WAVE HILL INCORPORATED

FORM 990 COPY FOR PUBLIC INSPECTION

YEAR ENDED JUNE 30, 2021



Return of Organization Exempt From Income Tax

orm **990**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begir	ning 07/	∪⊥ , 2020 ,	and endin	g		06/30			
R a	neck if ap	anlicable:	C Name of organization					D Employer ide	entificatio	n numl	oer	
ان و			WAVE HILL INCORPORATED	D								
	Addre		Doing Business As					13-6178903				
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone nu				
	Initial	return	675 WEST 252ND STREET		(718) 549	9-320	0					
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code								
	Amen returr		BRONX, NY 10471					G Gross receipt	s \$	16,	713	,439.
	Applio pendi		F Name and address of principal officer:	KAREN MEYERHO	FF			H(a) Is this a ground subordinates?			Yes	X No
			675 WEST 252ND STREET	, BRONX, NY 1047	71			H(b) Are all subordi		1?	Yes	No.
I	Tax-ex	empt st	ratus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) c	or 527	7	If "No," attac	h a list. (see	instruct	ions)	
J	Websi	ite: 🕨	WWW.WAVEHILL.ORG					H(c) Group exemp	tion numbe	r 🕨		
K	Form (of orgar	nization: X Corporation Trust	Association Other		L Year of	formati	on: 1965 M	State of le	gal dor	nicile:	NY
Pa	art I	Su	mmary									
	1	Briefly	y describe the organization's mission o	r most significant activities	: TO CEL	EBRATE '	THE A	ARTISTRY A	AND LI	EGAC	Y O	F
ė			GARDENS AND LANDSCAPES,									
auc		EXP	LORE HUMAN CONNECTIONS T	O THE WORLD OF	NATURE	THROUGH	ITS	PROGRAMS	•			
/err	2	Check	k this box	iscontinued its operations	s or dispose	d of more tha	an 25%	of its net assets	: 3.			
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)	•				3			21.
⋖ర	4	Numb	per of independent voting members of t	he governing body (Part V	/I. line 1b)				4			20.
ties			number of individuals employed in cale						5			104.
Activities			number of volunteers (estimate if necess						6			35.
Ac			unrelated business revenue from Part V						7a			0
			nrelated business taxable income from						7b			0
				<u> </u>	Prior Year		Curr	ent Y	ear			
	8	Contri	ibutions and grants (Part VIII, line 1h)					7,200,46	9.	7	014	1,063
nue	9	Progra	am service revenue (Part VIII, line 2g)		COPY	for		323,77	8.		379	7,159
Revenue	10	Invest	tment income (Part VIII, column (A), line	es 3 4 and 7d)	PUBLIC IN	SPECTION		125,55		1.		1,411
8			revenue (Part VIII, column (A), lines 5,					436,79				5,571
			revenue - add lines 8 through 11 (must			8,086,59		9		1,204		
			s and similar amounts paid (Part IX, colu					.,,	0.			0
	14		its paid to or for members (Part IX, colu						0.			
			es, other compensation, employee bene					5,311,519.		5	.148	3,148
Expenses					-			-,,	0.			0
ben	i ua h	Total	ssional fundraising fees (Part IX, column fundraising expenses (Part IX, column (I	D) line 25)	672.677							
Ä			expenses (Part IX, column (A), lines 11					2,237,69	0	1,994,322		
	18	Total	expenses. Add lines 13-17 (must equal	Part IX column (A) line 2	25)			7,549,20				2,470
	19		nue less expenses. Subtract line 18 from		.5)			537,38				734
-Se	13	IVEVE	Tue less expenses. Subtract line to from	TIIIIC IZ		<u> </u>	Beginn	ning of Current Y			of Yea	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					69,073,00				
Ass Bal	21		liabilities (Part X, line 26)					1,454,06				L,792
met/	22		ssets or fund balances. Subtract line 21	from line 20				67,618,93		100		7,563
	rt II		gnature Block	Hom line 20				0.,010,00	<u> </u>		02,	7555
			of perjury, I declare that I have examined this	is return including accompa	invina schedu	les and statem	nents a	nd to the hest of	my know	ledge :	and he	
true	, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of which	ch preparer has	s any kn	owledge.		lougo (3110 DC	
Sig	n		Signature of officer					Date				
Hei	e											
			Type or print name and title									
		<u> </u>	Type preparer's name	Preparer's signature		Date			; PTIN			
Paid	I		LIAM EPSTEIN					Check	"	1307	171	
Prep	oarer		TICHER ARITCORI	CROTTO T.T.C					87-13			
Use	Only				0017-27	N 3			212-94			
Mari	tho		saddress > 733 THIRD AVENUE cuss this return with the preparer show	· · · · · · · · · · · · · · · · · · ·	١			1 110110 110.				
<u> </u>			<u> </u>	<u> </u>	<i>.</i>	<u> </u>			<u> L</u>			No
⊢or	rape	rwork	Reduction Act Notice, see the separat	e instructions.						Form	าษษเ	(2020)

