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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Department of the Treasury

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B G	Check if ap		Please use IRS			ation WAVE	SERVI	CES,	INC.					4			ation num	ber	
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L	Instal	return	See			FIC CO		GHWA	<u>Y</u>					(31	.0) 5	06-4	000		
L	Termi	nated	Specific Instruc-			e or country,								1					
L	A men return		tions			90263								GG	ross rec	eipts \$		138,	851.
	Applic		FN	ame and a	ddress	of principal of	officer AN	DREW	K. B	ENT	NC				ls this a g affiliates?	roup retur	n for	Yes	X No
			2425	5 PACI	FIC	COAST H	IIGHWAY	' MAL	JBU,	CA	90263-	4497	!			filiates incl	uded?	Yes	No
1	Tax-ex	empt sta	atus	X 501(c)(3)	◀ (insert	no)	4947(a)(1) or		527			1	If "No " a	ttach a list	(see instruc	tions)	
J	Websi	te. 🕨	WWW.	PEPPER						·				H(c)	Group ex	emption ni	umber 🕨	N/	A
K	Form o	of organ	zation	X Corpo	ration	Trust	Associat	ion	Other]	>		L Yea	ar of forma				of legal do	micile	CA
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	/a	lotal	jross u	inrelated b	usiness	revenue fro	m Part VIII	, colum	n (C), line	e 12 .						7a			$\frac{0}{0}$.
	D	Net un	relate	d business	taxable	income fro	m Form 99	10-1, line	e 34	••		• • •		• • •	<u></u>	. 7b		436	
													<u> </u>	Pr	ior Yea		Curi	ent Ye	
93	8					VIII, line 1h)							· ·		58,			11/,	569.
/en	9					VIII, line 2g)										0.		-01	0.
Revenue	10	Invest	ment II	ncome (Pa	rt VIII, d	olumn (A),	lines 3, 4, a	and 7d) _.					上			613.		21,	282.
	11	Other	revenu	ie (Part VII	I, colun	nn (A), lines	5, 6d, 8c,	9c, 10c	and 11e	^{:)}			⊢			0.			0.
						ough 11 (mi									59,			138,	851.
	13	Grants	and s	ımılar amo	unts pai	d (Part IX, c	olumn (A),	lines 1	-3)				.			0.			
	14	Benefi	ts paid	i to or for n	nembers	(Part IX, co	olumn (A),	line 4) .								0.			0.
80	1 4 6	Salarie	es, oth	er compen	sation,	employee ba	enefits (Pai	rt IX, co	lumn (A).	lines	5-10)					0.	_		0.
Expenses	16a	Profes	sional	fundraising	fees (F	Part IX, colui	mn (A), line	11e)	RF(îFI	VFD.					0.			0.
×	b	Total f	undrai	sing expens	ses, Pai	t IX, columr	n (D), line 2	25) ▶	' ' ' '										
ш	11/					n (A), lines						Jos	l L			47.		3,	462.
	18	Total e	xpens	es Add lin	es 13-1	7 (must equ	ual Part IX,	φ Ω ηη η	· (A) Light	291	.2011	19	l L			47.		3,	462.
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Net Assets or Fund Balances	20	Total a	ssets ((Part X, line	16)				UGI	اعال	N, UT			54,	615,	848.	53,	662,	432.
¥ a	21			es (Part X, I	•		- · · · ·	. —,—,		, ,				32,	640,	995.	29,	193,	596.
3 5	22	Net as	sets o	r fund bala	nces S	ubtract line	21 from lin	e 20	 			· · · ·		21,	974,	853.	24,	468,	836.
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	rt Statement of Program Service	e Accomplishments		rage Z
	Briefly describe the organization's miss			
	Did the organization undertake any s	ignificant program services during the y	ear which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services o		Y	es X No
	services?	hedule O	Y	es X No
4	Section 501(c)(3) and 501(c)(4) organ	ments for each of the organization's three lizations and section 4947(a)(1) trusts are is, and revenue, if any, for each program se	equired to report the amount of grants	and
4a	(Code) (Expenses \$ SEE SCHEDULE O	3,462 including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program services (Describe in Si Expenses \$ including	chedule O) grants of \$) (Revenue)	
	Total program service expenses ►	3,462.		m 990 (2009)

_	990 (2009)		ı	Page 3
Par	V 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,"		}	
2	complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	i		
5	Sections E04(a)(A) E04(a)(E) and E04(a)(C) and in the sections E04(a)(A) E04(a)(B) and	4		Х
•	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	1		
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
U	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
7	complete Schedule D, Part I	6		X
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
·	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١_		v
9	complete Schedule D, Part III	8		X
3	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_	v	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9	Х	
10	quasi-endowments? If" Yes," complete Schedule D, Part V	١.,		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
' '	VII, VIII, IX, or X as applicable		x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	<u>11</u>	₹335 55 1/2	
•	Schedule D, Part VI	*		
	·			dec.
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	260	通過	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	369 349 (1.34		Par Mad
•	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	3		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	Sec.		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1. C. E.		SAMPLE OF THE PARTY OF THE PART
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	337.		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	以為	A	200
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	- A		
	complete Schedule D, Parts XI, XII, and XIII	12	/ JOAKSHOEK	X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No		E'Y'	A Profes
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1 18		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	* 850.7	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		_
	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		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		,		

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Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			X
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			Х
••	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	0.7		x
20	If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	204		
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L			İ
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	[
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		37	
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			Х
	organization? If "Yes," complete Schedule R, Part V, line 2	36	L <u></u>	├^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R	-		X
	Part VI	37	_	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	X	ĺ
	19? Note. All Form 990 filers are required to complete Schedule O			(2009)
		FUIT	550	(2003)

