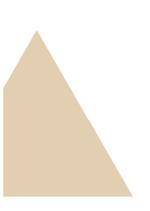
WAVE HILL, INC.

FORM 990 COPY FOR PUBLIC INSPECTION

YEAR ENDED JUNE 30, 2023





** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Form **99(**

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.

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

Inter	nal Reve	enue Service	(Go to www.irs.	gov/Form9	990 for instr	ructions and	the latest i	nform	nation.		Inspec	tion
Α	For th	e 2022 calend	dar year, or tax y	year beginning	JUL	1, 202	2.2 and	lending	JUN	30, 20	23		
В	Check if applicat	C Name o	of organization						D	Employer ide	ntificat	ion number	
	Addr chan		E HILL IN	CORPORAT	ſED								
	Name	a	ousiness as							13-617	8903	}	
	Initial returr		r and street (or P	.0. box if mail is	not delivered	d to street add	dress)	Room/suite	E	Telephone nu			
	Final returr	675	WEST 252				,			718 54		3200	
	termi ated	n-	town, state or pr	ovince, country	, and ZIP o	or foreign po	stal code		G	Gross receipts \$		14,170	,820.
	Amer returr	DKOI		.0471					H(a) Is this a gro	up retur	'n	
	Appli tion		and address of p		RAY B.	OLADA	APO-JOHI	NSON		for subordin	ates?	Yes	XNo
	pend	SAME	AS C ABO	VE					_ H(b	Are all subordina	ates includ	ded? Yes	No
<u> </u>	Tax-e>	empt status:		501(c) () (insert no.)	4947(a)(1)	or 527	7	If "No," atta	ch a list	. See instruct	tions
	Webs		WAVEHILL	• ORG) Group exem			
			X Corporation	Trust	Associat	tion (Other	L Year	of for	mation: 196	5 M S	tate of legal do	micile: NY
P	art I						~				1 ~ ~		
e	1		be the organizati								SG	ARDENS	
Governance			IDSCAPES										
erni	2	Check this bo		ne organization		-	-				1 1	3.	
Ň	3		oting members of	v v		. ,					3		23
			dependent voting								4		22
es	5		r of individuals en								5		128
Activities &	6		r of volunteers (es								6		45
Act	7 a		ed business reve								7a		0.
	b	Net unrelated	d business taxabl	e income from I	Form 990-1	, Part I, line	11				7b	Current Y	0.
										Prior Year	0		
an	8		s and grants (Par						4			5,293	
Revenue	9	•	vice revenue (Par						1	398,23			,014.
Be	10		ncome (Part VIII, o							<u>,236,62</u>			<u>,164.</u> ,303.
	11		e (Part VIII, colun						6	<u>498,67</u> ,553,89		7,397	-
	12		e - add lines 8 thr						0		<u>4.</u> 0.	1,391	<u>, 301.</u> 0.
	13		imilar amounts p								0.		0.
	14		to or for membe				·) lines 5 10)		5	,166,80		5,909	
Expenses	15		er compensation,						5	· · · ·	0.	5,909	<u>, 519.</u> 0.
ense	10a		fundraising fees				737,9	55			••		0.
EXD			sing expenses (Pa						2	,190,30	2	2,826	571
_	1 "		ses (Part IX, colur es. Add lines 13- [.]							, <u>150,50</u> ,357,10		8,735	
			es. Add lines 13- s expenses. Subti							-803,21		-1,338	
<u> </u>		nevenue less	expenses. Subt			<u></u>				ng of Current Y		End of Y	
Net Assets or	20	Total accete ((Dart V line 16)						-	,009,89		73,289	
Asse	20 1 21		(Part X, line 16) s (Part X, line 26)						01	<u>,009,09</u> 545,01			<u>,156.</u>
let ∕	21		s (Part X, line 26) fund balances. S						60	<u>,464,87</u>		72,600	
	art II			Subtract line 21		20			00	, = v = , v /	•	72,000	,025.
											. (l		

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

Sign	Signature of officer Date									
-	RAY B		OLADAPO-JOHNSON, PI	RESIDENT &	EXECUTIVE	DIREC	TOR			
	Type or pr	rint n	ame and title							
	Print/Type	e prep	oarer's name	Preparer's signature		Date		Check	PTIN	
Paid	WILLI	AM	EPSTEIN					ır self-employed	P0130717	1
Preparer	Firm's nar	me	EISNER ADVISORY G	ROUP LLC			Firm's	EIN 87-	1353108	
Use Only	Firm's add	dress	733 THIRD AVENUE							
			NEW YORK, NY 1001	7-2703			Phone	e no.212-	949-8700	
May the IF	RS discuss	s this	s return with the preparer shown abo	ve? See instruction	s				X Yes	No
									- 000/	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	identificat	on number (TIN)
print	WAVE HILL INCORPORATED				13-63	L78903
File by the due date for filing your		see instruct	ions.			
return. See instructions		oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	D-T (trust other than above)	06	Form 8870			12
Form 990	D-T (corporation)	07				
 If the If this box > 1 I re the 2 If t 	hone No. ► 718 549 - 3200 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2022 he tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta MAX annization's , an check rease	mption Number (GEN) I .ch a list with the names and TINs of X 15, 2024, to file return for: d ending	f this is fo all memb	r the whole ers the extension opt organiza	group, check this
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter anv	refundable credits and		- *	
	timated tax payments made. Include any prior year over			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa					
	ing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawa	l (direct del	bit) with this Form 8868, see Form 84	I53-TE and		9-TE for payment 8868 (Rev. 1-2022)

