

# Making Waves Academy

### **Audit Committee Meeting**

#### **Date and Time**

Tue Feb 28, 2023 at 2:00 PM PST

If you have questions about the board agenda and materials or you are in need of disability-related accommodations, please contact:

Si tiene preguntas sobre la agenda y materiales de la junta o necesita adaptaciones relacionadas con la discapacidad, comuníquese con:

Ashley Yarbrough at ayarbrough@mwacademy.org or 510-779-1427.

In accordance with AB 361 in the State of California, we will be hosting this board meeting via teleconference due to the following circumstances:

• The MWA Board of Directors is holding a meting during a proclaimed state of emergency by the State of California due to the COVID-19 pandemic.

#### **Public Comment**

- The public may address the MWA Board regarding any item within the subject-matter jurisdiction of the MWA governing board.
- Under Public Comment, members of the public may
  - · Comment on items on the agenda
  - · Comment on items not on the agenda
  - Presentations are limited to two minutes each, or a total of six minutes for all speakers, or the two-minute limit may be shortened.
- In accordance to the Brown Act, the MWA Board may listen to comments, but can neither discuss nor take action on the topics presented. Members of the board are very limited in their response to statements or questions by persons commenting on items not on the agenda.

- While meetings are held virtually, speakers may submit a request to speak before 9:00 AM on the day of the board meeting or use the raise hand function during the public comment sections of the meeting.
  - If you would like to send your request to speak prior to the meeting, please email your request to ayarbrough@mwacademy.org in English or Spanish.
  - Your submission should:
    - indicate if it is a general public comment for the beginning of the meeting or a comment for a specific agenda item (please include the item number).
    - include your name so that you can be called when it is your turn to speak.
  - During the meeting, we will call your name and you should use the "raise hand" feature to identify yourself.
- Under SB1036 the minutes from this meeting will omit student and parent names and other directory information, except as required by judicial order or federal law. If a parent/ legal guardian wishes a name be included, one must inform the board prior to their public comment.

De acuerdo con AB 361 en el Estado de California, organizaremos esta reunión de la junta directiva a través de teleconferencia debido a la siguiente circunstancia:

• La Junta Directiva de MWA sea reunera durante un estado de emergencia proclamado por el Estado de California debido a la pandemia de COVID-19.

#### Comentarios públicos

- El público puede dirigirse a la Junta Directiva de la MWA con respecto a cualquier asunto dentro de la jurisdicción del tema materia por la Junta Directiva de la MWA.
- Bajo comentario público, los miembros del público pueden:
  - · Hacer comentarios sobre los puntos del orden del día
  - · Hacer comentarios sobre puntos no incluidos en el orden del día
  - Las presentaciones están limitadas a dos minutos cada una, o un total de seis minutos para todos los oradores, o se puede acortar el límite de dos minutos.
- De acuerdo con la Ley Brown, la Junta Directiva de la MWA puede escuchar los comentarios, pero no discutirán ni tomarán medidas sobre los temas presentados. La respuesta de los miembros de la Junta Directiva a las declaraciones o preguntas de las personas que comentan temas que no figuran en el orden del día es muy limitada.
  - Mientras las reuniones se llevan a cabo virtualmente, los miembros del publico que desean hablar durante la junta pueden presentar una solicitud para hablar antes de las 9:00 a.m. del día de la reunión de la junta o usar la función de levantar la mano durante las secciones de comentarios públicos de la reunión.
    - Si desea enviar su solicitud de uso de la palabra antes de la reunión, envíe su solicitud por correo electrónico a emartinez@mwacademy.org en inglés o español.
    - En su solicitud:
      - Incluya su nombre para que pueda ser llamado cuando sea su turno de hablar.

- indicar si es un comentario público general para el comienzo de la reunión o si es comentario público sobre un artículo específico del programa (incluya el número del artículo).
- Durante la reunión, le llamaremos por su nombre y deberá utilizar la función de "levantar la mano" para identificarse.
- En virtud de la SB1036, las actas de esta reunión omitirán los nombres de los estudiantes y padres y otra información del directorio, excepto cuando lo requiera la orden judicial o por la ley federal. Si un padre/tutor legal desea que se incluya un nombre, se debe informar a la junta antes de su comentario público.