1a Enter the number reported in Box 3 of Form 1086, Annual Summary and Transmittal of U.S Information Returns Enter 40 in capacitable. b Enter the number of Forms W-2G included in line 1a Enter-0 if not applicable. c Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) with backup with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) with packup witholding rules for reportable payments to vendors and reportable gaming (gambling) with packup witholding rules for reportable payments to vendors and reportable gaming (gambling) with packup witholding rules for reportable payments to vendors and reportable gaming (gambling) with packup without payments and the payments to vendors and reportable gaming (gambling) with packup	Form	990 (2009)		F	Page 5
1a Elter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1 in 10 i	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns. Einer -0- if not applicable. D. Einer the number of Forms W-3 canculated in line 1a. Einter -0- if not applicable. D. Einer the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0 0 0 0 0 0 0 0 0				Yes	No
b Enter the number of Forms W-2G included in line 1a Enter-0-1 find applicable. Did the organization comply with backup withholding nulse for reportable payments to vendors and reportable gamming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			100
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without so the payments? 2a Eiter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Notal. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for file year? If "No." provide an explanation in Schedule 0. 3.7 A 1 art ymme during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 5ac the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts 5a Wes the organization a party to a prohibited tax sheller transaction at any sine during the tax year? 5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Y 19**Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 6b If "Yes," did the organization neithy the donor of the value of the goods or services provided? 7c Ya X 19**Yes," indicate the number of Forms 2822 filed during the year. 9 Did the organization sele, exchange, or otherwise disp		U.S. Information Returns Enter -0- if not applicable			4
gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization fiel all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has if field a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (Such as a bank account, securities account, or other financial account in a foreign country the set the interest of the interest o					***
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field or the calendar year ending with or within the year covered by this return 2a b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the claim of the strum? b if "Yes," has it field a Form 990-T for this year? If "No." provide an explanation in Schedule O 3.a At any time during the claim of year? If "No." provide an explanation in Schedule O 3.a At any time during the claim of year of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country 5a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction and Financial Accounts 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization because a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have are such as the party. 7 Organization shall may receive deductible contributions und	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	2	T. Barrel	
Statements, field for the calendary year ending with or within the year covered by this return 2a 0 1 1 2 1 2 1 2 1 2 2	20	Enter the number of employees consisted as Form M.O. Toward M.A. T	1 C	7-1-028k	अवद्याद्यम्
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0. 3a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country See the instructions for exceptions and filing requirements for Form TD F.90-22.1. Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction? c if "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," did the organization have animate and party to a prohibited tax shelter transaction? 6a Does the organization have animal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization appropriation in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 b if "Yes," did the organization notity the donor of the value of the goods or services provided? 7 b organizations that may receive deductible contributions under section 170(c). a Did the organization and lie, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization of uning the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization of uning the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? g For all contribut	28				200
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

			Yes	4
1a	Enter the number of voting members of the governing body			l
þ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	i		l
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? L	3		$\frac{1}{1}$
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
		7a_		
b		7b		Ī
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Ţ
	the year by the following			ļ
а		8a	Χ	ĺ
		8b		Ť
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	-		†
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
ecti Reve	ion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			
			Yes	Ī
0a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	\neg		T
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1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			T
	·	11	Χ	Į
1A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Ì
		12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			1
		12b		1
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		†
		12c		١
		13		t
				\dagger
	3	14	-	+
	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		17/	1
	, , , , , , , , , , , , , , , , , , , ,	15a	-,'/,	ł
	.,	15b	M	4
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	_		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16a		4
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	[
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			4
	the organization's exempt status with respect to such arrangements?	16b		1
	on C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶_CA,			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply Own website	.,		
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	et		
	policy, and financial statements available to the public			
0	State the name, physical address, and telephone number of the necessary who possesses the backs and records of the			
_	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► BRIAN THOMASON 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263-4497			
	310-506-4497			-
			-	

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average					niv)	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ANDREW K. BENTON										
CHAIRMAN/DIRECTOR	1.00	Х		Х				0.	383,944	120,878.
CHARLES J. PIPPIN										
V.CHAIRMAN/PRESIDENT/DIRECTOR	1.00	X		$X \mid$				0.	368,000	84,712.
JAMES R. PORTER										
DIRECTOR	1.00	Х						0.	0.	0.
B. JOSEPH ROKUS			П							
DIRECTOR	1.00	Х		- 1		ĺ		0.	0.	0.
PAUL LASITER										
SECRETARY/VP/CFO	1.00			Х				0.	102,551	153,501.
DENNIS TORRES										<u> </u>
VICE PRESIDENT	10.00			х				0.	181,835	61,611.
SAMUEL HINKLE										
VICE PRESIDENT	2.00			х				0.	138,121	123,419.
RICHARD WOMACK DIRECTOR TRUST & ESTATE SVCS	10.00			х				0.	44,697.	83,190.
FAYE HOLTON	+		\vdash					<u> </u>	11,05	00,200
TREASURER	5.00			х				0.	146,618.	24,161.
	7									
	-									
	_									
	-									
					i					
		-								
										,

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and H	ligi	hest Compensat	ed Emplo	yees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per week	or director	institutional trustee	chec Officer	M Key employee	m Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Report compens from re organiza (W-2/1099	sation lated ations	Estimated amount of other compensation from the organization and related organizations
						-					
			_		<u> </u>		<u> </u>				
							_				
						ļ					
											
				-	-		-				
					_						
				<u> </u>	<u> </u>						
	-										
										-	, , , , ,
		 				<u> </u>					
				L.,	_						
1b Total			٠				▶	0.	1,365	5,766.	651,472.
Total number of individuals (including but not l reportable compensation from the organization		nose I		d at	ove	e) who	o re	ceived more than	\$100,000	in	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu						κey ε	emp	loyee, or highes	t compens	sated	3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	repor an \$	150	,00	0٥	If "Y	es, "	n and other com	pensation ule J for	from such	4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5 X
Section B. Independent Contractors	oompioto (301100	uic .	0 101	Ju	on po	1001	<u>, , , , , , , , , , , , , , , , , , , </u>			<u> </u>
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	lent	conf	trac	tors that receive	d more th	an \$10	0,000 of
(A) Name and business addr	ess							(B) Description of se	rvices	C	(C) Compensation
							-			 	
							1				
				•			╁		 .	 	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				rited		thos	e li	sted above) who	received		

1		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	117,569				
	h 2a	Total. Add lines 1a-1f	Business Code	117,569.		The comment	
Program Service Revenue	b c d e	All other program service revenue					
- A	<u>g</u>	Total. Add lines 2a-2f	<u></u> ▶	0.	() (BT) () (F)	A CONTRACTOR OF THE PARTY OF TH	The state of the s
	4	Investment income (including dividends, intereditors similar amounts)	▶				21,282
	5 6a b c	Gross Rents	(ii) Personal				
	7 a	Net rental income or (loss)	(II) Other				
	b c d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (not including \$					
0		Gross income from gaming activities See Part IV, line 19		A Part of the Part			
	b c	Less direct expenses b Net income or (loss) from gaming activities		0	A PARTIE OF	there's and the	The state of the s
		Gross sales of inventory, less returns and allowances a Less cost of goods sold b Net income or (loss) from sales of inventory.				1	
ŀ		Miscellaneous Revenue	Business Code	100	San Andrews	37	
	11a b c	All other revenue	:				
	d e 12	All other revenue		0.			21,282

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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 governments and organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,			-	
	US See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
0	Payroli taxes	0.			
1	Fees for services (non-employees)				
	Management	0.	}		
	Legal	0.			·
	Accounting	3,312.	3,312.		
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
	Other	0.			
2	Advertising and promotion	0.1			
3	Office expenses	0.	-		
4	Information technology	0.			
5	Royalties	0.			
6	Occupancy	0.1			
7	Travel	0.			
8	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	0.1			
0	Interest	0.			
1	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	0.1			
3	Insurance	· · ·			
4	Other expenses Itemize expenses not		•	İ	
	covered above (Expenses grouped together and labeled miscellaneous may not exceed	,	Ì		
	,	_			-
	5% of total expenses shown on line 25 below)	150.	150.		
а	TAX/LICENSE EXPENSES	130.	130.		
þ			-		
C					
d					
e	All the				
	All other expenses	3,462.	3,462.		
	Total functional expenses Add lines 1 through 24f	3,402.	3,402.		
	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Ā	000				Form 990