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P	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1		escribe the organization's mission: CHMENT 1	· · · · · · · · · · · · · · · · · · ·
	Did the	organization undertake any significant program services during the year which were not listed on t	he
	prior Fo	m 990 or 990-EZ?	Yes X No
3	services'	organization cease conducting, or make significant changes in how it conducts, any programmes of the conduct of	am Yes X No
4	expense	the organization's program service accomplishments for each of its three largest program sets. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	
4a	(Code: _) (Expenses \$1,429,665. including grants of \$) (Revenue \$) SHIP & COMMUNITY SERVICES - PROVIDING AMENITIES TO THE	61,034.
	VISITI	NG PUBLIC, SERVING WAVE HILL'S MEMBERSHIP BASE AND MARKETING	
	OUTREA	CH THROUGH PRESS, PUBLICATIONS AND SOCIAL MEDIA TO BUILD NEW	
	AUDIEN	CES; OFFERING PUBLIC PROGRAMS RELATED TO THE ENVIRONMENT;	
		TERPRETATION OF WAVE HILL'S HISTORY TO THE PUBLIC. ON AN	
		BASIS APPROXIMATELY 65,000 PEOPLE VISIT WAVE HILL, MAKING	
	IT ONE	OF THE MOST POPULAR SITES IN RIVERDALE.	
41-	(Cada:	\/C	
40	(Code:) (Expenses \$1,274,717. including grants of \$) (Revenue \$ ULTURE - MAINTENANCE OF GROUNDS AND DEVELOPMENT OF PLANT	89,526.
	COLLEC	TIONS.	
_			,
4c	(Code:) (Expenses \$938,670. including grants of \$) (Revenue \$)
		IONAL SERVICES - CONDUCT OF EDUCATION PROGRAMS FOR SCHOOL	
		EN AND THE TRAINING OF TEACHERS IN ENVIRONMENTAL SCIENCE.	
		ZE & OPERATE CLASSES, WORKSHOPS, LECTURES AND OTHER PUBLIC	
	PROGRA	MS RELATED TO THE ENVIRONMENT.	
4	Other pr	ogram services (Describe on Schedule O.) ATTACHMENT 2	
+u	(Expense	-9	
10	• •	es \$ 1,723,388. including grants of \$) (Revenue \$ 228,599.) ogram service expenses > 5,366,440.	
JSA	•	ygram service expenses > 3,300,1110.	Form 990 (2020)
	020 1.000	JL L161 5/3/2022 9:11:35 AM V 20-7.21 314179	PAGE
	555		11101

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Par	t 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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		- 21
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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? If "Yes,"		х	
	complete Schedule D, Part VI	11a	Λ	
Ľ	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
,	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110	- 21	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
k	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ľ	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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I See instructions	17		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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1 Z1	I	2.5

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Part	Checklist of Required Schedules (continued)		Vaa	Na
22	Did the argenization report more than \$5,000 of grants or other againtance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	9 71 7 7 1 71 1	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
23 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		21
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2020)
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 104			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.		struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	па	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a b		12b	Х	
•	rise to conflicts?			
С	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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?	16b		
Secti	ion C. Disclosure	1.00		1
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inte	est p	oolicy,

State the name, address, and telephone number of the person who possesses the organization's books and records ► MICHELE ROSSETTI 675 WEST 252ND STREET BRONX, NY 10471

Form **990** (2020)

20

Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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. See instructions for the order in which to list the persons above.

