

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>WHOLESOME WAVE FOUNDATION</b> <b>CHARITABLE VENTURES, INC</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>855 MAIN STREET, SUITE 910</b> City or town, state or country, and ZIP + 4 <b>BRIDGEPORT, CT 06604</b> <b>F Name and address of principal officer: MICHEL NISCHAN</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> ** - ***** <b>E Telephone number</b> (203) 226-1112 <b>G Gross receipts \$</b> 2,784,094. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.WHOLESOMEWAVE.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2007 <b>M State of legal domicile:</b> CT

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WHOLESOME WAVE FOUNDATION CHARITABLE VENTURES, INC.'S MISSION IS TO IMPROVE ACCESS AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	<b>5</b>	26
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	50
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		1,526,645.	2,783,215.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		0.	0.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		0.	879.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		1,526,645.	2,784,094.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		362,125.	781,556.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	437,803.	1,022,015.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 383,666.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	557,594.	846,770.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,357,522.	2,650,341.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	169,123.	133,753.
	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	645,470.	840,043.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	78,804.	139,624.
		566,666.	700,419.

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>MICHEL NISCHAN, PRESIDENT/CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LOUIS A. CRISCUOLO</b>	Preparer's signature Date
	Firm's name ▶ <b>SEWARD AND MONDE, C.P.A.'S</b>	Check if self-employed <input type="checkbox"/> PTIN *****
	Firm's address ▶ <b>296 STATE STREET</b> <b>NORTH HAVEN, CT 06473-2165</b>	Firm's EIN ▶ <b>** - *****</b> Phone no. <b>203 248-9341</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:  
WHOLESOME WAVE FOUNDATION CHARITABLE VENTURES, INC.'S MISSION IS TO  
IMPROVE ACCESS AND AFFORDABILITY OF FRESH, HEALTHY, LOCALLY-GROWN  
PRODUCE TO HISTORICALLY UNDERSERVED COMMUNITIES. DOING SO CREATES  
ECONOMIC VIABILITY THROUGH LOCAL FOOD COMMERCE THAT CAN REBUILD OUR

2 Did the organization undertake any significant program services during the year which were not listed on  
the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to  
others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,570,237. including grants of \$ 689,658.) (Revenue \$ )  
THE DOUBLE VALUE COUPON PROGRAM (DVCP) PROVIDES CONSUMERS WITH  
INCENTIVES THAT MATCH THE VALUE OF THEIR FEDERAL NUTRITION BENEFITS  
WHEN USED TO PURCHASE FRESH, LOCAL PRODUCE AT PARTICIPATING  
FARM-TO-RETAIL VENUES. IN 2011, OUR NATIONWIDE NETWORK OF FARMERS  
MARKETS, FARM STANDS, MOBILE MARKETS AND CSA PROGRAMS INCREASED  
FARMERS' REVENUE BY ALMOST \$2 MILLION IN FEDERAL BENEFIT AND INCENTIVE  
PURCHASES. \$1,072,000 CAME FROM FEDERAL FOOD BENEFIT REDEMPTION AND  
\$816,000 FROM DVCP INCENTIVES. WHEN SHOPPING AT PARTICIPATING  
FARM-TO-RETAIL VENUES, SUCH AS FARMERS MARKETS, DVCP PARTICIPANTS  
RECEIVE AN INCENTIVE THAT MATCHES THE AMOUNT SPENT IN FEDERAL NUTRITION  
BENEFITS, INCLUDING THE U.S. DEPARTMENT OF AGRICULTURE'S FARMER MARKET  
NUTRITION PROGRAM CHECKS (ISSUED TO SENIORS AND PARTICIPANTS OF THE