\rightarrow	rt X	<u> </u>			Page II
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	3,432,095.	2	4,025,120.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		1 1	
	ľ	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
]	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		[[
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
88	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	···
	10a	Land, buildings, and equipment cost or 10a			
		other basis Complete Part VI of Schedule D			-
	h	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities.		11	
	12	Investments - other securities See Part IV, line 11.		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	51,183,753.		49,637,312.
	16		54,615,848.		53,662,432.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	120,960.		0.
	18		120,300.	18	
	19	Grants payable	31,904.	19	33,505.
	20	Deferred revenue	31, 704.	20	
	21	Tax-exempt bond liabilities	29,642,292.		28,640,566.
Liabilities	22	Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key	25,042,252.	21	20,040,500.
Ē	~~	employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	2,845,839.		519,525.
	26	Total liabilities Add lines 17 through 25	32,640,995.		29,193,596.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and	32,040,333.	20	25,155,550.
ces		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	1,198,674.	27	1,096,407.
Bal	28	Temporarily restricted net assets	19,665,626.		21,545,346.
둳	29	Permanently restricted net assets	1,110,553.	29	1,827,083.
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	21,974,853.		24,468,836.
_	34	Total liabilities and net assets/fund balances	54,615,848.		53,662,432.
	L**-				5 990 (2000)

Form **990** (2009)

For	ף 990 (2009)		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		ļ —	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	·		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ➤ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)



Name of the organization

WAVE SERVICES, INC.

Employer identification number 95-4315778

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 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 4 hospital's name, city, and state 5 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) 6 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 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 that describes the type of supporting organization and complete lines 11e through 11h a X Type I **b** Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified

persons other than foundation managers and other than one or more publicly supported organizations described in section

if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the supported organization?

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the	following inform	mation about the suppo	rted organ	zation(s)					
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat	s the tion in col zed in the S?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT	1								
							•		
Total							-		

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

509(a)(1) or section 509(a)(2)

following persons?

Schedule A (Form 990 or 990-EZ) 2009

No

Х

Х

11g(i)

11g(ii)

f

a

Schedule	Α	(Form	990	or 990.	F7\	2000

ια	(Complete only if you chec	ked the box o	n line 5, 7, or 6	Bections 170(B of Part I)	D)(1)(A)(IV) a	na 170(b)(1)(A	A)(VI)
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3	8.5765 5 5.77	21 11 455	100 March 777	22	3 . 2798 As . 25 about 5	
5	The portion of total contributions by each			The state of the s			
	person (other than a governmental unit or	Service and State Street			Toursell Street	TOTAL THE PARTY OF	
	publicly supported organization) included		13000	articles of	607870 TA		
	on line 1 that exceeds 2% of the amount	The same of the sa	A STATE OF THE STA	The same of the sa			
_	shown on line 11, column (f)	-1631/878 " Agus	Andrew Charles	100000	THE RESERVE OF THE PARTY OF THE	1100	
6	Public support. Subtract line 5 from line 4	18 July 17	是 李小道	"知识的"(一次的	The state of the s	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	A Tatal
7	Amounts from line 4	(8) 2003	(b) 2000	(6) 2007	(u) 2006	(e) 2009	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources						
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 IV)						
11	Total support. Add lines 7 through 10	The state of the s		多· 、小雅斯·	1997年,1998年	产学 建筑。	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years If the Form 990 is forganization, check this box and stop here	<u> </u>	<u></u>	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (In						
15	Public support percentage from 2008					15	<u>%</u>
16a	331/3% support test - 2009. If the o						
	this box and stop here. The organization			-			
a	331/3% support test - 2008. If the c	-					
47-	check this box and stop here. The orga	•	• •				
1/4	10%-facts-and-circumstances test - 2	-					
	or more, and if the organization me						
	Part IV how the organization meets t			-	-		upported
_	organization						
D	10%-facts-and-circumstances test - 2	-			•		
	15 is 10% or more, and if the orga				•		-
	Explain in Part IV how the organization				•	•	
18	supported organization	ก did not chec	k a box on line			check this hav	and see
	instructions						
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		Schedule A (Form 9	

Schedule	А	(Form	990	or 990.	٠EZ١	2009

Page 3

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I)

Ca 1								
1	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е	2009	(f) Total
•	Gifts, grants, contributions, and							
	membership fees received (Do not include		İ					
	any "unusual grants ")							
2	Gross receipts from admissions, merchandise							
	sold or services performed or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
	Gross receipts from activities that are not an				1			
	unrelated trade or business under section 513							
4	Tax revenues levied for the organization's						-	
	benefit and either paid to or expended on							
	its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
;	Total. Add lines 1 through 5		 		 			· · · · · · · · · · · · · · · · · · ·
					 			