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1)KAREN MEYERHOFF	35.00										
PRESIDENT & EXECUTIVE DIRECTOR	0.	Х		Х				228,086.	0.	28,715.	
(2)MICHELE ROSSETTI	35.00										
VICE PRESIDENT/COO	0.			Х				173,156.	0.	36,690.	
(3)BARBARA GIORDANO	35.00							,		,	
DIRECTOR OF DEVELOPMENT	0.					X		125,963.	0.	15,900	
(4)JENNIFER MCGREGOR	35.00										
DIRECTOR ARTS/SENIOR CURATOR	0.					X		115,811.	0.	19,778	
(5)LOUIS BAUER	35.00										
DIRECTOR OF HORTICULTURE	0.					Х		103,188.	0.	18,922.	
(6) SARAH G. GUND	2.00										
CO-CHAIRPERSON	0.	Х		Х				0.	0.	0	
(7) RICHARD S. ZINMAN	2.00										
CO-CHAIRPERSON	0.	Х		Х				0.	0.	0	
(8)D. BRYCE O'BRIEN, II	2.00										
TREASURER	0.	X		Х				0.	0.	0	
(9)LISA CADER	2.00										
SECRETARY	0.	X		Х				0.	0.	0	
(10) ROBBIE OXNARD BENT	2.00										
DIRECTOR	0.	X						0.	0.	0	
(11) ANDREW BERMAN	2.00										
DIRECTOR	0.	Х						0.	0.	0	
(12) CHRISTOPHER CHESNEY	2.00										
DIRECTOR	0.	Х						0.	0.	0	
(13) MICHAEL HAGGERTY	2.00										
DIRECTOR	0.	Х		L	L	L	L	0.	0.	0	
(14) CYNTHIA HANAWALT	2.00										
DIRECTOR	0.	X						0.	0.	0	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	o or/trust e than or/trust e is or/trust employee	an	(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
15) SUSAN HINKSON-CARLING	2.00									
DIRECTOR	0.	Х						0	0.	0
16) JEANNE JANG	2.00									
DIRECTOR	0.	Х						0	. 0.	0
17) KATIE MICHEL	2.00									
DIRECTOR	0.	Х						0	. 0.	0
18) GRAYSON RUECKERT	2.00									
DIRECTOR	0.	X						0	0.	0
19) PAMELA FONTAINE SALVATORE	2.00									
DIRECTOR	0.	X						0	0.	0
20) VLADIMIR SHENDELMAN	2.00									
DIRECTOR	0.	X						0	0.	0
21) JENNIFER P. SPEERS	2.00									
DIRECTOR	0.	X						0	0.	0
22) JANET SPITZER	2.00	,								0
DIRECTOR	0.	X						0	0.	0
23) BEA WELCH	2.00	3.7								0
DIRECTOR	0.	X						0	0.	0
24) MAUD CABOT WELCH DIRECTOR	2.00	,							0	0
25) CATHLEEN HARVEY WIGGINS	2.00	X						0	0.	0
DIRECTOR	$\frac{1}{0}$	X						0	0.	0
	0.	Λ						746,204.	0.	120,005.
1b Sub-total								740,204.	0.	0.
c Total from continuation sheets to Part VII, S			• •	• •				746,204.	0.	120,005.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	limited to t	hose				e) who	o re	·		120,000.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										
organization and related organizations g	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									
5 Did any person listed on line 1a receive or										
Section B. Independent Contractors										
1 Complete this table for your five highest con	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of									

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright 0.

Form 990 (2020) WAN Part VIII Statement of Revenue

Par	t VII									
		Check if Schedule O contains a respon								
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts nts	1a	Federated campaigns 1a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	224,000.							
s, G	С	Fundraising events 1c	811,202.							
ift.	d	Related organizations 1d								
s, (mi	е	Government grants (contributions) 1e	2,626,078.							
r Sign	f	All other contributions, gifts, grants,								
but		and similar amounts not included above • 1f	3,352,783.							
i o fri	g	Noncash contributions included in lines 1a-1f	1,335,990.							
Sol	h	lines 1a-1f		7,014,063.						
	-"	Total. Add lines 1a-11	Business Code	7,011,003.						
9	2a	COURSE & WORKSHOPS	611710	89,526.	89,526.					
e <u>Č</u>	b	GATE ADMISSIONS	713990	228,599.	228,599.					
Sun	C	FOOD SERVICES OPERATIONS	722514	47,204.	47,204.					
eve	d	MEMBERSHIP	900099	13,830.	13,830.					
Program Service Revenue	е									
<u>~</u>	f	All other program service revenue								
	g	Total. Add lines 2a-2f		379,159.						
	3	Investment income (including dividends,	_							
		other similar amounts)		528,970.			528,970.			
	4	Income from investment of tax-exempt bond		0.						
	5	Royalties	(ii) Personal	0.						
			(ii) i diddiidii							
	6a b	Gross rents 6a Less: rental expenses 6b								
	C	Rental income or (loss) 6c								
	d	Net rental income or (loss)		0.						
	7a	Gross amount from (i) Securities	(ii) Other							
		sales of assets								
		other than inventory 7a 8,313,762.								
ē	b	Less: cost or other basis								
enne		and sales expenses 7b 7,128,321.								
>	С	Gain or (loss) 7c 1,185,441.								
Other Re	d	Net gain or (loss)	▶	1,185,441.			1,185,441.			
Ę.	8a	Gross income from fundraising								
U		events (not including \$811,202.								
		of contributions reported on line	_							
		1c). See Part IV, line 18	0.							
	b	Less: direct expenses		0.						
	C	Net income or (loss) from fundraising events. Gross income from gaming		0.						
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.							
	b	Less: direct expenses 9b	0.							
	c	Net income or (loss) from gaming activities	▶	0.						
	10a	Gross sales of inventory, less								
		returns and allowances10a	212,525.							
	b	Less: cost of goods sold 10b	80,914.							
	С	Net income or (loss) from sales of inventory		131,611.	131,611.					
Sno			Business Code	222 == 1			225 == :			
nec Tue	11a	LOCATION FEES & RENTALS	532000	233,770.	21 100		233,770.			
ila ver	b	PARKING FEES	812930	31,190.	31,190.					
Miscellaneous Revenue	C	All other revenue					+			
Ē	d e			264,960.						
	12	Total revenue. See instructions		9,504,204.	541,960.		1,948,181.			
JSA				'	I.		Form QQQ (2020)			