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Si tiene preguntas sobre la agenda y materiales de la junta o necesita adaptaciones relacionadas con la discapacidad, comuníquese con:

Ashley Yarbrough at ayarbrough@mwacademy.org or 510-779-1427.

Please note that all agenda times are estimates.

Tenga en cuenta que todos los horarios de la agenda son estimaciones.

#### **Agenda**

#### I. Opening Items

- **A.** Call the Meeting to Order
- B. Record Attendance

#### II. Audit Committee Meeting

A. Approval of MWA Tax Returns

Presentation and discussion of the annual tax returns for the fiscal year ending June 30,2022.

B. Approval of engagement of CLA as independent auditors for forthcoming audit
DIscuss CLA's proposed engagement letter

#### III. Closing Items

A. Public Comment

The public may address the committee regarding any item within the subject-matter jurisdiction of the MWA governing board.

Under Public Comment, members of the public may

- · Comment on items on the agenda
- · Comment on items not on the agenda
- Presentations are limited to two minutes each, or a total of six minutes for all speakers.

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- B. Adjourn Meeting
- C. Audit Committee Documents

# Coversheet

# Approval of MWA Tax Returns

Section: II. Audit Committee Meeting Item: A. Approval of MWA Tax Returns

Purpose: Discuss

Submitted by:

Related Material: MVA 2021 - FY2022 990 Version 4-2.1.2023.pdf

#### 2021 Tax Return(s)

Prepared for MAKING WAVES ACADEMY

CLIENT CODE: A274942:V1

Account Number 131839 Release Number 2021.05040

Prepared by CLIFTONLARSONALLEN LLP

2210 EAST ROUTE 66

GLENDORA, CA

91740

(626) 857-7300

Processing Date: 02/01/2023

Time: 12:30:48

Special Instructions

Messages

100071 04-01-21

ProSystem fx<sup>®</sup>

#### **Return Information**

#### CAUTION

Schedule A (Form 990-T). The description of the unrelated trade or business has been left blank. The Schedule A worksheet, General Information section, Description of unrelated trade or business field, may be used to complete this information. This should be reviewed and corrected before filing the return. (28724)

Signed-off by dela49896 11/23/2022 3:45 PM PST

California. Form 199, Page 2, line 16. Depreciation expense has been included on line 16 but no entries have been made on the Federal General tab, Depreciation Options and Overrides worksheet, Depreciation Options and Overrides section. It will be necessary to complete the applicable information on Depreciation Options and Overrides worksheet if Form 3885 or 3885F is desired. (23007)

Signed-off by dela49896 11/23/2022 3:45 PM PST

#### INFORMATIONAL

. Form 990. Page 3, Part IV, Line 11a. The question on line 11a has calculated an answer of "Yes" based on the corresponding data on Part X, line 10 of the balance sheet. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35932)

Signed-off by dela49896 11/23/2022 3:45 PM PST

• Form 990. Page 3, Part IV, Line 11f. The question on line 11f has calculated an answer of "Yes" based on the presence of the FIN 48 statement on Schedule D, Part XIII. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35937)

Signed-off by dela49896 11/23/2022 3:45 PM PST

Form 990. Page 8, Part VII, line 2. The total number (6) of individuals who received more than \$100,000 in reportable compensation from the organization has been calculated from the entries on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section. This should be reviewed. If there were any individuals who received more than \$100,000 in reportable compensation from the organization that were not included on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section, this calculated number will be incorrect. An entry may be made on the Form 990 worksheet, Other Compensation Information section to override this item. (33424)

Signed-off by dela49896 11/23/2022 1:36 PM PST

#### **Return Information**

• Electronic Filing. The ERO signature has been printed on Form 8879-TE for Form 990. If this is not desired it may be suppressed by making the appropriate entry on the Electronic Filing worksheet, Electronic Return Originator - Overrides section. (37915)

Signed-off by dela49896 11/23/2022 1:36 PM PST

• Electronic Filing. The following EFIN 954052 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

Signed-off by dela49896 1/27/2023 1:41 PM PST

• Electronic Filing. The name control indicated in the electronic filing for this return is MAKI. If this information isn't correct, an override is available on the General; Electronic Filing; Other option; Business name control - override field. Publication 4163 can be used to understand the rules regarding what the name control should be. Businesses or authorized representatives may contact the IRS Business Specialty Line at 1-800-829-4933 for assistance. (39455)