	Amounts included on lines 1, 2, and 3 received from disqualified persons							[
b	Amounts included on lines 2 and 3							<u> </u>
	received from other than disqualified persons that exceed the greater of		1					
	\$5,000 or 1% of the amount on line 13				}			
	for the year		ļ					ļ
С 3	Add lines 7a and 7b							
,	Public support (Subtract line 7c from							
201	tion B. Total Support		L	<u></u>				l
		(a) 2005	(b) 2006	(=) 2007	(4) 2000			(D. Tatal
	alendar year (or fiscal year beginning in)	(a) 2003	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
a	Amounts from line 6		 		 			
_	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
D	Unrelated business taxable income (less				1			
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·						
	Net income from unrelated business							
	Net income from unrelated business activities not included in line 10b,							
	Net income from unrelated business							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly					-		
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
1 2 3	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a se	ection 501	(c)(3)
1 2	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							_
! !	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	· · · · · · · · · ·						_
eci	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent	age	· · · · · · · · · · · · · · · · · · ·				_
2 3 4 ect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divide	age ed by line 13, colum	nn (f))				▶
: : : : : : :	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divided	age ed by line 13, colum	nn (f))		15		▶
1 2 3 4 ect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) divide dule A, Part III, lir nt Income Per	age ed by line 13, colum ne 15 centage	nn (f))		15		▶
1 2 3 4 ect 5 6 ect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percenta column (f) dividedule A, Part III, lint Income Per ne 10c, column (age ed by line 13, colum e 15 centage f) divided by line 1	nn (f))		15		▶ %
1 2 2 3 4 ect 6 ect 7 8	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percenta , column (f) divided dule A, Part III, Irn t Income Per ne 10c, column (Schedule A, Part	age ed by line 13, colum ne 15 centage f) divided by line 1	nn (f))		15 16 17 18		% % %
1 2 3 4 ect 5 6 ect 7 8 9a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percenta , column (f) dividedule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part ganization did n	age ed by line 13, columne 15	3, column (f))	d line 15 is more	15 16 17 18 e than	331/3 %,	% % % and line
1 2 3 4 ect 5 6 ect 7 8	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percenta, column (f) dividedule A, Part III, line t Income Per ne 10c, column (Schedule A, Part ganization did nus box and sto	age ed by line 13, columne 15	ann (f)) 3, column (f)) c on line 14, an	d line 15 is mores as a publicly	15 16 17 18 e than	331/3 %,	% % % and line
1 2 3 4 6 ect 7 8 9 a b	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percenta, column (f) dividedule A, Part III, line to Income Per ne 10c, column (Schedule A, Part ganization did not anization did no	age ed by line 13, columne 15	ann (f)) 3, column (f)) c on line 14, an anization qualification qualification qualification 14 or line 1	d line 15 is mores as a publicly 9a, and line 16 is	15 16 17 18 2 than support	331/3 %, rted organi	% % % and line lization 3 %, and
1 2 3 4 4 ect 7 8 9 a b	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percenta, column (f) dividedule A, Part III, limit Income Perme 10c, column (Schedule A, Part ganization did not this box and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics are stories and stomatics and stomatics are stories and stomatics and stories are stories and stories and stories are stories and stories are stories and stories are stories and stories are stories and stories are stories and stories are stories ar	age ed by line 13, columne 15 centage f) divided by line 1 III, line 17 not check the box p here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop	ann (f)) 3, column (f)) c on line 14, an anization qualification quali	d line 15 is mores as a publicly 9a, and line 16 is es as a publicly	15 16 17 18 2 than support	331/3 %, rted organi than 331/	% % % and line lization 3 %, and
3 3 4 6ect 7 8 9a b	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percenta, column (f) dividedule A, Part III, limit Income Perme 10c, column (Schedule A, Part ganization did not this box and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics and stomatics are stories and stomatics and stomatics are stories and stomatics and stories are stories and stories and stories are stories and stories are stories and stories are stories and stories are stories and stories are stories and stories are stories ar	age ed by line 13, columne 15 centage f) divided by line 1 III, line 17 not check the box p here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop here The organicop	ann (f)) 3, column (f)) c on line 14, an anization qualification quali	id line 15 is mores as a publicly 9a, and line 16 is es as a publicly o, check this bo	15 16 17 18 e than support more support x and	331/3 %, rted organi than 331/ rted organi see instr	% % % and line lization 3 %, and

V 09-9.4

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WAVE SERVICES, INC

Employer identification number 95-4315778

Pa	Organizations Maintaining Donor Adv	rised Funds or Other Similar Funds or m 990. Part IV. line 6	or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		donor advised
	funds are the organization's property, subject to tl		
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the I	and donor advisors in writing that grant fur benefit of the donor or donor advisor, or fo	nds can be or any other
	purpose conferring impermissible private benefit?	<u> </u>	Lal Yes Lal No
Pa	rt II Conservation Easements. Complete it	f the organization answered "Yes" to f	Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e.g., recri	eation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	• • • • • • • • • • • • • • • • • • • •	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year	·	
			Held at the End of the Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c	acquired after 8/17/06	2 d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termi	nated by the organization during
	the tax year ▶		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy regard	ling the periodic monitoring, inspection, h	andling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, if	nspecting, and enforcing conservation ea	sements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easeme	ents during the year
	> \$		
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of s	ection
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		Yes . No
9	In Part XIV, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's finan	cial statements that describes
	the organization's accounting for conservation eas		
Pa	t III Organizations Maintaining Collections	s of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under Sart, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	FAS 116, not to report in its revenue : ild for public exhibition, education, or re nancial statements that describes these if	statement and balance sheet works o search in furtherance of public service tems
b	If the organization elected, as permitted under Shistorical treasures, or other similar assets held provide the following amounts relating to these items	SFAS 116, to report in its revenue state for public exhibition, education, or resims	ement and balance sheet works of an earch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		> \$
h	Assets included in Form 990, Part X		▶ €

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apphy) a	Sche	tule D (Form 990) 2009								ı	Page 2
collection items (check all that apply) a	Pa	t III Organizations Maintaining Col	lections	of Art, Histor	cal Treasure	s, or	Other Similar A	Assets (continue		
b Scholarly research Prevent various for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	collection items (check all that apply)	sion, and	other records,	check any of t	he fo	llowing that are a	significal	nt use of	ıts	
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d	Loan or ex	chan	ge programs				
Part XV Part V Part V Part V Solution to the organization of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scollection?	þ			e 🗍	Other						
Part XIV So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?	C	Preservation for future generation	าร				<u> </u>				
Real Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? X Yes No b If "Yes," explain the arrangement in Part XIV and complete the following table C Beginning balance 1c	4		collections	s and explain h	ow they further	r the	organization's exi	empt pur	pose in		
Real Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? X Yes No b If "Yes," explain the arrangement in Part XIV and complete the following table C Beginning balance 1c	5	During the year, did the organization solici	t or receiv	e donations of	art historical t	reasi	ures or other simil	lar			
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b if "Yes," explain the arrangement in Part XIV and complete the following table 1c Beginning balance 1d Amount 1d Beginning balance 1d If It It It It It It It It It It It It It	_								Voc		¬ No
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Beginning balance Beginning balance Beginning the year But did thoo sduring the year But did the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization of meetment But the organization include an amount on Form 990, Part X, line 10 But the organization of meetment But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization of meetment But Land But the organizations in the posession of the organization's endowment funds But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part	Pa	t IV Escrow and Custodial Arrange	ments. C	omplete if the	e organization						1.0
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Beginning balance Beginning balance Beginning the year But did thoo sduring the year But did the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 21? But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization of meetment But the organization include an amount on Form 990, Part X, line 10 But the organization of meetment But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization of meetment But Land But the organizations in the posession of the organization's endowment funds But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part X, line 10 But the organization include an amount on Form 990, Part	1a	Is the organization an agent, trustee, custo	dian or oth	her intermedia	v for contribut	ions (or other assets no	ot			
b If "Yes," explain the arrangement in Part XIV and complete the following table c Beginning balance									X Yes		No.
c Beginning balance 1c	b					• • •		[L	١٠
c Beginning balance	_	ree, explain the arrangement in rate At	T Grid Coll	ipiete the lone	wing table	Γ	Δ	mount			
d Additions during the year		Reginning halance				-		- Inount			
e Distributions during the year											
f Ending balance	•										
Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 Contributions	e						-				
b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back									**		1
Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 Call Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back), Part X, line 2	17		• • • • • • • • •	[X Yes		No
(a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Fo											
1a Beginning of year balance	Pai			ation answer	ed "Yes" to Fo	orm !	990, Part IV, line	<u> 10</u>			
b Contributions			rrent Year	(b) Prior year	(c) Two ye	ears ba	ck (d) Three ye	ars back	(e) Four	years	back
c Net investment earnings, gains, and losses	1 a								<u> </u>		
and losses	b	Contributions									
d Grants or scholarships	C	Net investment earnings, gains,									
e Other expenditures for facilities and programs		and losses									
and programs	d	Grants or scholarships							1		
and programs	е	Other expenditures for facilities .							 		
f Administrative expenses				ĺ							1
g End of year balance	f								 		
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶									 		-
Board designated or quasi-endowment b Permanent endowment c Term endowment % Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations Buildings (iii) related organizations (iiiii) related organizations (iiiiii) related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			ar and ha	lance held as			<u> </u>		<u> </u>		
b Permanent endowment			ai eilu ba								
Term endowment	h	- · · · · · · · · · · · · · · · · · · ·	, 								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations			J								
organization by (i) unrelated organizations								0.			
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings	Ja		session of	r the organizati	on that are nei	id and	a administered for	tne			
(ii) related organizations		· ·								Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?									→ · · · ·		
4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (b) Buildings											
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (b) Buildings	b			•					3 b		<u> </u>
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (cher) depreciation (d) Book value 1a Land	4	Describe in Part XIV the intended uses of t	he organiz	ation's endowi	nent funds						
(investment) basis (other) depreciation 1a Land	Par	IVI Investments - Land, Buildings,	and Equi	pment. See I	orm 990, Pa	ırt X,	line 10				
b Buildings · · · · · · · · · · · · · · · · · · ·		Description of investment				r		(d) Book va	lve	
	1a	Land									
	b	Buildings									
c Leasenoid Improvements		Leasehold improvements									
d Equipment		•									
e Other											
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				orm 990. Part X	column (B) lin	ne 10	(c)) •				