4b (Code: ) (Expenses \$ 214,035. including grants of \$ 88,898.) (Revenue \$ )  
THE FRUIT AND VEGETABLE PRESCRIPTION (FVRX) PROGRAM FOSTERS INNOVATIVE  
PARTNERSHIPS BETWEEN HEALTHCARE PROVIDERS AND FARMERS MARKETS TO  
MEASURE THE IMPACTS OF INCREASED CONSUMPTION OF FRESH FRUITS AND  
VEGETABLES AMONG UNDERSERVED COMMUNITY MEMBERS. FVRX IS DESIGNED TO  
PROVIDE ASSISTANCE TO OVERWEIGHT AND OBESE CHILDREN AND PREGNANT WOMEN  
WHO ARE AT RISK OF DEVELOPING PREVENTABLE DISEASES, SUCH AS TYPE 2  
DIABETES AND HEART DISEASE. THE PROGRAM IS INTENDED TO PROVIDE  
ADDITIONAL RESOURCES INTO THE LOCAL ECONOMIES OF UNDERSERVED  
COMMUNITIES. FRUIT AND VEGETABLE PRESCRIPTIONS ARE DISTRIBUTED BY  
COMMUNITY HEALTHCARE PROVIDERS AND REDEEMED AT PARTICIPATING FARMERS  
MARKETS FOR FRESH, LOCALLY GROWN FRUITS AND VEGETABLES. FVRX ALLOWS  
HEALTH CARE PROVIDERS AND FARMERS MARKET PARTNERS TO WORK TOGETHER TO

4c (Code: ) (Expenses \$ 205,824. including grants of \$ 3,000.) (Revenue \$ )  
THE HEALTHY FOOD COMMERCE INITIATIVE (HFCI) WORKS TO DIRECT CAPITAL AND  
BUSINESS DEVELOPMENT ASSISTANCE TO MISSION-DRIVEN FOOD DISTRIBUTION AND  
PROCESSING ENTERPRISES, ALSO KNOWN AS "HEALTHY FOOD HUBS". THESE HUBS  
ARE CENTRALLY LOCATED FACILITIES WITH A BUSINESS MANAGEMENT STRUCTURE  
FACILITATING AGGREGATION, STORAGE, PROCESSING, DISTRIBUTION AND  
MARKETING OF REGIONALLY PRODUCED FOOD PRODUCTS. IT IS HFCI'S GOAL TO  
HELP THE CHANNELS FOR "LOCAL FOOD" EXPAND SO REGIONAL FARMS CAN MORE  
RELIABLY, SAFELY AND EFFICIENTLY SOURCE PRODUCTS TO INSTITUTIONAL  
BUYERS LIKE HOSPITALS, SCHOOLS AND LARGE DINING OUTLETS. WHILE RETAIL  
DEMAND FOR LOCALLY GROWN FOOD HAS EXPLODED, CONSISTENT AND SIMPLE LOCAL  
SOURCING REMAINS PROBLEMATIC FOR INSTITUTIONAL BUYERS, PARTLY DUE TO  
CHALLENGES WITH LOGISTIC, DISTRIBUTION AND MARKETING. HFCI IS FOCUSED

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,990,096.

WHOLESONE WAVE FOUNDATION  
CHARITABLE VENTURES, INC

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

WHOLESONE WAVE FOUNDATION  
CHARITABLE VENTURES, INC

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 24		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 26		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC**

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>			X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT, DC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** \_\_\_\_\_  
**MICHEL NISCHAN - (203) 226-1112**  
**855 MAIN STREET, SUITE 910, BRIDGEPORT, CT 06604**

WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NELL NEWMAN CHAIRPERSON	0.50	X		X			0.	0.	0.	
(2) MICHEL NISCHAN PRESIDENT/CEO	40.00	X		X			117,692.	0.	25,396.	
(3) ANDREW HERTZMARK TREASURER	0.50	X		X			0.	0.	0.	
(4) ADRIENNE FARRAR HOUEL SECRETARY	0.50	X		X			0.	0.	0.	
(5) DANIEL ROSS VICE PRESIDENT/CFO	40.00	X		X			44,249.	0.	8,991.	
(6) GUS SCHUMACHER EXECUTIVE VICE PRESIDENT OF POLICY	40.00	X					107,885.	0.	162.	
(7) BETSY FINK BOARD MEMBER	2.00	X					0.	0.	0.	
(8) ARIANE BATTERBERRY BOARD MEMBER	0.50	X					0.	0.	0.	
(9) DR. ORAN HESTERMAN BOARD MEMBER	0.50	X					0.	0.	0.	
(10) NORA POUILLON BOARD MEMBER	0.50	X					0.	0.	0.	
(11) GLENN FORD BOARD MEMBER	0.50	X					0.	0.	0.	
(12) BEN LILIENTHAL BOARD MEMBER	0.50	X					0.	0.	0.	
(13) MELISSA HO BOARD MEMBER	0.50	X					0.	0.	0.	