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).

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0.							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors, trustees, and key employees	463,346.	330,750.	83,121.	49,475.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	3,206,426.	2,298,240.	569,300.	338,886.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	336,503.	225,307.	69,606.	41,590.				
9	Other employee benefits	768,291.	628,388.	88,913.	50,990.				
10	Payroll taxes	373,582.	299,062.	41,342.	33,178.				
11	Fees for services (nonemployees):								
а	Management	0.		2.152					
b	Legal	3,173.		3,173.					
С	Accounting	45,000.		45,000.					
d	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17,	0.		120 174					
f	Investment management fees	132,174.		132,174.					
g	Other. (If line 11g amount exceeds 10% of line 25, column	239,566.	211,443.	13,434.	14,689.				
	(A) amount, list line 11g expenses on Schedule O.)	25,481.	17,951.	3,861.	3,669.				
	Advertising and promotion	60,909.	45,770.	5,160.	9,979.				
	Office expenses	0.	13,770.	3,100.	2,212.				
	Information technology	0.							
	Royalties	0.							
	Occupancy	14,190.	7,618.	6,159.	413.				
	Payments of travel or entertainment expenses	,	,	.,					
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	0.							
	Interest	0.							
	Payments to affiliates	0.							
	Depreciation, depletion, and amortization	358,743.	352,909.	2,917.	2,917.				
	Insurance	234,753.	211,277.	11,738.	11,738.				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
<u>~</u>	OTHER PRODUCTION COSTS	103,230.	45,319.	15,820.	42,091.				
~	FACILITY CONTRACT SERVICES	727,883.	643,186.	11,635.	73,062.				
С	MISCELLANEOUS	49,220.	49,220.						
d									
е	All other expenses	B 140 170	F 266 112	1 100 070					
	Total functional expenses. Add lines 1 through 24e	7,142,470.	5,366,440.	1,103,353.	672,677.				
26	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)	0.							

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	953,041.	1	1,544,127.
	2	Savings and temporary cash investments	4,794,858.	2	3,441,569.
	3	Pledges and grants receivable, net	2,032,903.	3	2,491,861.
	4	Accounts receivable, net	42,039.	4	102,223.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	81,632.	8	78,076.
Ä	9	Prepaid expenses and deferred charges	176,059.	9	122,518.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,870,529.			
	b	Less: accumulated depreciation	3,014,590.	10c	2,757,862.
	11	Investments - publicly traded securities	10,695,823.	11	13,610,672.
	12	Investments - other securities. See Part IV, line 11	7,908,056.	12	11,136,168.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	39,374,000.	15	66,184,279.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	69,073,001.	16	101,469,355.
	17	Accounts payable and accrued expenses	550,168.	17	631,033.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	10,759.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iap		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	903,900.	24	0.
	25	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,454,068.	26	641,792.
Seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	23,655,301.	27	30,736,419.
Ä	28	Net assets with donor restrictions	43,963,632.	28	70,091,144.
· Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
A SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	67,618,933.	32	100,827,563.
Z	33	Total liabilities and net assets/fund balances	69,073,001.	33	101,469,355.
			•		Form 990 (2020)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			04,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			42,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			61,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(57,6	18,9	33.
5	Net unrealized gains (losses) on investments	5		4,0	36,6	17.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2	26,8	10,2	79.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	10	00,8	27,5	63.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WAVE HILL INCORPORATED

