Farm	990-T	E	empt Organi			iness Inder section				rn	L	OMB No 1545-0687
FORIII	000 .	Far ania	and pı) ndar year 2018 or other ta							1906		മ∧40
		For cale								20 1 2	-1	
	ment of the Treasury ! Revenue Service	▶ Do	► Go to www.irs.go							(c)/3)	┢	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if	<u> </u>	Name of organization (_		ne changed and	_		2001113 2 30		nploy	ver identification number
· L	address changed		· · · · · · · · · · · · · · · · · · ·					,		(Ei	nploy	ees' trust, see instructions)
B Exe	mpt under section		WAVE HILL IN	CORPORA:	red							
X	501(C Q 3_)	Print	Number, street, and roor	n or suite no I	faPO	box, see instruct	ions			13	-61	78903
	408(e) 220(e)	or										ted business activity code
	408A 530(a)	Type	675 WEST 252	ND STRE	ΞT					(S	e ins	tructions)
	529(a)		City or town, state or pro	ovince, country	y, and Z	IP or foreign pos	al code			1		
	k value of all assets		BRONX, NY 10	471								
at e	nd of year	F Gro	up exemption number (See instructi	ons)	>						
		G Che	ck organization type	X 501	(c) cor	poration	5	01(c) tru	ıst	401	(a) t	rust Other trust
H Er	nter the number of	the orga	nization's unrelated trad	les or busine	sses	-			Descri	be the c	nly ((or first) unrelated
tra	ide or business her	re ▶					If only	one, cor	nplete Parts	I-V If n	nore	than one, describe the
fır	st in the blank spa	ce at the	end of the previous se	entence, cor	nplete	Parts I and II,	complete	e a Sche	dule M for e	ach add	tion	al
	ide or business, th											
	-		corporation a subsidial	-	_	_	t-subsid	ary cont	rolled group	?		▶
			identifying number of t		rporatio	on 🕨	-			10 -	_	3300
			CHELE ROSSETT			400.0		phone n	umber ▶ 7		9-	
	_		or Business Incom	ie		(A) Inc	ome		(B) Expe	enses		(C) Net
1a	Gross receipts or :							ŀ				
b	Less returns and allowa			c Balance				-	. <u>.</u>			
2	-	•	ule A, line 7)		2			-				
3			2 from line 1c		3							
4a			ttach Schedule D)		4a						RI	CEIVED
b	• , , ,		Part II, line 17) (attach Fo		4b			-				-CEIVED
С 5			rusts		4c 5					62		8
6			r an S corporation (attach state		6					8	JU	N 2 9 2020 🍎
7			come (Schedule E)		7							- S
8			ents from a controlled organizat		8				- I	(<u>)</u>	DFN LIT
9	•		1(c)(7), (9), or (17) organization		9				£		_	DLIN, UI
10			ncome (Schedule I)		10							
11	•	•	iule J)		11							
12	-		tions, attach schedule)		12							
13			ough 12		13			0.				
Par	t II Deduction	ns Not	Taken Elsewhere	(See insti	ructio	ns for limita	ations	on ded	luctions.)	(Exce	ot fo	or contributions,
	deduction	s must	be directly connection	cted with t	he ur	related bus	iness	income	∍.)			
14	Compensation of	officers,	directors, and trustees	Schedule K)							14	
15	Salaries and wage	es								🗀	15	_
16	Repairs and main	tenance								∟	16_	
17	Bad debts										17	
18	•		(see instructions)								18	
19											19_	
20		•	See instructions for limi							· · · _	20_	
21			4562)									
22			on Schedule A and els								2b	
23										⊢	23_	
24			compensation plans .								24_	
25			s								25	
26			Schedule I)								26	
27			chedule J)								<u> 27</u>	
28			schedule)								28	
29			s 14 through 28								<u> 29</u>	
30			ele income before ne								30	' ,
31		•	ig loss arising in tax ye	-	-	•		•	•	–	31 22	
32 For F			e income Subtract line Notice, see instructions		. JU .	<u> </u>	· · · ·	• • • •			32	Form 990-T (2018)
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Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		
_	enter the smaller of zero or line 36	38	0.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42	
43	Tax on Noncompliant Facility Income. See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a]	
b	Other credits (see instructions)	<u> </u>	
С	General business credit Attach Form 3800 (see instructions)	<u></u>	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	_	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018]	
b	2018 estimated tax payments]	
С	Tax deposited with Form 8868	.]	
d	Foreign organizations Tax paid or withheld at source (see instructions)]	
е	Backup withholding (see instructions)]	
f	Credit for small employer health insurance premiums (attach Form 8941)	<u> </u>	
g	Other credits, adjustments, and payments Form 2439	•	
	Form 4136 Other Total ▶ 50g] .	
51	Total payments. Add lines 50a through 50g	51	7,500.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	7,500.
55	Enter the amount of line 54 you want		7,500.
	t VI Statements Regarding Certain Activities and Other Information (see instruction		T. T.
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	-	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here >		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	•
	If "Yes," see instructions for other forms the organization may have to file		
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowledge	e and belief it is
Ci~-	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		o and pener, it is
Sig: Her		ay the IRS discus	
1161		th the preparer	Yes No
	Print/Type preparer's name Preparer's supplying Date	PTIN	103 110
Paid	06/00/2020 Chec	:kLII	307171
	Darer Firm's game FISNERAMPER LLP	12 16	
Use	Only	sEIN ► 13-16 le no 212-949	
		6.10 717	