223841 04-01-22

_	m 990 (2022) WAVE HILL INCORPORATED 13-6178903	Page
Pai	art III Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III	[A
	28 ACRE PUBLIC GARDEN /CULTURAL CENTER DEDICATED TO THE ARTISTRY AN	סז
	LEGACY OF ITS GARDENS/LANDSCAPES, TO PRESERVING ITS VIEW, AND EXPLO	
	THE WORLD OF NATURE THROUGH PROGRAMS IN HORTICULTURE, ENVIRONMENTAL	
	EDUCATION, WOODLAND MANAGEMENT AND VISUAL AND PERFORMING ARTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		es X No
	If "Yes," describe these new services on Schedule O.	
3		es X No
0	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	29
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	,
4a		3,551.
	MEMBERSHIP & COMMUNITY SERVICES - PROVIDING AMENITIES TO THE VISITI	-
	PUBLIC, SERVING WAVE HILL'S MEMBERSHIP BASE AND MARKETING OUTREACH	
	THROUGH PRESS, PUBLICATIONS AND SOCIAL MEDIA TO BUILD NEW AUDIENCES	5;
	OFFERING PUBLIC PROGRAMS RELATED TO THE ENVIRONMENT; AND INTERPRETA	
	OF WAVE HILL'S HISTORY TO THE PUBLIC. ON AN ANNUAL BASIS APPROXIMAT	
	65,000 PEOPLE VISIT WAVE HILL, MAKING IT ONE OF THE MOST POPULAR SI	
	IN RIVERDALE.	
4b		
	FACILITIES MANAGEMENT - SECURITY, MAINTENANCE AND UTILITIES -	
	MAINTENANCE OF GROUNDS AND DEVELOPMENT OF PLANT COLLECTIONS.	
4c		
	HORTICULTURE - WAVE HILL'S 28 ACRES OF GARDENS AND WOODLAND ARE	
	ACCLAIMED FOR PLANTSMANSHIP, AESTHETIC SENSIBILITY AND THE HUMAN	
4c	EXPERIENCE OF NATURE. THE GROUNDS INCLUDE A PERGOLA, FRAMING THE V	TEWS
	OF THE HUDSON RIVER AND THE PALISADES BEYOND, THE PERGOLA IS SURROU	INDED
	BY COLORFUL PLANTINGS DURING THE WARM MONTHS. WAVE HILLS GARDEN UNF	OLDS
	FROM SEASON TO SEASON WITH INSPIRED COMBINATIONS OF PERENNIALS, ANN	
	,	IUAL
	BULBS AND SHRUBS AND HERBS AND ORNAMENTAL PLANTS WHICH FIND SHELTER	UAL
	BULBS AND SHRUBS AND HERBS AND ORNAMENTAL PLANTS WHICH FIND SHELTEF THE TERRACED GARDENS.	UAL
		UAL
		UAL
		UAL
	THE TERRACED GARDENS.	UAL
4d	THE TERRACED GARDENS.	UAL
	THE TERRACED GARDENS. Other program services (Describe on Schedule O.) (Expenses \$ 1,867,258. including grants of \$) (Revenue \$ 314,854.)	UAL
4d 4e	THE TERRACED GARDENS. Other program services (Describe on Schedule O.) (Expenses \$ 1,867,258. including grants of \$) (Revenue \$ 314,854.) Total program service expenses 6,352,728.	
4e	THE TERRACED GARDENS. Other program services (Describe on Schedule O.) (Expenses \$ 1,867,258. including grants of \$) (Revenue \$ 314,854.) Total program service expenses 6,352,728. Forr	UAL
1e	THE TERRACED GARDENS. Other program services (Describe on Schedule O.) (Expenses \$ 1,867,258. including grants of \$) (Revenue \$ 314,854.) Total program service expenses 6,352,728.	

Form 990 (2022) WAVE HILL INCORPORATED
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	Х	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	-	Х
232003	3 12-13-22	Form	990	(2022)

	· (contractor)		Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
240				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>270</u>		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		х
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 the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 92			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
232004	12-13-22	Form	990	(2022)
	5			

10270511 721252 1004638-1004638 2022.05090 WAVE HILL INCORPORATED 10046381

Form	990 (2022) WAVE HILL INCORPORATED		13-6178	903	Р	age 5
Par	t V 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	128			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		X
3a	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 a	uthority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		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 Ad	counts	(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 transact	tion?		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	e organiz	ation 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 contribution	ons or gi	fts			
	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 ser	vices prov	vided to the payor?	7a	Х	
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 wa	s require	ed			
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			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.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the 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		х
-	If "Yes," complete Form 4720, Schedule O.			-		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

6

10270511 721252 1004638-1004638

2022.05090 WAVE HILL INCORPORATED 10046381

Form	990	(2022))
------	-----	--------	---

Page 6 13-6178903

F0IIII 990 (A			01/02/03	raye 🗸
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b	below,	and for a "No" res	ponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru-			
	Check if Schedule O contains a response or note to any line in this Part VI			X

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	23	4		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	her	1		
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supe				
-	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
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		Х
ð 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?	r	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,		14		
U			7b		х
0					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	0	0.	х	
a	The governing body?		<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?		8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				77
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia	ates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ	e			
	on 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 indeper				
	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	х	
ĩ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
100			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip				
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ation			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>				
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	-			
18		5000 501(0)(3)5	s orny)	avallar	Jie
	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 Schedu	,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest policy, and	d finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation multiple ROSSETTI - 718 549 - 3200	rds			
20					
20	675 WEST 252ND STREET, BRONX, NY 10471				
			Form	990	(202

Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII	X							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a. Complete this table for all persons required to be listed. Beport compensation for the calendar year ending with or within the organization's tax year								

13-6178903

Page 7

• 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 the instructions for definition of "key employee."

WAVE HILL INCORPORATED

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the instructions for the order in which to list the persons above.