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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	25,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,758,215.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		2,783,215.				
	Program Service Revenue	2 a	Business Code					
		b						
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	<b>OTHER INCOME</b>	900099	879.			879.		
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		879.					
12	<b>Total revenue.</b> See instructions.		2,784,094.	0.	0.	879.		

**WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	781,556.	781,556.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	304,375.	139,145.	74,316.	90,914.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	591,806.	381,743.	54,313.	155,750.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	59,919.	38,651.	5,499.	15,769.
<b>10</b> Payroll taxes	65,915.	38,849.	8,849.	18,217.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	304,923.	275,362.	4,054.	25,507.
<b>12</b> Advertising and promotion	55,851.	22,341.	16,755.	16,755.
<b>13</b> Office expenses	125,608.	61,554.	51,492.	12,562.
<b>14</b> Information technology	13.		13.	
<b>15</b> Royalties				
<b>16</b> Occupancy	26,510.	15,641.	3,446.	7,423.
<b>17</b> Travel	134,698.	94,336.	13,454.	26,908.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	69,148.	48,356.	6,931.	13,861.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	9,772.	4,886.	4,886.	
<b>23</b> Insurance	10,746.	6,448.	4,298.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROFESSIONAL FEES	99,051.	70,778.	28,273.	
<b>b</b> LOSS ON DISP. OF EQUIP.	10,450.	10,450.		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,650,341.	1,990,096.	276,579.	383,666.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**WHOLESOME WAVE FOUNDATION  
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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	416,692.	1	804,701.		
	<b>2</b> Savings and temporary cash investments .....		2			
	<b>3</b> Pledges and grants receivable, net .....	186,723.	3	10,019.		
	<b>4</b> Accounts receivable, net .....		4			
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....			6		
	<b>7</b> Notes and loans receivable, net .....			7		
	<b>8</b> Inventories for sale or use .....			8		
	<b>9</b> Prepaid expenses and deferred charges .....	10,745.	9	14,235.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	24,172.				
	<b>b</b> Less: accumulated depreciation .....	13,084.				
	<b>11</b> Investments - publicly traded securities .....			11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			13		
	<b>14</b> Intangible assets .....			14		
	<b>15</b> Other assets. See Part IV, line 11 .....			15		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	645,470.	16	840,043.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	78,804.	17	91,924.		
	<b>18</b> Grants payable .....		18	47,700.		
	<b>19</b> Deferred revenue .....		19			
	<b>20</b> Tax-exempt bond liabilities .....		20			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....			25		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	78,804.	26	139,624.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	14,666.	27	-62,975.		
	<b>28</b> Temporarily restricted net assets .....	552,000.	28	763,394.		
	<b>29</b> Permanently restricted net assets .....		29			
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		30			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32			
	<b>33</b> Total net assets or fund balances .....	566,666.	33	700,419.		
<b>34</b> Total liabilities and net assets/fund balances .....	645,470.	34	840,043.			

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WHOLESONE WAVE FOUNDATION  
CHARITABLE VENTURES, INC

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,784,094.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,650,341.
3	Revenue less expenses. Subtract line 2 from line 1	3	133,753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	566,666.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	700,419.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

WHOLESOME WAVE FOUNDATION

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	293,037.	333,310.	956,168.	1526645.	2783215.	5892375.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	293,037.	333,310.	956,168.	1526645.	2783215.	5892375.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						5892375.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....	293,037.	333,310.	956,168.	1526645.	2783215.	5892375.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			2,900.		879.	3,779.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)	293,037.	333,310.	959,068.	1526645.	2784094.	5896154.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