Part VII	Investments	- Outer Securities. See	Form 990, Part X, II	ne 12		
	(a) Description of	security or category ame of security)	(b) Book value	(0	e) Method of valuation or end-of-year market	n value
inancial de	erivatives					
Closely-hel	d equity interests	3 .				
<i></i>						
			-			
otal. (Column	n (b) must equal Form	1 990, Part X, col (B) line 12)	>			
		- Program Related. See		ine 13		· · · · · · · · · · · · · · · · · · ·
		of investment type	(b) Book value	·	c) Method of valuation	
	(a) Description e	or investment type	(b) Book value		or end-of-year market	
						
				-		
	·····			 		
						
						
				<u> </u>		
			ł			
						
			>			
		n 990, Part X, col (B) line 13) s. See Form 990, Part X	· L			
Part IX	Other Assets	s. See Form 990, Part X	· L			(b) Book value
Part IX	Other Assets HELD AS TRU	s. See Form 990, Part X USTEE/AGENT	, line 15			47,482,1
Part IX	Other Assets	s. See Form 990, Part X USTEE/AGENT	, line 15			47,482,1
Part IX	Other Assets HELD AS TRU	s. See Form 990, Part X USTEE/AGENT	, line 15			(b) Book value 47,482,1 2,115,2
Part IX	Other Assets HELD AS TRU	s. See Form 990, Part X USTEE/AGENT	, line 15			47,482,1
Part IX	Other Assets HELD AS TRU	s. See Form 990, Part X USTEE/AGENT	, line 15			47,482,1
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Part IX	Other Assets HELD AS TRU	s. See Form 990, Part X USTEE/AGENT	, line 15			47,482,1
Part IX ASSETS I	Other Assets HELD AS TRU M PEPPERDIN	s. See Form 990, Part X USTEE/AGENT	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROM	Other Assets HELD AS TRU M PEPPERDIN The control of the control o	S. See Form 990, Part X	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROM	Other Assets HELD AS TRU M PEPPERDIN To (b) must equal Form Other Liabiliti	S. See Form 990, Part X USTEE/AGENT IE	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROM	Other Assets HELD AS TRU M PEPPERDIN o (b) must equal form Other Liabiliti (a) Description	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROI	Other Assets HELD AS TRU M PEPPERDIN o (b) must equal form Other Liabiliti (a) Description	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROI	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROI	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROM Otal (Column Part X .	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description		•	47,482,1
Part IX ASSETS I DUE FROI	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description		•	47,482,1
Part IX ASSETS I DUE FROI	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description		→	47,482,1
Part IX ASSETS I DUE FROI	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description		•	47,482,1
Part IX ASSETS I DUE FROI	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description		•	47,482,1
Part IX ASSETS I DUE FROI Total (Column Part X J Federal Incomp	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROI Total (Column Part X J Federal Incomp	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROI Total (Column Part X J Federal Incomp	Other Assets HELD AS TRU M PEPPERDIN (b) must equal Form Other Liabiliti (a) Descriptione taxes	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	, line 15 (a) Description			47,482,1
Part IX ASSETS I DUE FROI Total (Column Part X 1. Federal Inc. DUE TO	Other Assets HELD AS TRU M PEPPERDIN Other Liabiliti (a) Descriptione taxes PEPPERDINE	S. See Form 990, Part X USTEE / AGENT IE 1990, Part X, col (B) line 15) ies. See Form 990, Part	t X, line 25 (b) Amount			47,482,1
Part IX ASSETS I DUE FROIT Total (Column Part X 1. Federal Inc. DUE TO 1	Other Assets HELD AS TRU M PEPPERDIN Other Liabiliti (a) Descriptione taxes PEPPERDINE	S. See Form 990, Part X USTEE/AGENT 1990, Part X, col (B) line 15) 1990, Part X, col (B) line 15) 1990, Part X, col (B) line 15)	t X, line 25 (b) Amount			47,482,1 2,115,2

Schedu	le D (Form 990) 2009			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	T	
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5	<u> </u>	
6	Investment expenses	6	 	
7	Prior period adjustments	7	1	
8	Prior period adjustments	8	 	
9	Other (Describe in Part XIV) Total adjustments (net) Add lines 4 through 8	9	 -	
			├ ─	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<u> </u>	
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret			
1	Total revenue, gains, and other support per audited financial statements	· • -	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	- 1		
а	Net unrealized gains on investments	_	ļ	
b	Donated services and use of facilities	_		
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)		ŀ	
е	Add lines 2a through 2d	L	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	- 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)		l	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R			
1	Total average and leaves are availed foregoing statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	· ·	•	,
a	Donated services and use of facilities 2a	ı		
b		\dashv		
-				
C	- 			
d	Addition		ا ۔	
	Add lines 2a through 2d	–	2e	
3	Subtract line 2e from line 1	∙∙⊦	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIV) 4b			
С	Add lines 4a and 4b	–	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Part	XIV Supplemental Information			
and 2	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pop., Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and And And Part XIII, lines 2d and And And And And And And And And And A			
SEE	PAGE 5			

Part XIV Supplemental Information (continued)

SCHEDULE D, PART X

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF THE CONSOLIDATED FINANCIAL STATEMENTS WITH PEPPERDINE UNIVERSITY. THE FINANCIAL STATEMENTS DID NOT REPORT A FIN 48 LIABILITY.

