

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

**2017**

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

|  |   |   |
|--|---|---|
| A <input type="checkbox"/> Check box if address changed  | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions) | D Employer identification number (Employees' trust, see instructions) |
|  |   | 13-6178903  |
| B Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <u>03</u><br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) | WAVE HILL INCORPORATED  | E Unrelated business activity codes (See instructions)                |
|  | Number, street, and room or suite no. If a P.O. box, see instructions                           |   |
|  | 675 WEST 252ND STREET   |   |
| C Book value of all assets at end of year  | City or town, state or province, country, and ZIP or foreign postal code                        | 900099  |
| 59,898,547   | BRONX, NY 10471   |   |

Print or Type

F Group exemption number (See instructions) ▶

G Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity ▶ **DISALLOWED TRANSIT FRINGE BENEFITS**

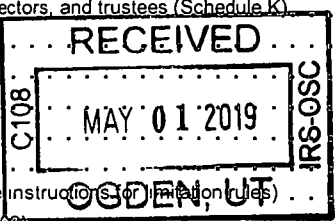
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **MICHELE ROSSETTI** Telephone number ▶ **718-549-3200**

| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|---------|
| 1a  | Gross receipts or sales  |            |              |         |
| b   | Less returns and allowances  |            |              |         |
|   | c Balance ▶ 1c   |            |              |         |
| 2   | Cost of goods sold (Schedule A, line 7)  |            |              |         |
| 3   | Gross profit Subtract line 2 from line 1c  |            |              |         |
| 4a  | Capital gain net income (attach Schedule D)  |            |              |         |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     |            |              |         |
| c   | Capital loss deduction for trusts  |            |              |         |
| 5   | Income (loss) from partnerships and S corporations (attach statement)                |            |              |         |
| 6   | Rent income (Schedule C)   |            |              |         |
| 7   | Unrelated debt-financed income (Schedule E)  |            |              |         |
| 8   | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) |            |              |         |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     |            |              |         |
| 10  | Exploited exempt activity income (Schedule I)  |            |              |         |
| 11  | Advertising income (Schedule J)  |            |              |         |
| 12  | Other income (See instructions, attach schedule)                                     | 17,395.    | ATCH 1       | 17,395. |
| 13  | Total Combine lines 3 through 12   | 17,395.    |              | 17,395. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|    |   |     |         |
|----|---|-----|---------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)  | 14  |         |
| 15 | Salaries and wages  | 15  |         |
| 16 | Repairs and maintenance   | 16  |         |
| 17 | Bad debts   | 17  |         |
| 18 | Interest (attach schedule)  | 18  |         |
| 19 | Taxes and licenses  | 19  |         |
| 20 | Charitable contributions (See instructions for limitation rules)  | 20  |         |
| 21 | Depreciation (attach Form 4562)   | 21  |         |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return   | 22a |         |
| 23 | Depletion   | 23  |         |
| 24 | Contributions to deferred compensation plans  | 24  |         |
| 25 | Employee benefit programs   | 25  |         |
| 26 | Excess exempt expenses (Schedule I)   | 26  |         |
| 27 | Excess readership costs (Schedule J)  | 27  |         |
| 28 | Other deductions (attach schedule)  | 28  |         |
| 29 | Total deductions Add lines 14 through 28  | 29  |         |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13   | 30  | 17,395. |
| 31 | Net operating loss deduction (limited to the amount on line 30)   | 31  |         |
| 32 | Unrelated business taxable income before specific deduction Subtract line 31 from line 30   | 32  | 17,395. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)   | 33  | 1,000.  |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. | 34  | 16,395. |