Employer identification number 13-6178903

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	5.
he	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
0		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt for the standard to the sta	unctions, subject to conrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more than s section 511 tax) from	1 331/3 % of its
1		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the directors or truste	es of the
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organizatior	n(s) (see instruction	is). You must comple	te Part l'	V, Section	ons A, D, and E.	
d			integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from tl	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	• •			•		
f		ter the number of supported						
g		ovide the following information					I	
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
ota	al							

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,480,944.	4,628,676.	6,968,260.	7,200,469.	7,014,063.	30,292,412.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	121,711.	134,313.	137,997.	130,374.	119,625.	644,020.
4	Total. Add lines 1 through 3	4,602,655.	4,762,989.	7,106,257.	7,330,843.	7,133,688.	30,936,432.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						1,850,780.
6	Public support. Subtract line 5 from line 4						29,085,652.
	tion B. Total Support	(=) 2040	(h) 2017	(-) 2040	(4) 2010	(=) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016 4,602,655.	(b) 2017 4,762,989.	(c) 2018 7,106,257.	(d) 2019 7,330,843.	(e) 2020 7,133,688.	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	527,447.	671,409.	691,890.	396,853.	528,970.	2,816,569.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	6,671.					6,671.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	294,314.	425,622.	396,831.	336,435.	264,960.	1,718,162.
11	Total support. Add lines 7 through 10						35,477,834.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	2,818,350.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		third, fourth,	or fifth tax yea	ır as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (lin		•			14	81.98%
15	Public support percentage from 2019					15	80.89 %
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
4	this box and stop here. The organization			_			
1 <i>1</i> a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets	meets the fac	cts-and-circumsta	ances test, che	eck this box an	d stop here. E	xplain in
b	organization. 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizin Part VI how the organization meets organization.	2019. If the org zation meets the s the facts-and-	ganization did no e facts-and-circu circumstances to	ot check a box umstances test, est. The organi	on line 13, 16 check this box zation qualifies	a, 16b, or 17a, and stop here. as a publicly su	and line Explain
18	Private foundation. If the organization instructions						▶ □

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support			· 1	'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						<u> ▶ </u>
	tion C. Computation of Public Supp			(f))		. .	
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	<u></u> %
	tion D. Computation of Investment			40 1 ""			
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
	line 18 is not more than 331/3%, check		•	•	. ,		
20	Private foundation. If the organization d	iia not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Secti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Occii	on B. Type roupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	NI-
_			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the expeniention provide to each of its competed expenientions, by the local day of the fifth month of the		Yes	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		s). No
2	Activities Test. Answer lines 2a and 2b below.		163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

0F1230 1 000 Schedule A (Form 990 or 990-EZ) 2020

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization
-	(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

I all	Type in item i anotionally integrated cos(a)(c)	oupporting or garnzat	iono (continuou)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				

Schedule A (Form 990 or 990-EZ) 2020

5

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1			
SCHEDULE A, PART II -	CHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL		
LOCATION FEES AND RENTALS	252,028.	384,506.	352,730.	336,243.	233,770.	1,559,277.		
222774 222	40.006	41 116	44 101	100	21 100	150 005		
PARKING FEES	42,286.	41,116.	44,101.	192.	31,190.	158,885.		
TOTALS	294,314.	425,622.	396,831.	336,435.	264,960.	1,718,162.		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

WAVE HILL INCORPORATED 13-6178903 Organization type (check one): Filers of: Section: X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization WAVE HILL INCORPORATED

Employer identification number 13-6178903

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	N/A	\$ 1,451,709.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	N/A	\$163,667.	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization WAVE HILL INCORPORATED

Employer identification number 13-6178903

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WAVE HILL INCORPORATED

Employer identification number 13-6178903

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
	DONATED MARKETABLE SECURITIES		
3			
		\$176,909.	01/06/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	DONATED MARKETABLE SECURITIES		
		\$\\\$\\$	12/15/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5_	DONATED MARKETABLE SECURITIES		
		\$501,178.	01/26/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization WAVE HILL INCORPORATED Employer identification number 13-6178903 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

† ((10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	ons completing Part e year. (Enter this inf	III, enter the total ormation once. S	of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe	_	nobin of transferor to transfero
		IU ZIF + 4		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe nd ZIP + 4		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe nd ZIP + 4		nship of transferor to transferee
				