Form 990 (2022)

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau	liecto	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) KAREN MEYERHOFF (TO 6/23)	35.00									
PRESIDENT & EXECUTIVE DIRECTOR	0.00	Х		Х				248,789.	0.	26,749.
(2) MICHELE ROSSETTI	35.00									
VICE PRESIDENT/COO	0.00			Х				179,896.	0.	47,346.
(3) BARBARA GIORDANO	35.00									
DIRECTOR OF DEVELOPMENT	0.00					Х		164,700.	0.	15,775.
(4) CATHY DEUTSCH	35.00									
DIRECOTR OF HORTICULTURE	0.00					Х		109,395.	0.	0.
(5) ROBERT ODDO	35.00									
DIRECTOR OF VISITOR SERVICES	0.00					X		108,796.	0.	0.
(6) FRANK PERRONE	35.00									_
DIRECTOR OF FACILITIES/MAINTENANCE	0.00					x		106,556.	0.	0.
(7) EZRA BORUT (AS OF 1/23)	2.00									_
CO-CHAIRPERSON	0.00	х		Х				0.	0.	0.
(8) SARA G. GUND	2.00									
CO-CHAIRPERSON	0.00	х		Х				0.	0.	0.
(9) RICHARD S. ZINMAN (THRU 12/22)	2.00									
CO-CHAIRPERSON	0.00	Х		Х				0.	0.	0.
(10) D. BRYCE O'BRIEN II	2.00								•	•
TREASURER	0.00	Х		Х				0.	0.	0.
(11) LISA CADER	2.00							•	0	0
SECRETARY	0.00	Х		Х				0.	0.	0.
(12) ROBBIE OXNARD BENT	2.00	v						0	0	0
DIRECTOR	0.00	Х						0.	0.	0.
(13) ANDREW BERMAN	2.00	x						0.	0.	0.
DIRECTOR (14) CHRISTOPHER P. CHESNEY	2.00	^						0.	0.	<u> </u>
DIRECTOR	0.00	x						0.	0.	0.
(15) ANNE G. FREDERICKS	2.00	^						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(16) CYNTHIA HANAWALT	2.00							0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(17) JOHN D. HANNICK	2.00							0.	0.	<u> </u>
DIRECTOR	0.00	х						0.	0.	0.
232007 12-13-22		- 23				I			0.	Form 990 (2022)
202001 12-10-22					`					(2022)

8

Form	990	(2022)

Part VII Section & Officers Directors Trus		-			, , , , , , ,	aula				
		Dioy	ees,			gnes	at C		. ,	
(A)	(B)				C)	.		(D)	(E)	(F)
Name and title	Average	(do not check more than			than o		Reportable	Reportable	Estimated	
	hours per week		, unles cer an					compensation	compensation	amount of
	(list any						,	- from the	from related	other
	hours for	director						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	mper		1099-NEC)		and related
	below	Individual trustee or	Institutional trustee	er	Key employee	est cc oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) SUSAN HINKSON-CARLING	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(19) JEANNE JANG	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(20) MAUD CABOT WELCH MACLEAN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) KATIE MICHEL	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) SIGNE NIELSEN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(23) GRAYSON RUECKERT	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(24) PAMELA FONTAINE SALVATORE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(25) YEHUNDA SHMIDMAN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(26) JENNIFER P. SPEERS	2.00									
DIRECTOR	0.00	X						0.	0.	0.
1b Subtotal								918,132.	0.	89,870.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								918,132.	0.	89,870.
2 Total number of individuals (including but r								eceived more than \$100,	000 of reportable	
compensation from the organization										6
										Yes No
3 Did the organization list any former officer	, director, truste	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for s	such individual									3 X
4 For any individual listed on line 1a, is the s	um of reportabl									
and related organizations greater than \$15	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							4 X		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services										
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ich i	oers	on .				5 X
Section B. Independent Contractors	-			-						
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for	the calendar ye	ear e	endin	ıg w	ith c	or wi	thin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business	address	NC	ONE	3				Description of s	ervices C	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS

232008 12-13-22

2022.05090 WAVE HILL INCORPORATED 10046381

Form 990 WAVE HILI									13-617	8903
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee			lighe	est (
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	Individual trustee or director				Highest com pen sated em ployee		organization	(W-2/1099-MISC)	from the
	hours for	or dir				ted e		(W-2/1099-MISC)		organization
	related	stee o	Institutional trustee			oen sa				and related
	organizations	al tru:	onal t		Key employee	comp				organizations
	below	vidu	itutic	Officer	emp	hest	Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
(27) JANET SPITZER	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(28) BEATRICE WELCH	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(29) CATHLEEN HARVEY WIGGINS (THRU 9	2.00									
DIRECTOR	0.00	Х		L	L			0.	0.	0.
(30) AUDREY Z. ZINMAN	2.00									
DIRECTOR	0.00	х						0.	0.	0.
		1								
		1								
					1					
		1								
			-		-	-				
				-	-					
-			-	-	-	-				
			<u> </u>	<u> </u>	<u> </u>	<u> </u>				
Total to Part VII, Section A, line 1c										

