . .	17,081.			17,081.
b Accounting fees (attach schedule) ATCH 2 . . . . .	74,441.			74,441.
c Other professional fees (attach schedule) [3] . . . . .	15,859.			15,859.
17 Interest . . . . .				
18 Taxes (attach schedule) (see instructions) . . . . .				
19 Depreciation (attach schedule) and depletion . . . . .	50.			
20 Occupancy . . . . .	42,006.			42,006.
21 Travel, conferences, and meetings . . . . .	150,963.			150,963.
22 Printing and publications . . . . .				
23 Other expenses (attach schedule) ATCH 4 . . . . .	204,654.			204,654.
24 Total operating and administrative expenses. Add lines 13 through 23. . . . .	2,028,421.			2,028,371.
25 Contributions, gifts, grants paid . . . . .	5,752,553.			5,752,553.
26 Total expenses and disbursements Add lines 24 and 25	7,780,974.	0.	0.	7,780,924.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements . . . . .	528,490.			
b Net investment income (if negative, enter -0-) . . . . .		308,843.		
c Adjusted net income (if negative, enter -0-) . . . . .			201,066.	



Assets	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing				
2	Savings and temporary cash investments		2,143,111.	4,037,577.	4,037,577.
3	Accounts receivable ►	11,000.			
	Less allowance for doubtful accounts ►		11,000.	11,000.	11,000.
4	Pledges receivable ►	1,819,235.			
	Less allowance for doubtful accounts ►		2,818,708.	1,819,235.	1,819,235.
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 ►				
8	Inventories for sale or use.				
9	Prepaid expenses and deferred charges				
10a	Investments - U S and state government obligations (attach schedule)				
b	Investments - corporate stock (attach schedule)				
c	Investments - corporate bonds (attach schedule)				
11	Investments - land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule) ►				
12	Investments - mortgage loans				
13	Investments - other (attach schedule)				
14	Land, buildings, and equipment basis ►	71,414.			
	Less accumulated depreciation (attach schedule) ►	71,414.	50.		
15	Other assets (describe ► ATCH 5 )		5,219,673.	5,246,630.	5,246,630.
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)		10,192,542.	11,114,442.	11,114,442.
Liabilities					
17	Accounts payable and accrued expenses		90.	90.	
18	Grants payable				
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ► ATCH 6 )		49,188.	871,838.	
23	Total liabilities (add lines 17 through 22)		49,278.	871,928.	
Net Assets or Fund Balances					
	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 24 through 26, and lines 30 and 31.				
24	Unrestricted		8,911,264.	9,222,098.	
25	Temporarily restricted		1,232,000.	1,020,416.	
26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 27 through 31.				
27	Capital stock, trust principal, or current funds				
28	Paid-in or capital surplus, or land, bldg, and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see instructions)		10,143,264.	10,242,514.	
31	Total liabilities and net assets/fund balances (see instructions)		10,192,542.	11,114,442.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	10,143,264.
2	Enter amount from Part I, line 27a	2	528,490.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	10,671,754.
5	Decreases not included in line 2 (itemize) ► ATCH 7	5	429,240.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	10,242,514.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )

(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
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<b>1 a SEE PART IV SCHEDULE</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
<b>(e) Gross sales price</b>	<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g))</b>
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
<b>(i) FMV as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col (i) over col (j), if any</b>	<b>(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))</b>
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
<b>2 Capital gain net income or (net capital loss)</b>	<b>{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</b>		<b>2 107,777.</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).</b>	<b>If gain, also enter in Part I, line 8, column (c). See instructions If (loss), enter -0- in Part I, line 8 . . . . .</b>		<b>3 0.</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part

**1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.**

<b>(a) Base period years Calendar year (or tax year beginning in)</b>	<b>(b) Adjusted qualifying distributions</b>	<b>(c) Net value of noncharitable-use assets</b>	<b>(d) Distribution ratio (col (b) divided by col (c))</b>
2017	8,333,034.	11,036,004.	0.755077
2016	12,049,100.	11,104,093.	1.085104
2015	12,218,111.	12,908,444.	0.946521
2014	11,736,689.	14,156,930.	0.829042
2013	10,887,218.	12,369,638.	0.880157