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Total dividends-received deductions included in column 8

Form 990-T (2018)	WAVE HII									178903 F	age 4
Schedule F-Interest, Anni	uities, Royalties	s, and Re	ents Fro	om Contro	lled Or	ganizat	i ons (see	instruction	ns)		
		Ex	empt Co	ntrolled Or	ganızatı	ons					
Name of controlled organization	2. Employer identification number		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		lıng	Deductions directly connected with income in column 5	
(1)			_								
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income	7 Taxable Income 8 Net unrelated income (loss) (see instruction		·		include		t of column 9 that is ed in the controlling ation's gross income			11. Deductions directly connected with income in column 10	
(1)											
(2)			_			_					
(3)											
(4)								- 140			
						Enter	columns 5 a here and on , line 8, colu	page 1,	Ent	ld columns 6 and 1 er here and on pago rt I, line 8, column (e 1,
Totals					<u></u> ▶	-141					
Schedule G-Investment Ir	come or a Sec	ction 50'	<u>(c)(/),</u>	(9), or (17 3. Deduc		nization			-	5 Total deduction	ons.
1 Description of income	2 Amount o	fincome		directly cor (attach sch	nnected			t-asides schedule)		and set-asides (con plus col 4)	
(1)						- -	_				
(2)		· ·									
(3)									+		
(4)	Enter here and Part I, line 9, c									Enter here and on p Part I, line 9, colun	
Totals ▶											
Schedule I-Exploited Exe	empt Activity In	come, O	ther Th	an Advert	ising Ir	icome (see instru	ctions)			
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	ctly ted with ction of lated	4 Net incor from unrelat or business 2 minus co If a gain, o cols 5 thm	ted trade (column lumn 3) ompute	from ac	s income tivity that unrelated ss income	6 Expen attributat column	ole to	7 Excess exe expenses (column 6 mi column 5, but more than column 4)	inus t not
(1)								<u> </u>		-	
(2)											
(3)									-		
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	, Part I,						-	Enter here a on page 1 Part II, line 2	
Totals	<u> </u>	L									
Schedule J- Advertising Ir			Canaal	idated Day	nio -						
Part I Income From Per	lodicals Repor	ted on a	Consoi	idated ba	515	Ι					
1 Name of periodical	2 Gross advertising income	3 Di advertisi		4 Adver gain or (los 2 minus or a gain, co cols 5 thm	ss) (col ol 3) If mpute	L	culation come	6 Reade costs		7 Excess read costs (column minus column not more th column 4)	in 6 5, bu an
(1)							·				
(2)											
(3)											
(4)											
											•
Totals (carry to Part II, line (5))						<u></u>		<u> </u>		Form 990-T	(201

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)						
Totals from Part I ▶			,			
	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
Totals, Part II (lines 1-5) ▶						

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)		%	
otal. Enter here and on page 1. Part II. line 14			

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