232201 04-01-22

		Check if Schedule O c	conta	ins a respor	ise	or note to any line	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax unde
								Infiction revenue	business revenue	sections 512 - 5
ŝ	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues				193,492.				
Ē		Fundraising events				678,432.				
IL A		- · · · · · · · · · · · · · · · · · · ·								
nile		Government grants (contri				2,086,619.				
Si,		All other contributions, gifts,		· · · · · ·						
her	•	similar amounts not included				2,335,337.				
ō	a	Noncash contributions included in I				165,792.				
pug	-	Total. Add lines 1a-1f				,	5,293,880.			
				<u></u>		Business Code				
	2 a	GATE ADMISSIONS				713990	216,442.	216,442.		
Revenue	z a b	FOOD SERVICE OPERATI	IONS		_	722514	164,252.	164,252.		
ne	0	COURSE AND WORKSHOPS			_	611710	98,412.	98,412.		
ven	d	MEMBERSHIPS	-		_	900099	86,908.	86,908.		
Ře					_					
	e f	All other program service	rovor		_					
							566,014.			
		Total. Add lines 2a-2f Investment income (includ					500,014.			
	3		Ũ				608,923.			608,92
						·····	000,525.			000,5
	4	Income from investment o		-		Г				
	5	Royalties		(i) Real		(ii) Personal				
	•	0		(i) neai		(ii) Personal				
			6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)) 	(i) Coouriti						
	7 a	Gross amount from sales of	_	(i) Securiti		(ii) Other				
		assets other than inventory	7a	6,756,9	25.					
	b	Less: cost or other basis		c						
anu		and sales expenses	7b							
		Gain or (loss)	7c	314,1						
		Net gain or (loss)					310,241.			310,24
	8 a	Gross income from fundraisir								
5		including \$	678,	432. of						
		contributions reported on		,						
		Part IV, line 18			8a	210,461.				
	b	Less: direct expenses			8b	210,461.				
	С	Net income or (loss) from t	fundr	raising event	s		0.			
	9 a	Gross income from gamin	g act	ivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ng activities						
1	0 a	Gross sales of inventory, le	ess r	eturns						
		and allowances			10a	270,334.				
	b	Less: cost of goods sold			10b	116,314.				
		Net income or (loss) from			/		154,020.	154,020.		
						Business Code				
1	1 a	LOCATION FEES & RENT	TAL			532000	380,912.			380,93
1 Levenue	b	PARKING FEES			_	812930	83,371.	83,371.		
eve	С				_					
a		All other revenue			_					
		Total. Add lines 11a-11d					464,283.			
1							,	803,405.	0.	13000
1 : 2009 1	2	Total revenue. See instructio					7,397,361.	803,405.		0.

Form 990 (2022)

Part VIII Statement of Revenue

2022.05090 WAVE HILL INCORPORATED

Form 990 (2022)

WAVE HILL INCORPORATED Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	526,078.	375 339	00 370	51 370
~	trustees, and key employees	520,070.	375,338.	99,370.	51,370.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	3,945,422.	2,826,344.	740,204.	378,874.
7 8	Other salaries and wages Pension plan accruals and contributions (include	5, 5 - 5 , - 2 4 4 •	2,020,3110	, 10, 2010	5/0,0/40
0	section 401(k) and 403(b) employer contributions)	143,256.	96,030.	29,751.	17 475
9	Other employee benefits	862,938.	658,409.	144,634.	<u> 17,475</u> 59,895.
10	Payroll taxes	431,625.	353,217.	43,385.	35,023
11	Fees for services (nonemployees):	101,0101			00,010
	Management				
	Legal	399.		399.	
	Accounting	51,817.		51,817.	
	Lobbying	·			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	118,635.		118,635.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	440,821.	245,677.	157,053.	38,091.
12	Advertising and promotion	30,589.	24,799.	5,790.	
13	Office expenses	64,177.	48,104.	4,891.	11,182.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	30,306.	20,209.	8,994.	1,103.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	220 061	216 101	0.045	0 045
22	Depreciation, depletion, and amortization	320,861.	316,171.	2,345.	<u>2,345</u> 13,952
23		300,774.	251,133.	35,689.	13,952.
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 0.)				
я	FACILITY CONTRACT SERVI	1,171,231.	1,003,737.	52,792.	114,702.
a b	MISCELLANEOUS	202,415.	53,170.	149,030.	215
c c	OTHER PRODUCTION COSTS	94,546.	80,390.	428.	13,728.
d		,			,
	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	8,735,890.	6,352,728.	1,645,207.	737,955.
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)				

232010 12-13-22

10270511 721252 1004638-1004638

Form 990 (2022)

WAVE HILL INCORPORATED Part X Balance Sheet

		Check if Schedule O contains a response or note	e to anv	line in this Part X			
			<u> </u>		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,685,970.	1	1,161,137.
	2	Savings and temporary cash investments			4,450,940.	2	1,275,168.
	3	Pledges and grants receivable, net			1,812,432.	3	1,755,775.
	4	Accounts receivable, net			124,530.	4	426,304.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			82,518.	8	102,558.
Ä	9	Prepaid expenses and deferred charges			201,703.	9	206,188.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,368,944.			
	b	Less: accumulated depreciation	10b	4,788,526.	2,550,100.	10c	2,580,418.
	11	Investments - publicly traded securities			8,024,809.	11	11,108,678.
	12	Investments - other securities. See Part IV, line 1			11,466,053.	12	11,348,943.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			20 610 020	14	42 204 610
	15	Other assets. See Part IV, line 11			30,610,838.	15	43,324,612.
	16	Total assets. Add lines 1 through 15 (must equa			61,009,893.	16	73,289,781.
	17	Accounts payable and accrued expenses			545,015.	17	689,156.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa				22	
Lia	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelated				23 24	
	25	Other liabilities (including federal income tax, pay	-			27	
	20	parties, and other liabilities not included on lines					
		of Schedule D		•		25	
	26	Total liabilities. Add lines 17 through 25			545,015.	26	689,156.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			26,788,330.	27	26,935,187.
Bal	28	Net assets with donor restrictions	33,676,548.	28	45,665,438.		
pu		Organizations that do not follow FASB ASC 9					
, Fu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances			60,464,878.	32	72,600,625.
	33	Total liabilities and net assets/fund balances	<u></u>		61,009,893.	33	73,289,781.

Form 990 (2022)

Form	1 990 (2022) WAVE HILL INCORPORATED	13	-6178903	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,73		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,46	-	
5	Net unrealized gains (losses) on investments	5	76	0,5	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	12,71	3,7	74.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	72,60	0,6	<u>25.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," explain on Schedule	0.			
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 compiled 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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

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.