<b>2 Total of line 1, column (d) . . . . .</b>	<b>2 4.495901</b>
<b>3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years . . . . .</b>	<b>3 0.899180</b>
<b>4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 . . . . .</b>	<b>4 12,238,860.</b>
<b>5 Multiply line 4 by line 3. . . . .</b>	<b>5 11,004,938.</b>
<b>6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .</b>	<b>6 3,088.</b>
<b>7 Add lines 5 and 6. . . . .</b>	<b>7 11,008,026.</b>
<b>8 Enter qualifying distributions from Part XII, line 4 . . . . . If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions</b>	<b>8 7,780,924.</b>

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 . . . . .	Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)	1	6,177.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of 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 . . . . .		3	6,177.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		5	6,177.
6	<b>Credits/Payments</b>			
a	2018 estimated tax payments and 2017 overpayment credited to 2018 . . . . .	6a	100.	
b	Exempt foreign organizations - tax withheld at source . . . . .	6b		
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	3,000.	
d	Backup withholding erroneously withheld . . . . .	6d		
7	Total credits and payments Add lines 6a through 6d . . . . .		7	3,100.
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached . . . . .		8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	3,077.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .		10	
11	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ►		Refunded	11

**Part 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 participate or intervene in any political campaign? . . . . .

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition . . . . .  
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

1c Did the foundation file Form 1120-POL for this year? . . . . .

1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  
(1) On the foundation ► \$ \_\_\_\_\_ (2) On foundation managers ► \$ \_\_\_\_\_

1e 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? . . . . .  
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 . . . . .

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
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 conflict with the state law remain in the governing instrument? . . . . .

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

8a Enter the states to which the foundation reports or with which it is registered See instructions ►

**ATTACHMENT 8**

8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation . . . . .

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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV . . . . .

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .

**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . .	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.WHOLEPLANETFOUNDATION.ORG</u>	13	X
14 The books are in care of ► <u>WHOLE FOODS MARKET - TAX DEPT</u> Telephone no ► <u>512-542-0959</u> Located at ► <u>550 BOWIE STREET AUSTIN, TX</u> ZIP+4 ► <u>78703-4644</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here . . . . . ► <u>15</u> and enter the amount of tax-exempt interest received or accrued during the year . . . . .		
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► <u>ATCH 9</u>	16	X

**Part 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? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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)? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
(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) . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . Organizations relying on a current notice regarding disaster assistance, check here . . . . . ► <u>1b</u>						
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 2018? . . . . .				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))						
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
If "Yes," list the years ► <u>  </u>						
b Are there any years listed in 2a for which the foundation is not 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 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? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
b If "Yes," did it have excess business holdings in 2018 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 foundation had excess business holdings in 2018) . . . . .					3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .					4a	X
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 2018? . . . . .					4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a	During the year, did the foundation pay or incur any amount to	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
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 regarding disaster assistance? See instructions	Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>			5b	X
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d)						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		6b	X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	If "Yes" to 6b, file Form 8870			7b	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?					
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 10		0.	0.	0.
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 11		621,178.	120,523.	0.
Total number of other employees paid over \$50,000. ►				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ATCH 12		219,747.

**Total number of others receiving over \$50,000 for professional services . . . . . ►**
**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 THE FOUNDATION PARTNERS WITH EXISTING CHARITABLE ORGANIZATIONS THAT MANAGE MICRO-CREDIT PROJECTS TO HELP FAMILIES ESCAPE POVERTY BY PROVIDING ACCESS TO CAPITAL THAT	7,780,974.
2 THEY CAN USE TO START THEIR OWN SMALL BUSINESSES. FUNDS IN 2018 SUPPORTED AN EXPANSION OF THE MICROLENDING PROGRAMS IN 75 COUNTRIES, INCLUDING THE UNITED STATES, AND SPANNING	
3 MULTIPLE CONTINENTS INCLUDING AFRICA, ASIA, NORTH AMERICA, AND SOUTH AMERICA. AS OF DECEMBER 31, 2018, OUR PROJECTS HAVE FUNDED OVER 3,300,000 LOANS, DISBURSED OVER	
4 \$86 MILLION IN GRANTS, AND OVER \$673 MILLION IN MICROCREDIT LOANS.	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions	
3 NONE	
<b>Total. Add lines 1 through 3 . . . . . ►</b>	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.	
a Average monthly fair market value of securities . . . . .	1a 5,258,722.
b Average of monthly cash balances . . . . .	1b 5,102,550.
c Fair market value of all other assets (see instructions) . . . . .	1c 2,063,967.
d Total (add lines 1a, b, and 'c) . . . . .	1d 12,425,239.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	1e
2 Acquisition indebtedness applicable to line 1 assets . . . . .	2
3 Subtract line 2 from line 1d. . . . .	3 12,425,239.
4 Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions) . . . . .	4 186,379.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 12,238,860.
6 Minimum investment return. Enter 5% of line 5 . . . . .	6 611,943.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part )