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here [ ] See instructions and
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
(1) \$ (2) \$ (3) \$
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750). \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34. ATCH. 2 35c 2,947.
36 Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from [ ] Tax rate schedule or [ ] Schedule D (Form 1041). 36
37 Proxy tax See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. 40 2,947.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 41a
b Other credits (see instructions). 41b
c General business credit Attach Form 3800 (see instructions) 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 41d
e Total credits Add lines 41a through 41d 41e
42 Subtract line 41e from line 40. 42 2,947.
43 Other taxes Check if from [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 43
44 Total tax Add lines 42 and 43. 44 2,947.
45 a Payments A 2016 overpayment credited to 2017 50a. 45a
b 2017 estimated tax payments 45b
c Tax deposited with Form 8868. 50c. 45c 3,200.
d Foreign organizations Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments [ ] Form 2439 [ ] Form 4136 [ ] Other Total 45g
46 Total payments. Add lines 45a through 45g. 46 3,204.
47 Estimated tax penalty (see instructions) Check if Form 2220 is attached. [X] 47 27.
48 Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 230.
50 Enter the amount of line 49 you want Credited to 2018 estimated tax 230. Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here [ ] Yes [X] No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . If YES, see instructions for other forms the organization may have to file [ ] Yes [X] No
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge
Signature of officer [Signature] Date 04/16/2019 Title Pres. & Exec. Director
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No
Paid Preparer Use Only Ppnt/Type preparer's name CANDICE METH Preparer's signature Candice Meth Date 4/16/19 Check [ ] if self-employed PTIN P01306891
Firm's name EISNERAMPER LLP Firm's EIN 13-1639826
Firm's address 750 THIRD AVENUE, NEW YORK, NY 10017-2703 Phone no 212-949-8700

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total. Add lines 1 through 4b, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A...

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property

Table with 4 rows for description of property (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes rows (1) through (4) and a Total row.

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1) through (4) and a Totals row.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations                  |                                    |  |   |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
|                                   |                                  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1)                               |                                  |  |                                    |  |   |
| (2)                               |                                  |  |                                    |  |   |
| (3)                               |                                  |  |                                    |  |   |
| (4)                               |                                  |  |                                    |  |   |

**Nonexempt Controlled Organizations**

| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10                       |
|------------------|--|------------------------------------|---|---|
| (1)              |  |                                    |   |   |
| (2)              |  |                                    |   |   |
| (3)              |  |                                    |   |   |
| (4)              |  |                                    |   |   |
|                  |  |                                    | Add columns 5 and 10<br>Enter here and on page 1,<br>Part I, line 8, column (A)     | Add columns 6 and 11<br>Enter here and on page 1,<br>Part I, line 8, column (B) |

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule)       | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4)    |
|-------------------------|--------------------|---|--------------------------------|---|
| (1)                     |                    |   |                                |   |
| (2)                     |                    |   |                                |   |
| (3)                     |                    |   |                                |   |
| (4)                     |                    |   |                                |   |
|                         |                    | Enter here and on page 1,<br>Part I, line 9, column (A) |                                | Enter here and on page 1,<br>Part I, line 9, column (B) |

Totals

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|--|--|--|--|-------------------------------------|--|
| (1)                                 |  |  |  |  |                                     |  |
| (2)                                 |  |  |  |  |                                     |  |
| (3)                                 |  |  |  |  |                                     |  |
| (4)                                 |  |  |  |  |                                     |  |
|                                     |  | Enter here and on page 1, Part I,<br>line 10, col (A)                      | Enter here and on page 1, Part I,<br>line 10, col (B)  |  |                                     | Enter here and on page 1,<br>Part II, line 26                                  |

Totals

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|----------------------------|----------------------------|--|----------------------|--------------------|---|
| (1)                                 |                            |                            |  |                      |                    |   |
| (2)                                 |                            |                            |  |                      |                    |   |
| (3)                                 |                            |                            |  |                      |                    |   |
| (4)                                 |                            |                            |  |                      |                    |   |
| Totals (carry to Part II, line (5)) |                            |                            |  |                      |                    |   |

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1 Name of periodical                           | 2 Gross advertising income                         | 3 Direct advertising costs                         | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|--|--|--|----------------------|--------------------|---|
| (1)  |  |  |  |                      |                    |   |
| (2)  |  |  |  |                      |                    |   |
| (3)  |  |  |  |                      |                    |   |
| (4)  |  |  |  |                      |                    |   |
| <b>Totals from Part I</b> . . . . . ▶          |  |  |  |                      |                    |   |
|  | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) |  |                      |                    | Enter here and on page 1, Part II, line 27                                      |
| <b>Totals, Part II (lines 1-5)</b> . . . . . ▶ |  |  |  |                      |                    |   |

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

| 1 Name  | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|---|---------|---------------------------------------|---|
| (1)   |         | %                                     |   |
| (2)   |         | %                                     |   |
| (3)   |         | %                                     |   |
| (4)   |         | %                                     |   |
| <b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶ |         |                                       |   |

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

DISALLOWED TRANSIT FRINGE BENEFITS

17,395.

PART I - LINE 12 - OTHER INCOME

17,395.