	2022			
	Open to Public Inspection			
Employer identification number				

OMB No. 1545-0047

Name of the organization

			HILL INCO						3-6178903
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The 1 2 3 4 5 6 7 8		 ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 							
9 10		An agricultural research org or university or a non-land-g university: An organization that norma activities related to its exen income and unrelated busir	grant college of agrice Ily receives (1) more 1 npt functions, subjec	ulture (see instructions). than 33 1/3% of its supp t to certain exceptions; a	Enter the r port from co and (2) no	name, city ontributior more than	, and state of th ns, membership 33 1/3% of its	o fees, and support fi	d gross receipts from rom gross investment
11 12 a		 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 							
c c		 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III 							
f	Ent	functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations							
	g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? Yes No						(vi) Amount of other support (see instructions)		
T									
Tota	al						1		

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6968260.	7200469.	7014063.	4602955.	5507283.	31293030.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge				127,626.		659,254.	
4	Total. Add lines 1 through 3	7106257.	7330843.	7133688.	4730581.	5650915.	31952284.	
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)						1541145.	
	Public support. Subtract line 5 from line 4.						30411139.	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	7106257.	7330843.	7133688.	4730581.	5650915.	31952284.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	691,890.	396,853.	528,970.	711,904.	608,923.	2938540.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	396,831.	336,435.	264,960.	366,990.		1829499.	
11	Total support. Add lines 7 through 10						36720323.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,238,175.	
13	3 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
_	organization, check this box and stop here							
Section C. Computation of Public Support Percentage								
	Public support percentage for 2022 (I					14	82.82 %	
	Public support percentage from 2021					15	81.65 %	
16a	I6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization X							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th							
	organization meets the facts-and-circu				• •			
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box a			
						Schedule A	(Form 990) 2022	

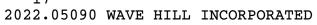
232022 12-09-22

Schedule A	(Form	990) 202
------------	-------	-----	-------

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	ction A. Public Support		-		1	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and 3 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						
с	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	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 on 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 the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Publ	c Support Per	rcentage				
	Public support percentage for 2022 (•	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					.=	
	Investment income percentage for 20		'			17	%
18	Investment income percentage from			on line 14 and lin		18	%
198	33 1/3% support tests - 2022. If the more than 33 1/3% check this box as						
Ь	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	-	•		•••		
u	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						···
	3 12-09-22			, or roo, oncorr			le A (Form 990) 2022
-0202			1 7	7		Concuu	



1

2

3a

Yes No

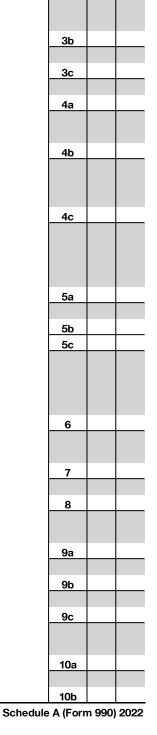
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.
- **10a** 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.*
- **b** 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.)

232024 12-09-22



18 22 05000 1

Schedule A	(Form 990) 202	2 WAVE	HILL	INCORPORATED
Part IV	Supporting	Organizations	(continued	d)

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting 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? <i>If</i> "No," <i>describe in</i> Part VI <i>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</i>			
	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,

sup	ervised	. or contr	olled the su	ipportina o	rganization.	
Section	ι C. Τι	vpe II S	upportin	a Organ	ižations	

 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
 1
 1

|--|

			Yes	No
1	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 on 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisf	y the Integral Part Test during the y	vear (see instructions).
-------------------------------------------------------------------------	---------------------------------------	--------------------------

- a ____ 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.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---------------------------------------------------	-------------------------	-----------------	---------------------	-------------------	----

2 Activities Test. Answer lines 2a and 2b below.

10270511 721252 1004638-1004638

- a 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.
- b Did the activities described on 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

 Schedule A (Form 990) 2022

232025 12-09-22

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus		,	Part VI). See instructions.
Sect	ion 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		
Sect	ion 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):			
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		
Sect	ion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A	(Form 990) 2022
Part V	Type II	l Non-

WAVE HILL INCORPORATED Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

2022.05090 WAVE HILL INCORPORATED

10046381

Schedule A (Form 990) 2022 WAVE HILL INCORPORATED Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

13-6178903 Page 7

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive		-	
Ū	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	1	10	(;;;)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	••				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A	(Form 990) 2022	WAVE	HILL	INCORPORATED		13-6178903 Page &
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a (See instructions.)	ormation. s 1, 2, 3b, 3c, D, lines 2 and nd 8; and Parl	Provide th 4b, 4c, 5a 3; Part IV, V, Section	e explanations required by F , 6, 9a, 9b, 9c, 11a, 11b, and Section E, lines 1c, 2a, 2b, n E, lines 2, 5, and 6. Also co	Part II, line 10; Part II, line 17a d 11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1; Parl mplete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, onal information.
232028 12-09-2	2					Schedule A (Form 990) 202
				22		

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

13-6178903

Organization type (chec	sk one):
Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation

WAVE HILL INCORPORATED

	527 political organization
--	----------------------------

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

Form 990-PF

📙 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

WAVE HILL INCORPORATED

Name of organization

Employer identification number

Page 2

13-6178903

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,691,384. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 225,235. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 X Person Payroll 280,214. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

2022.05090 WAVE HILL INCORPORATED

25

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-6178903

WAVE HILL INCORPORATED

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page **2**

10270511 721252 1004638-1004638

223452 11-15-22

2022.05090 WAVE HILL INCORPORATED

10046381

Schedule B (Form 9	990) (2022	2
--------------------	------------	---

Name of organization

Page 3

Employer identification number

13-6178903

WAVE HILL INCORPORATED

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

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

 $10270511 \ \ 721252 \ \ 1004638 - 1004638$

27 2022.05090 WAVE HILL INCORPORATED

Name of o	rganization		Employer identification number
WAVE I	HILL INCORPORATED		13-6178903
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi and ZIP + 4	tt Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	
-			Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (2022