1 Minimum investment return from Part X, line 6 . . . . .	1	
2a Tax on investment income for 2018 from Part VI, line 5 . . . . .	2a	
b Income tax for 2018 (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	

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26. . . . .	1a	7,780,924.
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		
a Suitability test (prior IRS approval required) . . . . .	3a	
b Cash distribution test (attach the required schedule) . . . . .	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	7,780,924.
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	7,780,924.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2018)

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7 . . . . .				0.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only. . . . .				
b Total for prior years 20 16 , 20 15 , 20 14				
3 Excess distributions carryover, if any, to 2018				
a From 2013 . . . . .				
b From 2014 . . . . .				
c From 2015 . . . . .				
d From 2016 . . . . .				
e From 2017 . . . . .				
f Total of lines 3a through e . . . . .				
4 Qualifying distributions for 2018 from Part XII, line 4 ► \$ . . . . .				
a Applied to 2017, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
c Treated as distributions out of corpus (Election required - see instructions) . . . . .				
d Applied to 2018 distributable amount. . . . .				
e Remaining amount distributed out of corpus. . . . .				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) ) . . . . .				
<b>6 Enter the net total of each column as indicated below:</b>				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b 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 . . . . .				
d Subtract line 6c from line 6b Taxable amount - see instructions . . . . .				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019. . . . .				
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) . . . . .				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	0.			
<b>10 Analysis of line 9</b>				
a Excess from 2014 . . . . .				
b Excess from 2015 . . . . .				
c Excess from 2016 . . . . .				
d Excess from 2017 . . . . .				
e Excess from 2018 . . . . .				

Form 990-PF (2018)

**Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling . . . . . ►

07/25/2007

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
201,066.	144,302.	141,065.	130,602.	617,035.	
170,906.	122,657.	119,905.	111,012.	524,480.	
7,780,924.	8,335,117.	12,050,867.	12,220,045.	40,386,953.	
7,780,924.	8,335,117.	12,050,867.	12,220,045.	40,386,953.	
11,114,442.	10,192,542.	8,829,486.	12,070,166.	42,206,636.	
11,114,442.	10,192,542.	8,829,486.	12,070,166.	42,206,636.	
407,962.	367,867.	370,136.	430,281.	1,576,246.	
8,000,621.	8,453,768.	8,427,618.	11,023,856.	35,905,863.	
5,327,969.	5,930,413.	5,893,360.	8,828,740.	25,980,482.	
308,843.	208,349.	170,686.	258,899.	946,777.	

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)****1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**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 contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>Name and address (home or business)</b>				
<i>a. Paid during the year</i>				
ATCH 13				5,752,553.
<b>Total</b>			► 3a	5,752,553.
<i>b. Approved for future payment</i>				
ATCH 14				
<b>Total</b>			► 3b	6,389,304.

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Form 990-PF (2018)

**Form 990-PF (2018)**

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments . . . . .					
3 Interest on savings and temporary cash investments .			14	54,501.	
4 Dividends and interest from securities . . . . .			14	146,565.	
5 Net rental income or (loss) from real estate					
a Debt-financed property . . . . .					
b Not debt-financed property . . . . .					
6 Net rental income or (loss) from personal property					
7 Other investment income . . . . .					
8 Gain or (loss) from sales of assets other than inventory			18	107,777.	
9 Net income or (loss) from special events . . . . .					
10 Gross profit or (loss) from sales of inventory . . .					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e) . . . . .				308,843.	
13 Total Add line 12, columns (b), (d), and (e)					308,843.

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash . . . . .	1a(1)	X
(2) Other assets . . . . .	1a(2)	X
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization . . . . .	1b(1)	X
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(2)	X
(3) Rental of facilities, equipment, or other assets. . . . .	1b(3)	X
(4) Reimbursement arrangements . . . . .	1b(4)	X
(5) Loans or loan guarantees. . . . .	1b(5)	X
(6) Performance of services or membership or fundraising solicitations . . . . .	1b(6)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	1c	X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

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**

Date

**Title**

May the IRS discuss this return  
with the preparer shown below?