Signed-off by dela49896 11/23/2022 1:36 PM PST

Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-TE must be retained by the electronic return originator for three years. (39494)

Signed-off by dela49896 1/27/2023 1:41 PM PST

• Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before November 15, 2022. Form 990-T is being prepared and is also allowed one 6-month extension. The extension for Form 990-T must be requested by filing Form 8868 on or before November 15, 2022. (34479)

Signed-off by dela49896 11/23/2022 1:36 PM PST

California Electronic Filing. The California Form 199 return has been selected for electronic filing. If a printed copy of the California return is generated and electronic processing of the return is completed, do not mail the printed copy of return to the Franchise Tax Board. (31017)

Signed-off by dela49896 11/23/2022 1:36 PM PST

#### **Return Information**

. California does not allow software vendors to print and/or distribute preliminary or draft forms, or forms that are not approved. Once California releases final forms and they are approved, the forms will be available on the following release and can be filed at that time. (39396)

Signed-off by dela49896 11/23/2022 1:36 PM PST



#### ELECTRONIC FILING STATUS REPORT

TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
FEDERAL FORM 990	QUALIFIED		
CALIFORNIA FORM 199	QUALIFIED		
		A 34	

128131 04-01-21



#### DEBR40713 - 05/02/19 08:32AM WORKSHEET ESTIMATE PREPARATION

#### DEBR40713 - 10/07/18 01:31PM WORKSHEET FORM 990

TOTAL FOOD PSYCHOLOGICAL SP ED



List \_\_\_

2021 Return Summary	
MAKING WAVES ACADEMY	20-8967421
FORM 990:	
TOTAL REVENUE TOTAL EXPENSES EXCESS <deficit> BEGINNING NET ASSETS CHANGES IN NET ASSETS ENDING NET ASSETS</deficit>	27,331,193. 26,024,225. 1,306,968. 5,683,836. 0. 6,990,804.
BALANCE SHEET ANALYSIS	
ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES	9,802,840. 2,812,036. 6,990,804.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0.
CALIFORNIA FORM 199:	
GROSS RECEIPTS TOTAL EXPENSES EXCESS BEGINNING NET ASSETS CHANGES IN NET ASSETS	27,331,193. 26,024,225. 1,306,968. 5,683,836.
ENDING NET ASSETS (1) FILING FEES TOTAL TAX	6,990,804. 0. 0.
BALANCE SHEET ANALYSIS	
ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	9,802,840. 2,812,036. 6,990,804.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.

## **2021 Return Summary**

MAKING WAVES ACADEMY 20-8967421

	FEDERAL	CALIFORNIA
FORM NAME	990	FORM 199
E-FILE REQUESTED	YES	YES
DUE DATE	11/15/22	11/15/22
EXTENDED DUE DATE		05/15/23
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	02/01/23	02/01/23
TIME CALCULATED	12:27:51	12:27:51
RELEASE VERSION	2021.05040	2021.05040



CliftonLarsonAllen LLP CLAconnect.com

Making Waves Academy 4123 Lakeside Drive Richmond, CA 94806

Making Waves Academy:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

#### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

#### **CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

#### A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
  accounts and foreign activity. Please make sure you have informed us of any foreign financial
  accounts or foreign activity so that we have the necessary information to complete any required
  disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP





CliftonLarsonAllen LLP CLAconnect.com

# MAKING WAVES ACADEMY FORM 990 INCOME TAX RETURN FOR YEAR ENDED JUNE 30, 2022



THIS IS NOT A FILEABLE COPY \*\*\*\*\*

IRS e-file Signature Authorization

for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL~1~, 2021, and ending JUN~30~, 20 22~

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

▶ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 20-8967421 MAKING WAVES ACADEMY

ALTON B. NELSON, JR. Name and title of officer or person subject to tax

CEO

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here > X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)		<sub>16</sub> 2 <u>7,331,193</u>
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)		2b
3a	Form 1120-POL check here ▶	b	Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5	5)	4b
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)		5b
6a	Form 990-T check here >		Total tax (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)		9b
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III	l, line 22)	10b
Part	II Declaration and Signat	ure	e Authorization of Officer or Person Subject to Ta	ix	
Jnder p	penalties of perjury, I declare that X	Ιa	m an officer of the above entity or I am a person subject to	tax with respe	ect to (name
of entity	/)		, (EIN) ar	nd that I have	examined a copy of the
2021 el			ules and statements, and, to the best of my knowledge and belief		