10270511 721252 1004638-1004638

28 2022.05090 WAVE HILL INCORPORATED 10046381

SCHEDULE D (Form 990) Complete if the organization answered "Yes" on Form 990,							<u>47</u>
Departi	nent of the Treasury	Part IV, line 6, 7, 8, 9, 10 A	, 11a, 11b, 11c, 11d, [.] .ttach to Form 990.	11e, 11f, 12a, or 12b.		Open to Publ	lic
	Revenue Service	Go to www.irs.gov/Form99 on	0 for instructions and	the latest information.	Emplove	Inspection r identification nun	nber
	U U	WAVE HILL INCORPOR		_	1	3-6178903	
Par		ations Maintaining Donor Advise		Similar Funds or Ac	counts.	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor adv	icod funde	h) Eurode an	d other accounts	
	Total pumbar at a	ad of year			b) Fullus al		
1 2		nd of year f contributions to (during year)					
2		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in	writing that the assets	held in donor advised func	s		
	-	on's property, subject to the organization's	-			Yes	No
6		on inform all grantees, donors, and donor a					
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for	any other purpose conferri	ng		_
D	impermissible priv					Yes	No
Par		ation Easements. Complete if the org			line 7.		
1		servation easements held by the organization	· · · · · ·	,,, 			
		n of land for public use (for example, recrea of natural habitat	tion or education)	Preservation of a histo			
		n of open space	L		neu historic	Structure	
2		through 2d if the organization held a qualit	ied conservation cont	ribution in the form of a cor	nservation e	asement on the last	ł
-	day of the tax year	c c .				at the End of the Tax	
а					2a		
b	Total acreage rest				2b		
с	Number of conser	vation easements on a certified historic stru			2c		
		vation easements included in (c) acquired a					
	historic structure I	isted in the National Register			2d		
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, c	or terminated by the organiz	zation durin	g the tax	
_	year						
4		where property subject to conservation eas		- Alian Iana Alian - A			
5		tion have a written policy regarding the per forcement of the conservation easements it				Yes	No
6	,	r hours devoted to monitoring, inspecting,		and enforcing conservatio			
Ŭ			narialing of violations,		in eusement		
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and	enforcing conservation eas	ements dur	ing the year	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requireme	ents of section 170(h)(4)(B)	i)		_
)(4)(B)(ii)?				Yes	No
9		be how the organization reports conservation		•			
		d include, if applicable, the text of the footr	ote to the organization	n's financial statements tha	t describes	the	
Par		ounting for conservation easements. ations Maintaining Collections of	Art. Historical T	reasures, or Other S	imilar As	sets	
		f the organization answered "Yes" on Form	•				
1a		elected, as permitted under FASB ASC 95		evenue statement and bala	nce sheet v	vorks	
		easures, or other similar assets held for put					
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that d	lescribes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its rever	nue statement and balance	sheet work	s of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education,	, or research in furtherance	of public se	ervice,	
	-	ing amounts relating to these items:					
		ded on Form 990, Part VIII, line 1					
		ed in Form 990, Part X					
2		received or held works of art, historical tre			provide		
	•	unts required to be reported under FASB A	•		•		
		on Form 990, Part VIII, line 1					
d	Assets included in	Form 990, Part X			\$		

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 232051 09-01-22

Schedule D (Form 990) 2022

10046381

2022.05090 WAVE HILL INCORPORATED

Sche		LL INCORPOR				13-61	78903	3 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or exc	hange program					
b	X Scholarly research	e	Other						
с	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit or		•		ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes	X	No
Par	t IV Escrow and Custodial Arrang	•	te if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1 a	Is the organization an agent, trustee, custodia						٦		٦
	on Form 990, Part X? Yes No								
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
							Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year				<u>1e</u> 1f				
20	Ending balance Did the organization include an amount on Fo				····		Yes		No
	If "Yes," explain the arrangement in Part XIII.					····· L	_ 165]
Par									
	Complete	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	back
1a	Beginning of year balance	20,459,499.	25,587,719.	20,028,327.		537,262.		266,	
b	Contributions			451,455.		42,402.	,		
c	Net investment earnings, gains, and losses	1,495,418.	-3,838,220.	6,296,756.	-	628,663.	2,	470,	368.
d	Grants or scholarships		• •	· · ·					
	Other expenditures for facilities								
	and programs	1,390,000.	1,290,000.	1,188,819.	1,	180,000.	1,	200,	000.
f	Administrative expenses								
g	End of year balance	20,564,917.	20,459,499.	25,587,719.	20,	028,327.	20,	537,	262.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	79.1870	_%						
b	Permanent endowment 20.8130	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	d administered for t	he		-		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		ment funds.						
Far	t VI Land, Buildings, and Equipm		Dout IV line 110 C	as Form 000 Dort Y	line 10				
	Complete if the organization answered						() = .		
	Description of property	(a) Cost or ot basis (investm	• •	. ,	Accumulat		(d) Bool	< value	Э
	Land		ent) basis		epreciatior	•			
	Land								
	Buildings		6 6 1	8,176. 4,	275,3	61	2,372	<u>, b.</u>	15
	Leasehold improvements			0,768.	<u>275,5</u> 513,1			<u>2,8</u> 7,60	
	Equipment		12	<u>,,,,,,,</u>	<u>J</u> _J,_		20	,,,,,	
	Other		(oolumn (D) lim= 1				2,580) 4	18.
1010	i nad inico ra triough re. (Columni (d) MUSE e	<u> yuai ruini 990, Part X</u>	<u>, column (b), ime 1</u>	<u>, , , , , , , , , , , , , , , , , , , </u>		Schedule	-		
						55			

	(Form 990) 2022			INCORPORATED
Part VII	Investments -	Other Sec	urities.	