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number WAVE HILL INCORPORATED 13-6178903 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: ▶ \$

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page f 2

Da	rt III Organizations Maintaini	na Callections of	Art Historical Tre	asures or C	ther Similar Assets	(continue		age Z
3	Using the organization's acquisition							f ite
	collection items (check all that app		other records, effect	carry or the r	onowing that make 3	igillioant c	130 0	1 113
а	X Public exhibition	·y/·	d Loan o	or exchange p	rogram			
b	X Scholarly research		e Other	or exertainge p	rogram			
C	X Preservation for future gene	rations	C Other					—
4	Provide a description of the organ		and explain how t	hev further th	ne organization's even	nnt nurnos	e in	Part
-	XIII.	mzation 3 concetions	and explain now i	incy faither ti	ic organizations exem	ipt puipos	C 111	ı aıt
5	During the year, did the organization	on solicit or receive o	lonations of art histo	orical treasure	s or other similar			
	assets to be sold to raise funds rath					Yes	Х	No
Pa	rt IV Escrow and Custodial A		amod do part or the t	organization o				
	Complete if the organiza		es" on Form 990. F	Part IV. line 9	or reported an amo	ount on Fo	rm	
	990, Part X, line 21.			,	,			
1a	Is the organization an agent, trus	tee, custodian or o	ther intermediary for	or contribution	ns or other assets no	t		
	included on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and come	olete the following tab	ole:			ш	,
-			ore the remember in		Amou	ınt		
С	Beginning balance			1c	7			
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an am				odial account liability?	Yes		No
	If "Yes," explain the arrangement i				_			
	rt V Endowment Funds.						•	
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two years b		k (e) Four	years b	oack
1.	Paginning of year balance	20,028,327.	20,537,262.	19,266,8				
	Beginning of year balance Contributions	451,455.	42,402.	, ,				
		- ,	, -					
C	Net investment earnings, gains,	6,296,756.	628,663.	2,470,3	368. 258,963	. 2.1	.35,	429.
	and losses	, ,	,	, ,	,			
	Grants or scholarships							
е	Other expenditures for facilities	1,188,819.	1,180,000.	1,200,0	1,175,000	. 1.1	.25,	000.
	and programs	,,	,,	, , .	, , , , , , , , , , , , , , , , , , , ,	,		
f	Administrative expenses	25,587,719.	20,028,327.	20,537,2	262. 19,266,894	. 20,1	82,	931.
g	End of year balance							
2 a	Provide the estimated percentage Board designated or quasi-endown	nent > 81.1200	end balance (line rg,	column (a)) ne	eiu as.			
	Permanent endowment ► 18.8							
c	Term endowment ▶	%						
	The percentages on lines 2a, 2b, a	. ^~ and 2c should equal 1	100%.					
3a	Are there endowment funds not in	·		are held and	administered for the			
	organization by:		J			7	Yes	No
	(i) Unrelated organizations					3a(i)	Х	
	(ii) Related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate					3b		X
4	Describe in Part XIII the intended u	•	•					
Pa	rt VI Land, Buildings, and Equ	uipment.						
	Complete if the organize							
	Description of property	(a) Cost or (invest		or other basis (ther)	(c) Accumulated depreciation	(d) Book val	ue	
1a	Land	,	, (6	,				
b	Buildings		6,3	51,401.	3,714,874.	2,63	86,5	27.
С	Leasehold improvements.							
d	Equipment		5	19,128.	397,793.	12	21,3	35.
е	Other							
Tota	I. Add lines 1a through 1e. (Column		n 990, Part X, columi	n (B), line 10c.) ▶	2,75	7,8	62.

3

Schedule D (Form 990) 2020			Page
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	on:
(including name of security)		Cost or end-of-year marke	t value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	4,445,706.	FMV	
(B) PRIVATE EQUITY FUND OF FUNDS	6,690,462.	FMV	
(C)	0,000,102.	PPTV	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	11,136,168.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year marke	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		D. (IV I' 44 O E	D. 4 V. P. 45
Complete if the organization answered		, Part IV, line 11d. See Form 990,	
	scription		(b) Book value
1.7			
(2) CHARITABLE REMAINDER ANNUITY (3) TRUST AND CHARITABLE LEAD			
(4) TRUST			61,347,077
(5) PERPETUAL TRUST			4,789,282
(6) PIANO			47,920
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u>	66,184,279
Part X Other Liabilities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Forn	n 990, Part X,
line 25.	des of Belille.		(h) Daalaaska
	tion of liability		(b) Book value
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>		
2. Liability for uncertain tax positions. In Part XIII, provide the			at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	40,613,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	31,241,908.
3	Subtract line 2e from line 1	3	9,372,030.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 132,174.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	132,174.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,504,204.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		7 405 200
1	Total expenses and losses per audited financial statements	1	7,405,308.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses		
d	Other (Describe in Part XIII.)	_	205 010
е	Add lines 2a through 2d	2e	395,012.
3	Subtract line 2e from line 1	3	7,010,296.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4 -	132,174.
c	Add lines 4a and 4b	4c	7,142,470.
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,142,470.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A AND LINE 4