SCHEDULE D, PART IV, LINE 2B

WAVE SERVICES, INC. ACTS AS THE FISCAL AGENT FOR FUNDS RELATED TO WAVE SERVICES, INC. SPONSORED AND/OR AFFILIATED PROGRAMS. WAVE SERVICES, INC. DOES NOT OWN THE FUNDS ASSOCIATED WITH THESE PROGRAMS.

SCHEDULE J (Form 990)

Internal Revenue Service

Questions Regarding Compensation

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization Employer identification number WAVE SERVICES, INC. 95-4315778

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			}
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	l		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1		
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	ļ	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the		1	
	organization's CEO/Executive Director Check all that apply	1	ļ	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			ļ
	Form 990 of other organizations Approval by the board or compensation committee			
				ĺ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C		4c		
٠	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	40	 	
	Too to any or mices and o, not the persons and provide the applicable amounts for each field in hait in			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of	}	l	
а		5a	•	l x
	• ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b		X
	Any related organization?	35		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	ļ	 	
,	compensation contingent on the net earnings of			
_	,	6a	l	x
a	The organization?	6b	-	X
b		0.0		- ``
_	If "Yes" to line 6a or 6b, describe in Part III	1	l	1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	١	X	1
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7_		├-
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			1
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8	ļ	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		-	
	Regulations section 53 4958-6(c)?	9	l	I

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part Vil, line 1a

		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 9 90 or Form 990-EZ
	€	0				ı	1	ł
ANDREW K. BENTON	(II)	353,793.	0.	30,151.	24,500.	96,378.	504,822.	26,563.
	(3)	0	0	0			0	1 !
CHARLES J. PIPPIN	(E)	265,850.	50,000.	52,150.	39	44,872.	452,712.	33,397.
	Ξ		0.	0.		0	0	0.
PAUL LASITER	(ii)		0	12,196.	53,	.047,99		.0
	ε		0	ı		0	0	0
DENNIS TORRES	Œ	 	0	12,569.	33,11	28,497	243,446.	.0
	ε		0.	l				0.
SAMUEL HINKLE	€	125,731.	0	12,390.	38,000.	85,419.	761,540.	.0
	Ξ	0.	0.	0]	l i	1	0
FAYE HOLTON	€	145,969.	0	649	14,666.	9,495.	170,779.	.0
	(i)							
	(ii)							
	(1)							
	(11)							
	ε	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	(ii)							
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	(0)					 		
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	(E)							
							Sche	Schedule J (Form 990) 2009

dule J (Form 990) 2009

Page 3

III Supplemental Information

6a, 6b, 7, and 8 Also complete this part 5b, 5a, Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, for any additional information

PEPPERDINE UNIVERSITY UNDER THE PLAN, UPON ACHIEVEMENT OF CERTAIN EXPECTATIONS AND GOALS AND AT CONTRIBUTIONS TO THE PLAN BECOME GRADUALLY VESTED BEGINNING WITH THE LAST UNIVERSITY HAS AN INCENTIVE COMPENSATION PLAN FOR CERTAIN KEY EXECUTIVES THE DISCRETIONARY OF THE BOARD OF DIRECTORS THE PARTICIPANT WILL RECEIVE DAY OF THE 3RD PLAN YEAR FOLLOWING THE CONTRIBUTION AND VEST 100% AT THE BENTON RECEIVED COMPENSATION FROM PEPPERDINE UNIVERSITY IN UNIVERSITY 3 IN ESTABLISHING SUCH PEPPERDINE UNIVERSITY. ALL OFFICERS ARE COMPENSATED BY PEPPERDINE UNIVERSITY. PEPPERDINE A UNIVERSITY CONTRIBUTION TO THE PLAN FOR THAT PLAN YEAR. HIS CAPACITY AS PRESIDENT OF PEPPERDINE UNIVERSITY. MADE USE OF THE PROCEDURES DESCRIBED ON LINE OF IS A SUBSIDIARY 4 B SCHEDULE J, PART I, LINE SCHEDULE J, PART I, LINE INC. WAVE SERVICES, COMPENSATION ANDREW K.

Schedule J (Form 990) 2009

NO AMOUNTS WERE

THE 7TH PLAN YEAR FOLLOWING THE AWARD.

COMPLETION OF

AWARDED IN CALENDER YEAR 2009

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

2009
Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WAVE SERVICES, INC.

Employer Identification number

95-4315778

Pai	Types of Property			T				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) If deter venues		3
1	Art-Works of art			<u> </u>				
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		•					
10	Securities-Closely held stock							
11	Securities-Partnership, LLC,						-	
•	or trust interests							
12	Securities-Miscellaneous	Х	1	40,804.	PRESENT '	VALU	E	
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 ►()							
26	Other ►()							
27	Other ►()							
 28	Other ►()			_				
 29	Number of Forms 8283 received by	the organiz	ration during the tay year fo	or contributions for	7			
23	which the organization completed F				29			
	Which the organization completed t	01111 0203, 1	art IV, Donee Acknowledg	gement			Yes	No
30 a	During the year, did the organizat	IOD TECEIVE	by contribution any proper	erty reported in Part 1 lin	e 1-28 that			
	it must hold for at least three year							İ
	used for exempt purposes for the er					30a]]	Х
h	If "Yes," describe the arrangement in		penda,			1000		-
31	Does the organization have a		ance notice that recurs	ie the review of any o	on-etandard		:	
J ,	contributions?		· ·			31	х	i
399	Does the organization hire or use					 		
JZd	-	•	•			32a	х	
h	contributions?	• • • • • •	• • • • • • • • • • • • • • • • • • • •			744		
		VARUAS IS 5	alumn (a) for a tuno of	north for which column = (-)	in observed			
33	If the organization did not report re	venues in Co	Diumin (c) for a type of pro	perty for which column (a)	із спескей,			
	describe in Part II					<u>' </u>		

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

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009	je 2
Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.	
SCHEDULE M, PART I, COLUMN (B)	
WAVE SERVICES, INC. IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED	
DURING THE YEAR.	
SCHEDULE M, PART I, LINE 32A	
WAVE SERVICES, INC. USES THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS OF	
DOMESTIC AND FOREIGN SECURITIES, PHYSICAL CERTIFICATES, AND RESTRICTED	-
CERTIFICATES.	
	
	·

SCHEDULE O

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WAVE SERVICES, INC.