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.888.353.4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PI	N:	check	one	box	only

X I authorize	CLIFTONLARSONALLEN	LLP

to enter my PIN

94806

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

ignature of officer or person subject to tax ▶ \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

#### Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

95405255902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MEI-LI HUANG

Date  $\triangleright$  02/01/23

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

AF	or the	2021 calendar year, or tax year beginning UUL I, ∠UZI and	enaing i	JUN 30, 4044	
<b>В</b> с	heck if	C Name of organization		D Employer identifi	cation number
	Addre	MAKING WAVES ACADEMY			
	Name chang			20-89674	21
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	4123 LAKESIDE DRIVE		510-262-	1511
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	27,331,193.
	Ameno	RICHMOND, CA 94800		H(a) Is this a group re	
	Application pendir	F Name and address of principal officer: ALION B. NELBON, UP	₹.	for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1)	or 52	If "No," attach a	list. See instructions
		e: > WWW.MAKINGWAVESACADEMY.ORG		H(c) Group exemption	<u> </u>
		organization: X Corporation	L Yea	r of formation: 2007	M State of legal domicile: CA
Pa	rt I	Summary	CO. T. (	NE EUR 2020E	157 T.C. TIO
ø		Briefly describe the organization's mission or most significant activities: THE (			
Governance		ADVANCE STUDENTS TO AND THROUGH COLLEGE O			
ern		Check this box  if the organization discontinued its operations or dispos			sets. 
30				3	7
8		Number of independent voting members of the governing body (Part VI, line 1b)			204
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			204
ţi	7 2	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	-	Net difficiated business taxable moonle from one of the state, file in		Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		26,162,120.	27,330,631.
nue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	562.
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,162,120.	27,331,193.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,902,539.	17,544,910.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
хре	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Û	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,838,161.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,740,700.	
	19	Revenue less expenses. Subtract line 18 from line 12		3,421,420.	1,306,968.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		7,891,807.	9,802,840.
et A	21	Total liabilities (Part X, line 26)		2,207,971.	2,812,036.
Z <sub>i</sub>	rt II	Net assets or fund balances. Subtract line 21 from line 20		5,683,836.	6,990,804.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etator	agents, and to the hest of my	/ knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellel, it is
uu,	COLLEC	t, and complete. Declaration of preparer (officer than officer) is based on an information of wi	ποτι ρι σραι σ	i ilas aliy kilowicage.	
Sigr	,	Signature of officer		Date	
Her		ALTON B. NELSON, JR., CEO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		MEI-LI HUANG MEI-LI HUANG	(	02/01/23 self-employ	P02383735
Prep		Firm's name CLIFTONLARSONALLEN LLP			41-0746749
Use		Firm's address 2210 EAST ROUTE 66			
		GLENDORA, CA 91740		Phone no. (6	26) 857-7300
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
13200	01 12-0	LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2021)

Form	n 990 (2021) MAKING WAVES ACADEMY	20-8967421	Page 2
	rt III Statement of Program Service Accomplishments		, ago
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
'	MAKING WAVES COMMITS TO RIGOROUSLY AND HOLISTICALLY PREF	PARING STIDENT	rs
	TO GAIN ACCEPTANCE TO AND GRADUATE FROM COLLEGE TO ULTIM		
	VALUABLE CONTRIBUTORS TO THE WORKFORCE AND THEIR COMMUNI		
	VALUADIE CONTRIBUTORO TO THE WORRFORCE AND THEIR COMMON	11100.	
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	A No
	If "Yes," describe these new services on Schedule O.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, an	ıd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$23,950,784. including grants of \$) (Reve		)
	MAKING WAVES ACADEMY WILL ENSURE THAT OUR YOUTH ACQUIRE		
	NECESSARY TO GAIN ACCEPTANCE TO AND GRADUATE FROM COLLEC	E. MAKING WAY	/ES
	ACADEMY SERVED OVER 1,100 CHILDREN IN THE FY 21/22.		
			_
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	
710	(Code:) (Expenses #) (never	- Itue ψ	
4 -			
4c	(Code:) (Expenses \$ including grants of \$) (Reve	:nue \$	)
	·		
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4 -	73 050 794		