2009 - INSURANCE RECOVERY

2011 - OTHER INCOME



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC

Employer identification number

\*\*-\*\*\*\*\*

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2011)

Name of organization WHOLESONE WAVE FOUNDATION CHARITABLE VENTURES, INC	Employer identification number  ** _ * * * * *
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**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	BETSY AND JESSE FINK FOUNDATION 20 MARSHALL STREET NORWALK, CT 06854	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DIETEL PARTNERS CHARITABLE GIFT FUND 11 GLENVIEW ROAD CUMBERLAND, ME 04021	\$ 267,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FOOD & WINE 1120 AVENUE OF THE AMERICAS, 21ST FLOOR NEW YORK, NY 10036	\$ 81,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MAINE COMMUNITY FOUNDATION C/O BROAD REACH FUND, 245 MAIN STREET ELLSWORTH, ME 04605	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NEWMAN'S OWN FOUNDATION 246 POST ROAD EAST, SUITE 2C WESTPORT, CT 06880	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	NOVO FOUNDATION 535 FIFTH AVENUE, 33RD FLOOR NEW YORK, NY 10017	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WHOLESONE WAVE FOUNDATION CHARITABLE VENTURES, INC	Employer identification number  ** _ * * * * *
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**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	THE 1772 FOUNDATION  P.O. BOX 112  POMFRET CENTER, CT 06259	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	THE KRESGE FOUNDATION  3215 WEST BIG BEAVER ROAD  TROY, MI 48084	\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	UNITED WAY OF COASTAL FAIRFIELD COUNTY  75 WASHINGTON AVENUE  BRIDGEPORT, CT 06604	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	WALLACE GENETIC FOUNDATION, INC.  SUITE 221, 4910 MASSACHUSETTS AVE. NW  WASHINGTON, DC 20016	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	WHOLE FOODS MARKET  350 GRASMERE AVENUE  FAIRFIELD, CT 06824	\$ 8,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	SUR LA TABLE  5701 6TH AVENUE SOUTH, SUITE 486  SEATTLE, WA 98108	\$ 27,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization WHOLESOME WAVE FOUNDATION CHARITABLE VENTURES, INC	Employer identification number  ** - * * * * *
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**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	TOP CHEF MASTERS FOR HUGH ACHESON 453 S. SPRING ST, SUITE 1100 LOS ANGELES, CA 90013	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	LILLIAN GOLDMAN CHARITABLE TRUST C/O HOLLAND AND KNIGHT LLP, 31 WEST 52ND STREET NEW YORK, NY 10019	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	ASHOKA 1700 NORTH MOORE STREET ARLINGTON, VA 22209	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	JT GORMAN ONE CANAL PLAZA, SUITE 800 PORTLAND, ME 04101	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	ELMINA SEWALL FOUNDATION 14 MAINE STREET, SUITE 308 BRUNSWICK, ME 04011	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WHOLESONE WAVE FOUNDATION CHARITABLE VENTURES, INC	Employer identification number  ** - * * * * *
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**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	ORANGE CITY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD, SUITE 510 NEWPORT BEACH, CA 92660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	KAISER PERMANENTE 1 KAISER PLAZA, 21B OAKLAND, CA 94612	\$ 656,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	AMERICAN COMMUNITIES TRUST 1040 HULL STREET, SUITE 200 BALTIMORE, MD 21230	\$ 101,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	YUM-O ORGANIZATION 900 BROADWAY, SUITE 1001 NEW YORK, NY 10003	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	BLUE CROSS BLUE SHIELD OF MA 401 PARK DRIVE BOSTON, MA 02215	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	KENDALL FOUNDATION 176 FEDERAL STREET BOSTON, MA 02110	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>WHOLESOME WAVE FOUNDATION                  CHARITABLE VENTURES, INC</b>	Employer identification number  ** _ * * * * *
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**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	HUMANA FOUNDATION  500 W. MAIN STREET, SUITE 208  LOUISVILLE, KY 40202	\$ 41,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
26	LINDA MERINOFF  81 CLINTON AVENUE  WESTPORT, CT 06880	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
27	CT DEPARTMENT OF AGRICULTURE  165 CAPITOL AVENUE  HARTFORD, CT 06106	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)