Employer Identification number

95-4315778

ATTACHMENT 2

FORM 990, PART I, LINE 1 & PART III, LINE 1 & LINE 4A

WAVE SERVICES, INC. IS A SUPPORTING ORGANIZATION OF PEPPERDINE UNIVERSITY

AND AS SUCH MANAGES ASSETS, RECEIVES CHARITABLE GIFTS, EARNS INCOME AND

PAYS EXPENSES SOLELY FOR THE BENEFIT OF PEPPERDINE UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 11A

WAVE SERVICES, INC'S FORM 990 IS PREPARED BY THE PAID PREPARER. ONCE IT

IS COMPLETED, IT IS REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL

COPY OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS ELECTRONICALLY PRIOR

TO FILING WITH THE IRS. THE RETURN IS SIGNED BY THE ORGANIZATION'S

REPRESENTATIVE AND THE PAID PREPARER.

FORM 990, PART VI, SECTION B, LINES 12, 13 AND 14

WAVE SERVICES, INC. IS A SUBSIDIARY OF PEPPERDINE UNIVERSITY. OFFICERS

AND BOARD MEMBERS ARE EMPLOYED BY OR ARE REGENTS OF PEPPERDINE

UNIVERSITY. PEPPERDINE UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST

POLICY, WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION

POLICY IN PLACE WHICH APPLIES TO THESE INDIVIDUALS.

FORM 990, PART VI, SECTION B, LINE 15

ALL OFFICERS ARE COMPENSATED BY PEPPERDINE UNIVERSITY.

FORM 990, PART VI, SECTION C, LINE 19
WAVE SERVICES, INC. IS A SUBSIDIARY OF PEPPERDINE UNIVERSITY. THE

Name of the organization WAVE SERVICES, INC.

Employer identification number 95-4315778

ATTACHMENT 2 (CONT'D)

ORGANIZATION DOES NOT HAVE SEPARATE POLICIES AND IT FOLLOWS PEPPERDINE UNIVERSITY'S POLICIES. THE ORGANIZATION'S FINANCIAL STATEMENTS WERE ALSO AUDITED AS PART OF A CONSOLIDATED FINANCIAL STATEMENTS WITH PEPPERDINE UNIVERSITY. THE UNIVERSITY'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICIES, AND GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IV, LINE 12A AND PART XI, LINE 2B

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF A

CONSOLIDATED FINANCIAL STATEMENT.

FORM 990, PART VII, SECTION A

THE FOLLOWING INDIVIDUALS DEVOTED TIME TO PEPPERDINE UNIVERSITY:

ANDREW K. BENTON - 40 HOURS

CHARLES J. PIPPIN - 40 HOURS

PAUL B. LASITER - 40 HOURS

SAMUEL HINKLE - 40 HOURS

JAMES PORTER - 1 HOUR

B. JOSEPH ROKUS - 1 HOUR

CLARIZA MULLINS - 40 HOURS

DENNIS TORRES - 10 HOURS

RICHARD WOMACK - 10 HOURS

FAYE HOLTON - 25 HOURS

THE FOLLOWING INDIVIDUALS DEVOTED TIME TO WAVE ENTERPRISES, INC.:

Name of the organization

WAVE SERVICES, INC.

Employer identification number 95-4315778

ATTACHMENT 2 (CONT'D)

ANDREW K. BENTON - 1 HOUR

CHARLES J. PIPPIN - 1 HOUR

PAUL B. LASITER - 1 HOUR

DENNIS TORRES - 10 HOURS

JAMES PORTER - 1 HOUR

THE FOLLOWING INDIVIDUALS DEVOTED TIME TO WAVE PROPERTY, INC.:

ANDREW K. BENTON - 1 HOUR

CHARLES J. PIPPIN - 1 HOUR

PAUL B. LASITER - 1 HOUR

DENNIS TORRES - 10 HOURS

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. ▼ See separate instructions.

▶ Attach to Form 990.

	2009	Open to Public	Inspection
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OMB No 1545-0047

Employer Identification number

95-4315778

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) WAVE SERVICES, Name of the organization

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name address, and EIN of disregarded entity Part

י וויס לייטים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים ומיים	_				
(a)	(q)	(2)	3	(0)	(£)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		Exempt Code section Public chanty status (if section 501(c)(3))	Direct controlling entity
PEPPERDINE UNIVERSITY 95-1644037					
24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263-4497	EDUCATION	CA	501(C)(3)	2	N/A
WAVE ENTERPRISES, INC 95-4274572					
24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263-4497	SUPPORT PU	CA	501(C)(3)	11A	PEPPERDINE
WAVE PROPERTIES, INC 95-4297104					
24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263-4497	SUPPORT PU	CA	501(C)(3)	11A	PEPPERDINE
PEPPERDINE UNIVERSITY (CALIFORNIA) UK					
56 PRINCESS GATE SW7 2PG LONDON, UK	EDUCATION	UK			PEPPERDINE
PEPPERDINE UNIVERSITY, LAUSANNE					
LA CROISEE AV MARC-DUFOUR 15 LAUSANNE, SZ	EDUCATION	25			PEPPERDINE
CINDERELLA IMMOBILIARE S.R.L.					
VIALE MILTON 41 50129 FLORENCE, IT	EDUCATION	II			PEPPERDINE
PEPPERDINE ARGENTINA, S.R.L.					
11 DE SEPTIEMBRE 955 1426 CAP FED BUENOS AIRES, AR	EDUCATION	AR			PEPPERDINE

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990

Schedule R (Form 990) 2009

(I) General or Schedule R (Form 990) 2009 Yes No managing partner? (h) Percentage ownership (i)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) (h) Oteproportomate effocations? Yes No (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp. S corp.
or trust) (f) Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from sections 512-514) (c) Legal domicile (state or foreign country) (d)
Orrect controlling | (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36) Part'V

Š	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	Š
_	-	2	7. T.		7
a			1a	_	×
Q			1 1		×
ပ			10		×
0			19	×	l
9	Constant of the contraction of t	· · · · · · · · · · · · · · · · · · ·		-	×
ט	e roalis of loafi gualatitees by other organization(s)		32.7	1	: []
4	Sale of assets to other ornanization(s)			1	×į
			-	╁	×
, <u>.</u>			. 4	H	×
: .				+	: >
-	I Lease of facilities, equipment, or other assets to other organization(s)		- 4 - 4	5	۲ او
				:- > 	>
-	I rease of facilities, equipment, of other assets from other organization(s)		=	\dagger	: ;
¥	k Performance of services or membership or fundraising solicitations for other organization(s)	• • • • • • • • • • • • • • • • • • • •	*	-	×
-	l Performance of services or membership or fundraising solicitations by other organization(s)		=	_	×
Ε			1 E		×
•			-	×	1
=	מומיות מו למנק פוו לתוכל בפני מייני			A. 7. M.	7
				- 1 - 1	를 >
0				;	۱:
٥	p Reimbursement paid by other organization for expenses		1 0	×	15
			201		-
0	a Other transfer of cash or property to other programmes).		10		×
٠.	Other transfer of cash or property from other organization(s).		=		i
2	If the answer to any of the above is "Yes" see the instructions for information on who must complete this line including covered relationshins and transaction thresholds	ne and fransaction th	recholde		
		מוים וומויזמכנוטוו ווו	CDIONES		1
	(a) (a) Transation (b) Transation (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		(c) Amount involved	10	
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		Schedul	Schedule R (Form 990) 2009	990) 20(60