Form **990** (2021)

Form 990 (2021)

#### MAKING WAVES ACADEMY

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8_		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	specific removing the total V. Line 100 or my	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<sub>v</sub>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	Complete Schedule I. Falls I allu II		000	

# Form 990 (2021) MAKING WAVES ACADEMY Part IV Checklist of Required Schedules (continued)

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	· (Goranded)		ı	
00	Did the executation report more than \$5,000 of grants or other conjectures to be for demontic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			122
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			. v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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, Part II, III, or IV, and			
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
ь		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	JJD		
33	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С			37	
	(gambling) winnings to prize winners?	1c	aan	(2021)
12200	1 12 00-21	⊢0rm	シンし	・ノロソコリ

# Form 990 (2021) MAKING WAVES ACADEMY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 204			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		- V
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		X
d		7c		1
e	Did the appropriate the second of the state	7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Yes No

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a					
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	lders, or			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the				
а	The governing body?		8a	Х	
b			8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue				
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-			

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section	Dico	OCUPO

17	List the states with	which a copy of t	his Form 990 is	required to be filed	►CA
----	----------------------	-------------------	-----------------	----------------------	-----

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

	Own website	Another's website	X Upon request	Other (explain on Schedule (
--	-------------	-------------------	----------------	------------------------------

20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶
	ALTON B. NELSON JR 510-262-1511	
	4123 LAKESIDE DRIVE, RICHMOND, CA 94806	

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<sup>19</sup> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi heck i			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	amount of
	week		T a			174140	,	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	tution	er	Key employee	est co	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) ALTON B. NELSON, JR.	50.00									
CHIEF EXECUTIVE OFFICER				Х				313,358.	0.	72,246.
(2) EVANGELIA WARD-JACKSON	50.00									
SENIOR SCHOOL DIRECTOR						X		180,134.	0.	35,407.
(3) XIUSHI WEI	50.00			. "						
CHIEF FINANCIAL OFFICER				X				181,199.	0.	21,039.
(4) ELIZABETH MARTINEZ	50.00									
CHIEF OPERATING OFFICER					Х			169,809.	0.	29,568.
(5) LISA DODSON	50.00									
MANAGING DIRECTOR OF TALENT						X		166,982.	0.	24,657.
(6) DAMON EDWARDS	50.00		1						_	
CHIEF TECHNOLOGY OFFICER						Х		146,130.	0.	31,152.
(7) ALICA KLEIN	15.00		1						_	_
PRESIDENT		Х		Х				0.	0.	0.
(8) LAYLA NARAJON	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) ESTHER HUGO	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(10) JESSICA LAUGHLIN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) MARGARET WATSON	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(12) ANA BARRON	1.00	.,							_	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) JANIS GLOVER	1.00	.,								0
DIRECTOR		Х						0.	0.	0.
		ł								
			$\vdash$			-				
		ł								
			$\vdash$							
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Pa	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	<u>jH t</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B) Average			(C Pos		1		(D)	(E)		Г-	(F)	الم
	Name and title	hours per	box	(do not check more than one box, unless person is both an		Reportable Reportable compensation				timate nount (				
		week		cer an	nd a d	irecto	r/trus	tee)	from	from related			other	
		(list any hours for	directo				,		the organization	organizatior (W-2/1099-MI			pensation the	
		related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)			anizati	
		organizations below	al trus	onal tr		ployee	comp		1099-NEC)				d relate	
		line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
			_	_	Ŭ	×	1	Ī						
											$\longrightarrow$			
											$\rightarrow$			
											$\rightarrow$			
											$\overline{}$			
										7	$\longrightarrow$			
											$\dashv$			
1b	Subtotal			,.				<b>&gt;</b>	1,157,612.		0.	21	4,06	
	Total from continuation sheets to Part VI								0.		0.	0.1	4 04	0.
	Total (add lines 1b and 1c)								1,157,612.	000 of	0.	<u>Z</u> 1	4,06	59.
2	Total number of individuals (including but n compensation from the organization	ot ilmited to th	ose	liste	a ac	oove	e) Wn	io re	eceived more than \$100,	000 of reportable	Э			6
	dempendation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual	<i>.</i>									3		X
4	For any individual listed on line 1a, is the su									•			37	
_	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com					-			-	dual for services		5		Х
Sec	etion B. Independent Contractors	<u>ipiete Scrieduit</u>	<del>- 0</del> /(	JI SL	<i>ICIT</i>	JEIS	OII .							
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of com	pensati	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A) Name and business	address							<b>(B)</b> Description of s	envices	_	(C	<b>))</b> nsatior	2
FRI	TGE PSYCHOLOGICAL ASSOC							-	Description of s	DEI VICES		ompe	isaliOl	1