Complete if the exception ensured "Vee" o	n Form 000 Dort IV line 1	1h Cas Farm 000 Dart V	line 10
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
Closely held equity interests G1 Other			
(A) HEDGE FUNDS	2,455,341.	END-OF-YEAR	MARKET VALUE
(B) PRIVATE EQUITY FUND OF	2,455,541.		
(C) FUNDS	8,893,602.	END-OF-YEAR	MARKET VALUE
(D)	0,000,0020		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,348,943.		
Part VIII Investments - Program Related.	, ,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X,	line 15.
(a) [Description		(b) Book value
(1) BENEFICIAL INTEREST IN CHA	RITABLE REMAI	NDER ANNUITY	
(2) TRUSST			39,038,897.
(3) BENEFICIAL INTEREST IN PER	PETUAL TRUS		4,237,795.
(4) PIANO			47,920.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		43,324,612.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, F	,
1. (a) Description 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	,		
Liability for uncertain tax positions. In Part XIII, provide the second s	the text of the footnote to 1	the organization's financial	statements that 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

Schedule D (Form 990) 2022

X

232053 09-01-22

Schedule D (Form 990) 2022 WAVE HILL INCORPORATED 13-61/8903 Page 4								
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements		1	21,136,036.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	760,502.					
b	Donated services and use of facilities	2b	383,034.					
с	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)	2d	12,713,774.					
е	Add lines 2a through 2d			2e	13,857,310.			
3	Subtract line 2e from line 1			3	7,278,726.			
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	118,635.					
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			4c	118,635.			
_		5	7 207 261					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				7,397,361.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per F		/,397,30⊥∙_ n.			
Pa	Tt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	ith Expenses per F		n.			
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per F		9,000,289.			
	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per F	Retur	n.			
1	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	ith Expenses per F	Retur	n.			
1 2	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per F	Retur	n.			
1 2	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W 2a 2b	ith Expenses per F	Retur	n.			
1 2	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	ith Expenses per F	Retur	n. 9,000,289.			
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ith Expenses per F	Retur	n. <u>9,000,289.</u> 383,034.			
1 2 a b c	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per F	1	n. 9,000,289.			
1 2 b c d e	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per F 383,034.	1 2e	n. <u>9,000,289.</u> 383,034.			
1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ith Expenses per F	1 2e	n. <u>9,000,289.</u> 383,034.			
1 2 3 4	TXII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses per F 383,034.	1 2e	n. 9,000,289. 383,034. 8,617,255.			
1 2 6 6 8 3 4	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	ith Expenses per F 383,034. 118,635.	1 2e	n. 9,000,289. 383,034. 8,617,255. 118,635.			
1 2 d e 3 4 b c 5	Image: Complete if the organization of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	ith Expenses per F 383,034. 118,635.	Retur	n. 9,000,289. 383,034. 8,617,255.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

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

232054 09-01-22

Schedule D (Form 990) 2022

CONSERVATION OR DIRECT CARE OF THE COLLECTIONS.

PART V, LINE 4:

WAVE HILL'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED PERPETUAL TRUST, AND

RESTRICTED TO FUND FUTURE ACQUISITIONS OF COLLECTIONS, OR PRESERVATION,

THE INVESTMENTS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS AN

ENDOWMENT.

PART X, LINE 2:

WAVE HILL IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING

STANDARDS BOARD'S ("FASB") ACCOUNTING

STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO

ACCOUNTING AND REPORTING FOR POTENTIAL

UNCERTAINTY IN INCOME-TAX OBLIGATIONS. BECAUSE OF WAVE HILL'S GENERAL

TAX-EXEMPT STATUS, ASC TOPIC 740 HAS

NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON WAVE HILL'S

FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN SPLIT INTEREST

AGREEMENTS

12,713,774.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F (Form 990)	Stateme Complete if the		OMB No. 1545-0047			
Department of the Treasury		, or guinzation a		LULL Open to Public		
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	nformation.		Inspection
Name of the organization					Employer ic	lentification number
WAVE HILL INCOR					13-617	
		ctivities Out	side the United States. Comple	te if the organ	ization answei	red "Yes" on
•	s the organizatior		ds to substantiate the amount of its gran the selection criteria used to award the		,	Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
3 Activities per Region. (T (a) Region	he following Part (b) Number of offices in the region	I, line 3 table ca (c) Number of employees, agents, and independent contractors in the region	 an be duplicated if additional space is not find 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 acti is a pro describe	vity listed in (d gram service, specific type (s) in the regio	expenditures for and investments
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS			2,851,526.
	0					2 951 507
3 a Subtotal b Total from continuation	0	0				2,851,526.
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				2,851,526.

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022

WAVE HILL INCORPORATED

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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, other)		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax										
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities									

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

13-6178903

Page 3

-

Part III 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 can be duplicated if additional space is needed. **—**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		1			1		

Schedule F (Form 990) 2022

	(Form 990) 2022		HILL	INCORPORATED
Part IV	Foreign Fo	rms		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

Part V Supplemental Information

Provide 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.

PART I, LINE 3:

AMOUNT REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING.

Schedule F (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	0	MB No. 1545-0047
(Form 990)	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.							
Department of the Treesury	Attach to Form 990 or Form 990-EZ. Open to Public							
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization	· · · · · · · · · · · · · · · · · · ·							ntification number
		LL INCORPORATED				13-62		
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 								
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	d by)	(vi) Amount paid to (or retained by) organization
			Yes No					
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fro	om reg	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

WAVE HILL INCORPORATED

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2 GARDENER ' S PARTY	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
	1	Gross receipts	576,773.	312,120.		888,893
	2	Less: Contributions	451,278.	227,154.		678,432
	3	Gross income (line 1 minus line 2)	125,495.	84,966.		210,461
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	45,108.			45,108
	7	Food and beverages	73,437.	58,621.		132,058
	8 9	Entertainment Other direct expenses	1	24,845.		<u>30,595</u> 2,700
L	-	Direct expense summary. Add lines 4 throug		1, 1,0001		210,461
1	11 't I	II Gaming. Complete if the organization		1 990, Part IV, line 19, or re		0
1 ar						(d) Total gaming (ad
	1 1	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (d
	1 1	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
	1 2 3	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
	1 2 3 4	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
	1 2 3 4 5	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form (a) Bingo	1 990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than	(d) Total gaming (ad. col. (a) through col. (
	1 2 3 4 5 6	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form (a) Bingo (b) Bingo (b) Bingo (c)	1 990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	1 2 3 4 5 6	Image: Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	<pre>b 990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo bingo/progressive bingo bi</pre>	c) Other gaming	(d) Total gaming (ad col. (a) through col. (