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no			

Name of the organization

WHOLE PLANET FOUNDATION

Employer identification number

20-2376273

**Organization type (check one)**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

**Check if your organization is covered by the General Rule or a Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** 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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization WHOLE PLANET FOUNDATION

Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WHOLE FOODS MARKET SERVICES, INC. 550 BOWIE STREET AUSTIN, TX 78703	\$ 2,922,652.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
2	PEPSICO 700 ANDERSON HILL PURCHASE, NY 10577	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	GUAYAKI 6782 SEBASTOPOL AVENUE SEBASTOPOL, CA 95472	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
4	VITAL FARMS 4507 BRANDT ROAD AUSTIN, TX 78744	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
5	ALLEGRO COFFEE 12799 CLAUDE COURT THORTON, CO 80241	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
6	HAIN CELESTIAL GROUP 58 SOUTH SERVICE ROAD, SUITE 250 MELIVILLE, NY 11747	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

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Name of organization WHOLE PLANET FOUNDATION

Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FRONTIER 3021 78TH ST NORWAY, IA 52318	\$ 105,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
8	NAKED JUICE 1333 S MAYFLOWER AVE STE 100 MONROVIA, CA 91016	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
9	AMERICAN TELECON 3280 PEACHTREE ROAD NE, SUITE 1000 ATLANTA, GA 30305	\$ 6,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
10	CEDARS MEDITERRANEAN 50 FOUNDATION AVENUE WARD HILL, MA 01835	\$ 19,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
11	GREYSTON BAKERY 104 ALEXANDER ST YONKERS, NY 10701	\$ 5,042.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
12	NORSELAND INC 3 PARKLANDS DRIVE DARIEN, CT 06820	\$ 10,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization WHOLE PLANET FOUNDATION

Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PAPYRUS  THE DOMAIN, 3400 ESPERANZA CROSSING  AUSTIN, TX 78758	\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
14	WHITEWAVE  1225 SEVENTEENTH STREET, SUITE 1000  DENVER, CO 80202	\$ 48,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
15	HI BALL INC  1862 UNION STREET  SAN FRANCISCO, CA 94123	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
16	GLENDY FLANAGAN  550 BOWIE STREET  AUSTIN, TX 78703	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
17	JUSTIN'S NUT BUTTER LLC  736 PEARL STREET  BOULDER, CO 80302	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
18	REPUBLIC OF TEA  5 HAMILTON LANDING  NOVATO, CA 94949	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization WHOLE PLANET FOUNDATION

Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SHOES FOR CREWS 3977 S MARYLAND PKWY LAS VEGAS, NV 89119	\$ 53,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
20	SURYA BRAZIL 1327 SECOND AVENUE NEW HYDE PARK, NY 11040	\$ 66,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
21	CHOBANI, LLC 147 STATE HIGHWAY 320 NORWICH, NY 13815	\$ 102,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
22	HIGH BREW COFFEE 2810 S. 1ST STREET AUSTIN, TX 78704	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
23	NUUN & COMPANY, INC. 800 MAYNARD AVE. SOUTH, SUITE 102 SEATTLE, WA 98134	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
24	VOLVIC 236 W 30TH STREET, 9TH FLOOR NEW YORK, NY 10001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization WHOLE PLANET FOUNDATION

Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	WALLABY YOGURT COMPANY 12002 AIRPORT WAY BROOMFIELD, CO 80021	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
26	ALAFFIA 8109 RIVER DR. SE OLYMPIA, WA 98501	\$ 43,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
27	BONAFIDE PROVISIONS 7040 AVENIDA ENCINAS CARLSBAD, CA 92011	\$ 52,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
28	BOULDER BANDS 402 VALLEY RD, SUITE E CANON CITY, CO 81212	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
29	BRAGG HEALTH FOUNDATION 7127 HOLLISTER AVE, SUITE 25A #249 GOLETA, CA 93117	\$ 12,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
30	BRAZI BITES 11 NE MARTIN LUTHER KING JR. BLVD, #303 PORTLAND, OR 97232	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization WHOLE PLANET FOUNDATION

Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	BUMBLE 1105 W 41ST ST AUSTIN, TX 78756	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
32	FAIR TRADE JOURNEYS 500 W 2ND ST SUITE 1900 AUSTIN, TX 78701	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
33	FOOD MATCH 575 8TH AVE, 23RD FLOOR NEW YORK, NY 10018	\$ 27,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
34	HEALTH-ADE 24325 CRENSHAW BLVD TORRANCE, CA 90505	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
35	HORMEL FOODS CORP. 1 HORMEL PLACE AUSTIN, MN 55912	\$ 12,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
36	IZZE BEVERAGE CO. 555 W MONROE ST CHICAGO, IL 60661	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization WHOLE PLANET FOUNDATION

Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MAD HIPPIE LLC PO BOX 42350 PORTLAND, OR 97242	\$ 5,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
38	NATURAL VITALITY 1301 SAWGRASS SUNRISE PLANTATION, FL 33329	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
39	OCHO CHOCOLATE PO BOX 22009 OAKLAND, CA 94623	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
40	ORGANIC INDIA 7088 WINCHESTER CIRCLE, SUITE 100 BOULDER, CO 80301	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
41	PACT 21088 55TH ST., SUITE 200 BOULDER, CO 80301	\$ 19,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
42	PULSE CENTERS 34 CENTER RD SE CARTERSVILLE, GA 30121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization **WHOLE PLANET FOUNDATION**Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	RESERVEAGE 2255 GLADES RD BOCA RATON, FL 33431	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
44	RISHI 185 S. 33RD COURT MILWAUKEE, WI 53208	\$ 31,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
45	SAMBAZON INC 209 AVENIDA FABRICANTE, SUITE 200 SAN CLEMENTE, CA 92672	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
46	SEVENTH GENERATION 60 LAKE STREET BURLINGTON, VT 05401	\$ 52,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
47	STACY'S PITA CHIPS 7701 LEGACY DRIVE PLANO, TX 75024	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
48	THE SEAWEED COMPANY 2465 CENTRAL AVENUE, SUITE 121 BOULDER, CO 80301	\$ 23,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization WHOLE PLANET FOUNDATION

Employer identification number  
20-2376273**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	TRADITIONAL MEDICINALS 4515 ROSS ROAD SEBASTOPOL, CA 95472	\$ 51,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
50	VITALAH 41 HANGER WAY WATSONVILLE, CA 95076	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
51	VOSS USA INC. 236 W 30TH ST., 9TH FLOOR NEW YORK, NY 10001	\$ 12,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
52	WATERMELON WATER 3370 WALNUT STREET DENVER, CO 80205	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
53	WELEDA, INC. 1 BRIDGE ST., SUITE 42 IRVINGTON, NY 10533	\$ 70,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization WHOLE PLANET FOUNDATION

Employer identification number

20-2376273

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$ _____	_____

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

**Name of organization** WHOLE PLANET FOUNDATION

**Employer identification number**

20-2376273

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively religious, charitable, etc., contributions of \$1,000 or less* for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I				(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
				(e) Transfer of gift		
				Transferee's name, address, and ZIP + 4		Relationship 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) Transfer of gift		
				Transferee's name, address, and ZIP + 4		Relationship 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) Transfer of gift		
				Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**FORM 990-PF - PART IV**  
**CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis			
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS							107,777.	
TOTAL GAIN (LOSS) .....							<u>107,777.</u>	

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL FEES	17,081.			17,081.
TOTALS	<u><u>17,081.</u></u>			<u><u>17,081.</u></u>

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ACCOUNTING FEES	74,441.			74,441.
TOTALS		74,441.		74,441.

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
OTHER PROFESSIONAL FEES	13,409.	13,409.
CONSULTING FEES	2,450.	2,450.
TOTALS	<u>15,859.</u>	<u>15,859.</u>

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
MEALS	12,756.
COMMUNICATIONS	19,797.
SUPPLIES	10,059.
MISCELLANEOUS	140.
POSTAGE & DELIVERY	5,161.
DUES & SUBSCRIPTIONS	6,292.
BANK SERVICE CHARGE	3,359.
LICENSES	4,335.
EVENT EXPENSE	78,479.
TEAM MEMBER VOLUNTEER PROGRAM	3,626.
UNCOLLECTIBLE DONATIONS	2,296.
ONLINE FUNDRAISING	27,389.
FIELD OFFICER AWARD	8,383.
<b>TOTALS</b>	<b><u>204,654.</u></b>