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) Neme, address, and ElN of enity Scitate or foreign section (state or foreign section	(b) Primary ectivity	(c) Legal domicile (state or foreign	(d) Are all partners	(e) Share of end-of-vear	(f) Disproportionate		(h) General or menaging
			501(c)(3) organizations?	8336(5		of Schedule K-1 (Form 1065)	partner?
			Ves No		Yes		Yes
			-				
		-					
				:			
			-				
							_
						Schedule R (Form 990) 2009	990) 2009

Form 8868 (Re	ev 1-2011)				Page 2
 If you are 	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II and che	ck this box	X
Note. Only	complete Part II if you have already been gra	nted an au	tomatic 3-month extension on a pre	viously filed Form	8868
• If you are	filing for an Automatic 3-Month Extension,	complete o	niv Part i (on page 1).	•	
Part II	Additional (Not Automatic) 3-Month Ex	ctension o	of Time. Only file the original (no	copies needed)	
Type or	Name of exempt organization			Employer identifi	
print	WAVE SERVICES, INC.			95~4315	778
File by the	Number, street, and room or suite no. If a P.O. bo	x. see instruc	zions		
extended due date for	24255 PACIFIC COAST HIGHWAY				
filing your	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions		
return See Instructions	MALIBU, CA 90263-4497	_	•		
Enter the R	eturn code for the return that this application	is for (file a	a separate application for each return	o)	01
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990		01		1983年最近17	
Form 990-B	L	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-P	F	04	Form 5227		10
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	Form 8870		12
STOPI Do r	not complete Part II if you were not already	granted ar	automatic 3-month extension on	a previously filed	Form 8868.
• The book	s are in the care of BRIAN THOMASON	1			
Telephor	ne No ▶ 310 506-4497		FAX No ▶		
• If the org	anization does not have an office or place of				
	for a Group Return, enter the organization's fo			N/A	If this is
	le group, check this box ▶ 🔲 🖡			▶ ar	nd attach a
	names and EINs of all members the extension		5		
	est an additional 3-month extension of time u		06/15	20 11	
	alendar year, or other tax year beginn		08/01 , 20 09 , and ending	07/	31 , 20 10
6 If the	tax year entered in line 5 is for less than 12 m Change in accounting period			Final return	
	in detail why you need the extension ADDIT	I TANOL	FIME IS NEEDED TO FILE	A COMPLETE	
					
8a If this	application is for Form 990-BL, 990-PF, 99	90-T. 4720	or 6069, enter the tentative ta	x, less any	
	fundable credits. See instructions	•		8a \$	0.
	application is for Form 990-PF, 990-T,	4720. o	6069, enter any refundable of	redits and	
	ated tax payments made include any pr				
	nt paid previously with Form 8868	, , , , ,		8b \$	0.
c Balan	ce Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if required, by u	sing EFTPS	
	ronic Federal Tax Payment System) See instru			8c \$	0.
			nd Verification		
Under penaltie	is of perjury. I declare that I have examined this form, ct, and complete and that I am authorized to prepare this fo	including acc	companying schedules and statements, and	to the best of my k	nowledge and belief,
	/) // —			^	3/07/2011
Signature >			Title ▶ CPA	50.0 /	
	PKICEWATERHOUSECOOPERS LLP			Form	8868 (Rev 1-2011)
	125 HIGH STREET				
	BOSTON, MA 02110				

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Additional (No	Month Extension, complete only of Automatic) 3-Month Extensio	n, complete only Part II	(on page 2	of this form	n).
		e already been granted an automatension of Time. Only submit			led Form 8	868
A corporation	on required to file Form 990	0-T and requesting an automatic	6-month extension—chec	k this box a	and comple	ete . ▶ □
All other co		C filers), partnerships, REMICs, a				
one of the relectronically returns, or a	returns noted below (6 mo y if (1) you want the addition composite or consolidated	u can electronically file Form 8866 nths for a corporation required to onal (not automatic) 3-month exte Form 990-T. Instead, you must su c filing of this form, visit www irs.g	to file Form 990-T). Howe ension or (2) you file Form bmit the fully completed a	ever, you ca is 990-BL, 6 nd signed pa	annot file f 5069, or 88 age 2 (Part	Form 8868 370, group II) of Form
Type or	Name of Exempt Organizati				identification	n number
print File by the	WAVE SERVICES, Number, street, and room of	r suite no If a P O. box, see instruct	loos	95-431	5//8	
due date for filing your	24255 PACIFIC (
return See instructions	City, town or post office, st MALIBU, CA 9026	ate, and ZIP code For a foreign addr 53-4497	ess, see instructions			
Check type Form 99 Form 99 Form 99 Form 99	0 0-BL 0-EZ	a separate application for each re Form 990-T (corporation) Form 990-T (sec 401(a) or Form 990-T (trust other tha Form 1041-A	408(a) trust)		Form 472 Form 522 Form 606 Form 887	.7 59
• The books	s are in the care of ▶BRI	AN THOMASON				
 If the orga If this is for the whole 	or a Group Return, enter the e group, check this box	FAX No office or place of business in the e organization's four digit Group	Exemption Number (GEN)	s box . N/A	 If th	► □ nis is tach
1 I request until for the	est an automatic 3-mon MARCH 15 ,2011 organization's return for calendar year 20 or	th (6 months for a corporate, to file the exempt organization AUGUST 1 , 20 09	return for the organization	named abo	ove The ex	ctension is
		months, check reason. Initia				
	application is for Form 990 y nonrefundable credits Se	I-BL, 990-PF, 990-T, 4720, or 60 ee instructions.	069, enter the tentative ta	х, За	\$	NONE
b If this a	application is for Form 990-	PF or 990-T, enter any refundably year overpayment allowed as a			\$	NONE
c Balanc deposit	e Due. Subtract line 3b from with FTD coupon or, if r	m line 3a Include your payment we equired, by using EFTPS (Electi	rith this form, or, if require	d, nt		· · · ·
). See instructions.	ectronic fund withdrawal with this	Form 8868 see Form 94	3c 153-FO and	Form 8879	NONE
for payment	• •	ectionic fund withdrawar with this	5 FUIII 0000, SEE FUIII 64	NO-LU AIR	1 01111 0078)-LU