Name of organization <b>WHOLESOME WAVE FOUNDATION                  CHARITABLE VENTURES, INC</b>	Employer identification number  ** - * * * * *
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**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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> WHOLESOME WAVE FOUNDATION CHARITABLE VENTURES, INC	<b>Employer identification number</b> ** _ * * * * *
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**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ \_\_\_\_\_

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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization WHOLESOME WAVE FOUNDATION CHARITABLE VENTURES, INC

Employer identification number \*\* - \*\*\*\*\*

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and grant use.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic), a table for held easements at end of tax year (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts for revenues and assets.

**WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		19,500.	11,683.	7,817.
<b>e</b> Other		4,672.	1,401.	3,271.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,088.

**WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization **WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC** Employer identification number  
**\*\*\_\*\*\*\*\***

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GEORGIA ORGANICS 250 LAKE STREET ATLANTA, GA 30601	**_*****	501(C)(3)	30,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
NUESTRAS RAICES 329 MAIN STREET HOLYOKE, MA 01040	**_*****	501(C)(3)	6,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
APPALACHIAN SUSTAINABLE DEVELOPMENT - 121 RUSSELL ROAD - ABINGDON, VA 24212	**_*****	501(C)(3)	20,800.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
MASS FEDERATION OF FARMERS & GARDENERS - 240 BEAVER STREET - WALTHAM, MA 02452	**_*****	501(C)(3)	33,038.	0.			RUNNING THE FVRX AND DOUBLE VALUE COUPON PROGRAMS IN THE DONEE'S COMMUNITY
EXPERIMENTAL STATION 6100 S. BLACKSTONE AVE. CHICAGO, IL 60637	**_*****	501(C)(3)	15,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
MARYLAND HUNGER SOLUTIONS 400 E. PRATT STREET, STE 606 BALTIMORE, MD 21202	**_*****	501(C)(3)	12,200.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **38.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

WHOLESONE WAVE FOUNDATION  
CHARITABLE VENTURES, INC

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTIVATING COMMUNITY P.O. BOX 3792 PORTLAND, ME 04104	**-*****	501(C)(3)	21,900.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
BILLING FORGE COMMUNITY WORKS 140 RUSS ST. SUITE N110 HARTFORD, CT 06106	**-*****	501(C)(3)	13,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
MAIN STREET SKOWHEGAN P.O. BOX 5 SKOWHEGAN, ME 04976	**-*****	501(C)(3)	17,300.	0.			RUNNING THE FRUIT & VEGETABLE PRESCRIPTION PROGRAM IN THE DONEE'S COMMUNITY
URBAN OAKS ORGANIC FARMS 225 OAK STREET NEW BRITAIN, CT 06053	**-*****	501(C)(3)	10,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
JUST FOOD 1155 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10036	**-*****	501(C)(3)	40,300.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
CATALYST MIAMI 1900 BISCAYNE BOULEVARD, SUITE 200 MIAMI, FL 33132	**-*****	501(C)(3)	12,620.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
DOWNEAST BUSINESS ALLIANCE P.O. BOX 299 ELLSWORTH, ME 04605	**-*****	501(C)(3)	8,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
ADELANTE MUJERES 2420 19TH AVE. FOREST GROVE, OR 97116	**-*****	501(C)(3)	25,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
AGRICULTURAL INSTITUTE MARIN 76 SAN PABLO AVENUE, SUITE 200 SAN RAFAEL, CA 94903	**-*****	501(C)(3)	42,700.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY

Schedule I (Form 990)