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	WAVE HILL	INCORPORATED	13-6178903 Page 3
-			nonmembers?	
	Is the organization a grantor, ben	eficiary or trustee of	a trust, or a member of a partnership or other entity formed	
				Yes No
	Indicate the percentage of gamin			
14	Enter the name and address of th	e person who prepa	es the organization's gaming/special events books and reco	ords:
	Name			
	A delve e e			
	Address			
15a	Does the organization have a cor	ntract with a third par	y from whom the organization receives gaming revenue?	Yes No
	If "Yes," enter the amount of gam	nina revenue receive	by the organization \$ and the a	amount
•	of gaming revenue retained by th			anount
	If "Yes," enter name and address			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
		r state law to make (naritable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
ł			law to be distributed to other exempt organizations or sper	
	organization's own exempt activi			
Pa	rt IV Supplemental Infor	mation. Provide t	e explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also pr	vide any additional information. See instructions.	
2320	83 10-27-22			Schedule G (Form 990) 2022
			41	

232084 04-01-22	Schedule G (Form 990)
Part IV Supplemental Information (continued)	

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00			
-		Compensated Employees		20	22	, 		
Dene	transit of the Transition	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	ne of the organization	1	Employer in	dentificatio	tification number			
		WAVE HILL INCORPORATED	13-6	17890	3			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
		ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3		y, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	·	tion of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	ompensation consultant						
	Form 990 of o	ther organizations	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
4	organization or a re							
а	•			4a		x		
b						X		
	-	aive payment from an equity based componentian arrangement?				x		
U	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.		то				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
-	contingent on the re							
а	•			5a		X		
		ation?				X		
		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the n							
а	The organization?			. 6a		X		
		ation?				X		
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;					
		es 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
				8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?	<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2022		

232111 10-18-22

13-6178903

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAREN MEYERHOFF (TO 6/23)	(i)	248,789.	0.	0.	26,749.	0.	275,538.	0.
PRESIDENT & EXECUTIVE DIRECTOR	(ii)		0.	0.	0.	0.	0.	0.
(2) MICHELE ROSSETTI	(i)	179,896.	0.	0.	27,000.	20,346.	227,242.	0.
VICE PRESIDENT/COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA GIORDANO	(i)	164,700.	0.	0.	15,775.	0.	180,475.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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) 2022

SCHEE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

2

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Inspection Employer identification number 13-6178903

2

Name of	the	organization
---------	-----	--------------

WAVE	HILL	INCORPORATED
-		

Pa	TI I I ypes of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		ng	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	10	151 941.	COMPARABLE	SALE	!S	
10	Securities - Closely held stock				001111111111111			
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation 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 (<u>AUCTION ITEMS</u>)	X	19	13,851.	SEE SCH M,	PART	' I]	<u> </u>
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					00-		v
	exempt purposes for the entire holding period?					<u>30a</u>		X
	 b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the region of any penstandard contributions? 							Х
31 222	 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 							<u></u>
s∠a			•			222		х
۲	contributions?					32a		Δ
	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (o) for	a type of property	(for which column (a) is about	kod			
33	describe in Part II			ion which column (a) is chec	ncu,			

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 WAVE HILL INCORPORATED

Part II 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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 25

METHOD FOR DETERMINING NONCASH CONTRIBUTION AMOUNTS:

NONCASH CONTRIBUTION AMOUNTS ARE REFLECTED AT MARKET PRICES IN THE

VARIOUS PRINCIPAL MARKETS WHERE THEY ARE CONSUMED.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-6178903

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WAVE HILL INCORPORATED

EDUCATIONAL SERVICES - CONDUCT OF EDUCATION PROGRAMS FOR SCHOOL

CHILDREN AND THE TRAINING OF TEACHERS IN ENVIRONMENTAL SCIENCE.

ORGANIZE & OPERATE CLASSES, WORKSHOPS, LECTURES AND OTHER PUBLIC

PROGRAMS RELATED TO THE ENVIRONMENT.

EXPENSES \$ 1,251,770. INCLUDING GRANTS OF \$ 0. REVENUE \$ 98,412.

EXHIBITIONS - EXPERIENCE ARTWORKS AND PERFORMANCES INSPIRED BY WAVE

HILL'S SITE, ECOLOGY AND THE NATURAL WORLD.

EXPENSES \$ 533,278. INCLUDING GRANTS OF \$ 0. REVENUE \$ 216,442.

PERFORMING ARTS - WAVE HILL'S YEAR-ROUND PERFORMANCES FOCUS ON CREATING

A DIVERSE AND INNOVATIVE SERIES IN AN EXTRAORDINARY ENVIRONMENT. HOSTED

IN MULTIPLE LOCATIONS INDOORS AND OUTDOORS, THE EXQUISITE SCENERY

CREATES INSPIRING AND THOUGHT-PROVOKING EXPERIENCES FOR ARTISTS AND

AUDIENCES.

EXPENSES \$ 82,210. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

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:

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, LINE 15:

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 VII, LIST OF OFFICERS AND DIRECTORS

KAREN MEYERHOFF SERVED AS THE PRESIDENT AND EXECUTIVE DIRECTOR OF WAVE

HILL THROUGH JUNE 30, 2023. EFFECTIVE JULY 1, 2023, RAY B.

OLADAPO-JOHNSON WAS APPOINTED AS THE SUCCESSOR PRESIDENT AND EXECUTIVE DIRECTOR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN SPLIT INTEREST

AGREEMENTS

12,713,774.

232212 10-28-22