<u>CHARITABLE PURPOSES</u>	<u>12,756.</u>
19,797.	19,797.
10,059.	10,059.
140.	140.
5,161.	5,161.
6,292.	6,292.
3,359.	3,359.
4,335.	4,335.
78,479.	78,479.
3,626.	3,626.
2,296.	2,296.
27,389.	27,389.
8,383.	8,383.
	<b><u>204,654.</u></b>

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>ENDING FMV</u>
FIDELITY INVESTMENTS	3,486.	3,486.
UNDEPOSITED FUNDS	230,246.	230,246.
VANGUARD SHARES	5,012,898.	5,012,898.
TOTALS	<u><u>5,246,630.</u></u>	<u><u>5,246,630.</u></u>

ATTACHMENT 5

FIDELITY INVESTMENTS  
UNDEPOSITED FUNDS  
VANGUARD SHARES

ATTACHMENT 6FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>ENDING</u>	<u>BOOK VALUE</u>
INTERCOMPANY PAYABLE	836,621.	
ACCRUED EXPENSES	35,217.	
TOTALS		<u>871,838.</u>

ATTACHMENT 7FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN/LOSS	429,240.
TOTAL	<u>429,240.</u>

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ATTACHMENT 8

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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,

FORM 990PF, PART VII-A, LINE 16 - LIST OF FOREIGN COUNTRIES

CANADA

UNITED KINGDOM

## FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 10

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT TO EMPLOYEE AND OTHER ALLOWANCES</u>
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LEE VALKENAAR  
550 BOWIE STREET  
AUSTIN, TX 78703

PHILIP SANSONE  
550 BOWIE STREET  
AUSTIN, TX 78703

GLENDA FLANAGAN  
550 BOWIE STREET  
AUSTIN, TX 78703

JEFF TETER  
550 BOWIE STREET  
AUSTIN, TX 78703

JOY STODDARD  
550 BOWIE STREET  
AUSTIN, TX 78703

AC GALLO  
550 BOWIE STREET  
AUSTIN, TX 78703

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 10 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANGELA LORENZEN 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
ASIM SHAD 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
WILLIAM JORDAN 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
OMAR GAYE 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
PATRICIA YOST 550 BOWIE STREET AUSTIN, TX 78703	ASSISTANT SECRETARY			
JEFF TURNAS 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

20-2376273

ATTACHMENT 10 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
		<u>0.</u>	<u>0.</u>	<u>0.</u>
KAREN CHRISTENSEN 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
BRIAN O'CONNELL 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
HEATHER STERN 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
KEITH MANBECK 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
RICK BONIN 550 BOWIE STREET AUSTIN, TX 78703	DIRECTOR			
	<u>GRAND TOTALS</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>
PHILIP SANSONE 550 BOWIE ST AUSTIN, TX 78703	EXECUTIVE LEADER 40 . 00	183,206 .	38,389 .
JOY STODDARD 550 BOWIE ST AUSTIN, TX 78703	SENIOR TEAM LEADER 40 . 00	37,149 .	0 .
LEE VALKENAAR 550 BOWIE ST AUSTIN, TX 78703	SENIOR PRINCIPAL 1 . 00	118,456 .	0 .
DANIEL ZOLTANI 550 BOWIE ST AUSTIN, TX 78703	SENIOR TEAM LEADER 40 . 00	115,902 .	24,874 .
EUGENIE BOLDUC 550 BOWIE ST AUSTIN, TX 78703	SENIOR TEAM MEMBER 40 . 00	82,504 .	20,111 .
	<u>TOTAL COMPENSATION</u>	<u><u>621,178 .</u></u>	<u><u>120,523 .</u></u>

ATTACHMENT 11

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 12

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
CLAIRE KELLY 6700 MOUNTAIN AVE CHATHAM, NJ 07928 MONITOR AND EVALUATE EXISTING AND POTENTIAL MICRO FINANCE PROGRAMS IN ASIA.	FIELD PROGRAM MGMT	112,391.
ZOE SO 272 EAST 7TH STREET, APT 5A NEW YORK, NY 10009 MONITOR AND EVALUATE EXISTING AND POTENTIAL MICRO FINANCE PROGRAMS IN AFRICA.	FIELD PROGRAM MGMT	107,356.
<u>TOTAL COMPENSATION</u>		<u>219,747.</u>