COLLECTIONS:

WAVE HILL HAS A COLLECTION OF VARIOUS PURCHASED AND DONATED MATERIALS, INCLUDING HORTICULTURE, ARTIFACTS AND BOOKS. THE COLLECTION IS HELD PRIMARILY FOR PUBLIC EXHIBITION AND EDUCATIONAL PURPOSES. IN ACCORDANCE WITH NOT-FOR-PROFIT INDUSTRY PRACTICE, WAVE HILL DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTION IN THE STATEMENTS OF FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS REVENUE IN THE STATEMENTS OF ACTIVITIES; RATHER, ITEMS PURCHASED FOR THE COLLECTION ARE REPORTED AS EXPENSES IN THE STATEMENTS OF ACTIVITIES. WAVE HILL REVIEWS ITS COLLECTIONS ON AN ONGOING BASIS AND MAY PERIODICALLY ACQUIRE OR DE-ACCESS ITEMS. PROCEEDS FROM DEACCESSIONS ARE CLASSIFIED AS WITHOUT DONOR RESTRICTIONS, EXCEPT WHEN DONOR RESTRICTIONS APPLY AND ARE RESTRICTED TO FUND FUTURE ACQUISITIONS OF COLLECTIONS, OR PRESERVATION, CONSERVATION OR DIRECT CARE OF THE COLLECTIONS.

SCHEDULE D, PART V

ENDOWMENT FUNDS:

WAVE HILL'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED PERPETUAL TRUST, AND THE INVESTMENTS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS AN ENDOWMENT, THE INCOME FROM WHICH IS USED IN ACCORDANCE WITH THE DONORS WISHES, GENERALLY FOR THE PROGRAMS OF WAVE HILL.

SCHEDULE D, PART X, LINE 2

INCOME TAXES:

INCOME TAX UNCERTAINTIES: WAVE HILL IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO THE ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME-TAX OBLIGATIONS. BECAUSE OF WAVE HILL'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON WAVE HILL'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 2D, OTHER REVENUE:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT OF \$26,810,279.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

Part I

Employer identification number

13-6178903 WAVE HILL INCORPORATED General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance			
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		3,236,164.			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
17) 3a	Subtotal					3,236,164.			
b						3,230,101.			
С	Totals (add lines 3a and 3b)					3,236,164.			

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

Schedule F (Form 990) 2020

13-6178903 WAVE HILL INCORPORATED

Page 2 Schedule F (Form 990) 2020

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

WAVE HILL INCORPORATED 13-6178903

Schedule F (Form 990) 2020

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) _(4) (5) (6) (7) (8) (9) (10)(11)(12)(13)

(14)

(15)

(16)

(17)

(18)

Schedule F (Form 990) 2020
Part IV Foreign Forms

rarı	roreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page 5

Part V

Supplemental InformationProvide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART I, LINE 3, COLUMN (F)

AMOUNT REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING.

Schedule F (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public

Inspection

	e organization					Employer Identification	on number
	ILL INCORPORATED				\	13-6178903	
Part I	Fundraising Activities. Com Form 990-EZ filers are not r				Yes" on Form 99	90, Part IV, line 1	7.
1 Inc	dicate whether the organization ra	aised funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е	Solid	citation of	non-government g	rants	
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g			ising events		
d	In-person solicitations	9		0.0	.og overne		
2a Did	d the organization have a written						¬,, ¬,,
b If '	key employees listed in Form 99 'Yes," list the 10 highest paid incompensated at least \$5,000 by the	dividuals or entities					Yes No fundraiser is to be
((i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		1					
3 Lis	all states in which the organiz gistration or licensing.				contributions or	has been notified	it is exempt from
NY,							

Page 2 Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contributi			
			(a) Event #1 VIRTUAL EVENTS (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	811,202.			811,202.
R	2 3	Less: Contributions Gross income (line 1 minus line 2)				811,202.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Revenue a		Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "\			reported more than (d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
		Direct expense summary. Add lin	ū	`	▶	
9 a b))	Net gaming income summary. Su Enter the state(s) in which the org. Is the organization licensed to con If "No," explain: Were any of the organization's gaming If "Yes," explain:	anization conducts gar duct gaming activities	ming activities: in each of these state pended, or terminated de	əs?	