WHOLESONE WAVE FOUNDATION  
 CHARITABLE VENTURES, INC

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BRIDGEPORT COMMUNITY LAND TRUST 881 LAFAYETTE BLVD. BRIDGEPORT, CT 06604	**-*****	501(C)(3)	11,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
CITY GREEN 171 GROVE STREET CLIFTON, NJ 07503	**-*****	501(C)(3)	25,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
CITY OF GREELEY 1100 10TH ST, SUITE 202 GREELEY, CO 80631	**-*****	CITY OF GREELEY	20,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
CODMAN SQUARE NEIGHBORHOOD COUNCIL 14 EUCLID STREET DORCHESTER, MA 02124	**-*****	501(C)(3)	7,840.	0.			RUNNING THE FRUIT & VEGETABLE PRESCRIPTION PROGRAM IN THE DONEE'S COMMUNITY
COLUMBIA HEIGHTS COMMUNITY MARKET PLACE - 1380 MONROE STREET, NW #605 - WASHINGTON, DC 20010	**-*****	501(C)(3)	15,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
COUNTRYSIDE CONSERVANCY 2179 EVERETT RD. PENINSULA, OH 44264	**-*****	501(C)(3)	15,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
DENVER URBAN GARDENS 3377 BLAKE STREET #113 DENVER, CO 80205	**-*****	501(C)(3)	15,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
FARM FRESH RHODE ISLAND 1005 MAIN STREET #1220 PAWTUCKET, RI 02860	**-*****	501(C)(3)	24,440.	0.			RUNNING THE FVRX AND DOUBLE VALUE COUPON PROGRAMS IN THE DONEE'S COMMUNITY
GROWNYC 51 CHAMBERS ST, SUITE 1231 NEW YORK, NY 10007	**-*****	501(C)(3)	7,900.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY

Schedule I (Form 990)

**WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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HARVEST HOME 104-106 EAST 126TH STREET, ROOM 4A NEW YORK, NY 10035	**-*****	501(C)(3)	7,500.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
KOKUA KALIHI COMPREHENSIVE FAMILY SERVICES - 2239 SCHOOL STREET - HONOLULU, HI 96819	**-*****	501(C)(3)	35,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
GREENSGROW FARM 2503 E. FIRTH ST. PHILADELPHIA, PA 19125	**-*****	501(C)(3)	10,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
NORTH END ACTION TEAM 654 MAIN STREET MIDDLETOWN, CT 06457	**-*****	501(C)(3)	9,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
MAINE FARMLAND TRUST 97 MAINE ST. BELFAST, ME 04915	**-*****	501(C)(3)	16,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
MAINE ORGANIC FARMERS & GARDENERS ASSOC. - P.O. BOX 170 - UNITY, ME 04988	**-*****	501(C)(3)	13,900.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
MID-SOUTH PEACE & JUSTICE CENTER 1000 SOUTH COOPER STREET MEMPHIS, TN 38104	**-*****	501(C)(3)	6,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
QUIN RIVERS, INC. 12025 COURTHOUSE CIRCLE NEW KENT, VA 23124	**-*****	501(C)(3)	16,200.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
ST. MARY'S NUTRITION CENTER OF MAINE - P.O. BOX 7291 - LEWISTON, ME 04243	**-*****	501(C)(3)	13,440.	0.			RUNNING THE FRUIT & VEGETABLE PRESCRIPTION PROGRAM IN THE DONEE'S COMMUNITY

Schedule I (Form 990)



WHOLESONE WAVE FOUNDATION  
 CHARITABLE VENTURES, INC

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSTAINABLE ECONOMIC ENTERPRISES OF LOS ANGELES - 6605 HOLLYWOOD BLVD. #220 - LOS ANGELES, CA 90028	**-*****	501(C)(3)	20,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
SUTTER MEDICAL CENTER 3325 CHANATE ROAD SANTA ROSA, CA 95404	**-*****	501(C)(3)	22,204.	0.			RUNNING THE FRUIT & VEGETABLE PRESCRIPTION PROGRAM IN THE DONEE'S COMMUNITY
THE FOOD PROJECT 10 LEWIS ST. LINCOLN, MA 01773	**-*****	501(C)(3)	7,400.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
URBAN OASIS 10210 SW 103RD CT. MIAMI, FL 33176	**-*****	501(C)(3)	6,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY
WARD 8 FARMERS' MARKET 555 NEWCOMB ST. SE WASHINGTON, DC 20032	**-*****	501(C)(3)	11,000.	0.			RUNNING THE DOUBLE VALUE COUPON PROGRAM IN THE DONEE'S COMMUNITY

**WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC**

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE VETTED THROUGH A GRANTS REVIEW  
 PROCESS AND AWARDED IN CONSIDERATION OF A NUMBER OF FACTORS, INCLUDING  
 CAPACITY TO FOLLOW THROUGH AND COMMUNITY NEED. BUDGETS ARE AGREED UPON WITH  
 THE PARTNER ORGANIZATION AND WHOLESOME WAVE FOLLOWS UP TO ENSURE FUNDS HAVE  
 BEEN SPENT CORRECTLY. GRANTEES ARE ALSO MONITORED TO ENSURE SPENDING IN  
 ACCORDANCE WITH THE AGREED UPON BUDGET, CHARITABLE PURPOSE AND IRS  
 REGULATIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization	WHOLESOME WAVE FOUNDATION CHARITABLE VENTURES, INC	Employer identification number * * _ * * * * * * *
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
AFFORDABILITY OF FRESH, HEALTHY, LOCALLY-GROWN PRODUCE TO HISTORICALLY  
UNDERSERVED COMMUNITIES. DOING SO CREATES ECONOMIC VIABILITY THROUGH  
LOCAL FOOD COMMERCE THAT CAN REBUILD OUR NATION'S FOOD SYSTEM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
NATION'S FOOD SYSTEM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:  
THE FRUIT AND VEGETABLE PRESCRIPTION (FVRX) PROGRAM FOSTERS INNOVATIVE  
PARTNERSHIPS BETWEEN HEALTHCARE PROVIDERS AND FARMERS MARKETS TO  
MEASURE THE IMPACTS OF INCREASED CONSUMPTION OF FRESH FRUITS AND  
VEGETABLES AMONG UNDERSERVED COMMUNITY MEMBERS. FVRX IS DESIGNED TO  
PROVIDE ASSISTANCE TO OVERWEIGHT AND OBESE CHILDREN AND PREGNANT WOMEN  
WHO ARE AT RISK OF DEVELOPING PREVENTABLE DISEASES, SUCH AS TYPE 2  
DIABETES AND HEART DISEASE. THE PROGRAM IS INTENDED TO PROVIDE  
ADDITIONAL RESOURCES INTO THE LOCAL ECONOMIES OF UNDERSERVED  
COMMUNITIES. FRUIT AND VEGETABLE PRESCRIPTIONS ARE DISTRIBUTED BY  
COMMUNITY HEALTHCARE PROVIDERS AND REDEEMED AT PARTICIPATING FARMERS  
MARKETS FOR FRESH, LOCALLY GROWN FRUITS AND VEGETABLES. FVRX ALLOWS  
HEALTH CARE PROVIDERS AND FARMERS MARKET PARTNERS TO WORK TOGETHER TO  
IDENTIFY AND ENROLL OVERWEIGHT AND OBESE CHILDREN AND PREGNANT WOMEN AS  
PARTICIPANTS. A PRIMARY CARE PROVIDER AND NUTRITIONIST MEET WITH EACH  
PARTICIPANT MONTHLY TO DISCUSS AND REINFORCE THE IMPORTANCE OF HEALTHY  
EATING. DURING EACH HEALTH CARE VISIT, THE PARTICIPANT RECEIVES AN  
FVRX PRESCRIPTION REDEEMABLE ONLY FOR LOCALLY GROWN PRODUCE AND VALUED

Name of the organization **WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC**

Employer identification number  
\*\*-\*\*\*\*\*

AT \$1 PER DAY PER FAMILY MEMBER. THE PARTICIPANTS REDEEM THE FVRX PRESCRIPTION FOR FRESH FRUITS AND VEGETABLES AT PARTICIPATING FARMERS MARKETS AT LEAST EVERY TWO WEEKS THROUGHOUT THE 4-6 MONTH PROGRAM.