WAVE HILL INCORPORATED

Sched	dule G (Form 990 or 990-EZ) 2020	Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license? Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WAVE HILL INCORPORATED

Employer identification number

13-6178903

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	46		
2	explain	1b		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			Х
9	in Part III	8		Λ
3	Regulations section 53.4958-6(c)?	9		
$\overline{}$				$\overline{}$

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

Schedule J (Form 990) 2020

WAVE HILL INCORPORATED 13-6178903

Schedule J (Form 990) 2020 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(C) Retirement and (D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KAREN MEYERHOFF	(i)	228,086.	0.	0.	28,715.	0.	256,801.	0.
1PRESIDENT & EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHELE ROSSETTI	(i)	173,156.	0.	0.	22,896.	13,794.	209,846.	0.
2 VICE PRESIDENT/COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

WAVE HILL INCORPORATED 13-6178903

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

WAVE HILL INCORPORATED

Employer identification number 13-6178903

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contril	determinin	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
6	goods						
6							
7	Boats and planes						
8 9	Intellectual property Securities - Publicly traded		11.	1,335,990.	COMPARABLE	SALES	
9 10	Securities - Publicly traded Securities - Closely held stock			1/333/330.	CONTINUEDE		
11	Securities - Closely field stock						
• •	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
15	contribution - Historic						
	structures						
14	Qualified conservation						
• •	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for			
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29		_
						Yes	No
30a	During the year, did the organizat				_		
	28, that it must hold for at least the	-					l
	to be used for exempt purposes for		olding period?		3	80a	X
	If "Yes," describe the arrangement i						
31	Does the organization have a	•		-			37
	contributions?					31	X
32a	Does the organization hire or use	•	•	· ·		_	,.
	contributions?				3	32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,		

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2**

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCHEDULE M, PART I, LINE 9, COLUMN B

THE AMOUNT REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-6178903

WAVE HILL INCORPORATED

FORM 990, PART VI, SECTION B, LINE 11A AND 11B REVIEW OF FORM 990:

THE ORGANIZATION PROVIDES MEMBERS OF THE BOARD WITH A DRAFT OF FORM 990 VIA EMAIL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY:

ANNUALLY, EACH BOARD MEMBER AND OFFICER OF WAVE HILL ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM, WHICH IS SUBMITTED TO THE CHAIRMAN FOR REVIEW.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

COMPENSATION OF EMPLOYEES: EXECUTIVE COMPENSATION IS REVIEWED ANNUALLY BY

THE CHAIR AND EXECUTIVE COMMITTEE. A PERFORMANCE REVIEW IS DONE

ANNUALLY. IF A CHANGE TO SALARY IS RECOMMENDED, IT IS APPROVED BY THE

FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF ORGANIZATION DOCUMENTS: WAVE HILL'S ANNUAL COMPLIANCE

FILING AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE

COMPLIANCE FILING, WHICH IS OPEN FOR PUBLIC DISCLOSURE, IS POSTED ON WAVE

HILL'S WEBSITE.

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS:

Name of the organization

WAVE HILL INCORPORATED

Employer identification number

13-6178903

OTHER CHANGES IN NET ASSETS REPRESENTS THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS OF \$28,810,279.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

A 28 ACRE PUBLIC GARDEN AND CULTURAL CENTER DEDICATED TO CELEBRATING THE ARTISTRY AND LEGACY OF ITS GARDENS AND LANDSCAPES, TO PRESERVE ITS MAGNIFICENT VIEW, AND TO EXPLORE HUMAN CONNECTIONS TO THE WORLD OF NATURE THROUGH PROGRAMS IN HORTICULTURE, ENVIRONMENTAL EDUCATION, WOODLAND MANAGEMENT AND THE VISUAL AND PERFORMING ARTS.

FORM 990, PART III, LINE 4D - OTHER PROG	GRAM SERVICES	ATTACHMENT 2	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
SECURITY, MAINTENANCE AND UTILITIES		1,235,573.	
EXHIBITIONS		438,624.	228,599.
PERFORMING ARTS		49,191.	
TOT	ALS	1,723,388.	228,599.