THE HEALTHY FOOD COMMERCE INITIATIVE (HFCI) WORKS TO DIRECT CAPITAL AND BUSINESS DEVELOPMENT ASSISTANCE TO MISSION-DRIVEN FOOD DISTRIBUTION AND PROCESSING ENTERPRISES, ALSO KNOWN AS "HEALTHY FOOD HUBS". THESE HUBS ARE CENTRALLY LOCATED FACILITIES WITH A BUSINESS MANAGEMENT STRUCTURE FACILITATING AGGREGATION, STORAGE, PROCESSING, DISTRIBUTION AND MARKETING OF REGIONALLY PRODUCED FOOD PRODUCTS. IT IS HFCI'S GOAL TO HELP THE CHANNELS FOR "LOCAL FOOD" EXPAND SO REGIONAL FARMS CAN MORE RELIABLY, SAFELY AND EFFICIENTLY SOURCE PRODUCTS TO INSTITUTIONAL BUYERS LIKE HOSPITALS, SCHOOLS AND LARGE DINING OUTLETS. WHILE RETAIL DEMAND FOR LOCALLY GROWN FOOD HAS EXPLODED, CONSISTENT AND SIMPLE LOCAL SOURCING REMAINS PROBLEMATIC FOR INSTITUTIONAL BUYERS, PARTLY DUE TO CHALLENGES WITH LOGISTIC, DISTRIBUTION AND MARKETING. HFCI IS FOCUSED ON DIRECTING EARLY STAGE CAPITAL AND BUSINESS DEVELOPMENT ASSISTANCE TO PROMISING FOOD HUB ENTERPRISES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SOCIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN) AND THE SUPPLEMENTAL NUTRITION PROGRAM TOWARDS THE PURCHASE OF LOCALLY GROWN, HEALTHY FOOD. IMPLEMENTING DVCP HAS THE POTENTIAL TO INCREASE THE CONSUMPTION OF HEALTHY PRODUCE BY PARTICIPATING COMMUNITY MEMBERS AND SUPPORT THE VIABILITY OF SMALL AND MIDSIZE FARMS BY CREATING NEW REVENUE STREAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization **WHOLESOME WAVE FOUNDATION  
CHARITABLE VENTURES, INC**

Employer identification number  
\*\*-\*\*\*\*\*

IDENTIFY AND ENROLL OVERWEIGHT AND OBESE CHILDREN AND PREGNANT WOMEN AS PARTICIPANTS. A PRIMARY CARE PROVIDER AND NUTRITIONIST MEET WITH EACH PARTICIPANT MONTHLY TO DISCUSS AND REINFORCE THE IMPORTANCE OF HEALTHY EATING. DURING EACH HEALTH CARE VISIT, THE PARTICIPANT RECEIVES AN FVRX PRESCRIPTION REDEEMABLE ONLY FOR LOCALLY GROWN PRODUCE AND VALUED AT \$1 PER DAY PER FAMILY MEMBER. THE PARTICIPANTS REDEEM THE FVRX PRESCRIPTION FOR FRESH FRUITS AND VEGETABLES AT PARTICIPATING FARMERS MARKETS AT LEAST EVERY TWO WEEKS THROUGHOUT THE 4-6 MONTH PROGRAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
ON DIRECTING EARLY STAGE CAPITAL AND BUSINESS DEVELOPMENT ASSISTANCE TO PROMISING FOOD HUB ENTERPRISES.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY OTHER COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD CHAIR REVIEWS THE FORM 990 WITH THE FINANCE COMMITTEE AND APPROVES THE FORM 990 BEFORE FILING IT.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM. ALL POTENTIAL ISSUES ARE REVIEWED BY THE BOARD, AND RESOLVED IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15: THE FULL BOARD VOTES TO APPROVE THE PRESIDENT'S SALARY BASED ON SALARIES OF PRESIDENTS FOR COMPARABLY SIZED NON-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS



**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_\_\_

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization <b>WHOLESOME WAVE FOUNDATION CHARITABLE VENTURES, INC</b>	Employer identification number <b>** _ * * * * *</b>
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Name and title of officer  
**MICHEL NISCHAN  
PRESIDENT/CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <u>2784094</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SEWARD AND MONDE, C.P.A.'S to enter my PIN 29777  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**06203129777**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**