Name and business address	Description of services	Compensation
FRUGE PSYCHOLOGICAL ASSOC INC		
1300 CLAY ST. SUITE 600, OAKLAND, CA 94612	PSYCHOLOGIST	689,524.
PACHECO'S CLEANING SERVICE		
2025 DOVER AVE, SAN PABLO, CA 94806	JANITORIAL SERVICES	404,975.
NOB HILL CATERING INC	STUDENT FOOD	
601 TAYLOR WAY, SAN CARLOS, CA 94070	SERVICES	389,460.
RTF EDU ENTERPRISES, INC., 22568 MISSION		
BLVD. SUITE 517, HAYWARD, CA 94541	INTERVENTION	275,527.
LINDE GROUP		

Total number of independent contractors (including but not limited to those listed above) who received more than 8 \$100,000 of compensation from the organization

Form **990** (2021)

262,874.

6550 VALLEJO ST #300, EMERYVILLE, CA 94608

Form	990	(2	2021) MAKING WAVES A	CADEMY			20-8967	421 Page <b>9</b>
Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response or	note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
40.11	_	_	Following Assemble					300010113 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 6		Federated campaigns 1a					
Gra	'		Membership dues 1b					
ts, An	•		Fundraising events 1c					
igit	(		Related organizations 1d	17 254 627				
ns, Sim	9			17,254,637.				
utio er (	1	T	All other contributions, gifts, grants, and	10 075 004				
di fi				10,075,994.				
no n		_	Noncash contributions included in lines 1a-1f		27,330,631.			
O a		<u>n</u>	Total. Add lines 1a-1f	Business Code	27,330,031.			
_	•	_	<u> </u>	Busiliess Code				
/ice	2 8							
er, ue		b						
m S		C C						
gra Re	ľ	d						
Program Service Revenue	``	e •	All other program service revenue					
_			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, interest					
	Ū		other similar amounts)		562.			562.
	4		Income from investment of tax-exempt bond pro					
	5		Royalties					
			(i) Real	(ii) Personal				
	6 8	а	Gross rents 6a	.,				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	<b>•</b>				
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	ı	b	Less: cost or other basis					
e			and sales expenses7b					
evenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)					
Other	8 8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
			` '	<b>&gt;</b>				
	9 8	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<b></b>				
	10 a	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b					
	•	С	Net income or (loss) from sales of inventory					
<u>s</u>				Business Code				
eon	11 8							
Miscellaneous Revenue	ı	b						
sce.	•	C	All all and an analysis					
Σ	(		All other revenue					
		<u>e</u>	Total. Add lines 11a-11d		27 221 102			F.6.2
	12		Total revenue. See instructions	<b></b>	27,331,193.	0.	0.	562.

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Form 990 (2021) MAKING WAVES ACADEMY
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(0)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	859,801.	773,820.	85,981.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,150,179.	11,986,105.	1,164,074.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,296,070.	1,218,734.	77,336.	
9	Other employee benefits	1,760,892.	1,614,129.	146,763.	
10	Payroll taxes	477,968.	413,346.	64,622.	
11	Fees for services (nonemployees):	,			
	Management				
	Legal	97,429.	88,660.	8,769.	
	Accounting	28,088.	25,279.	2,809.	
	Lobbying		25/27/30		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	2,918,582.	2,750,017.	168,565.	
40	Advertising and promotion	12,945.	2,730,017.	12,945.	
12		530,997.	487,580.	43,417.	
13	Office expenses	984,799.	896,167.	88,632.	
14	Information technology	JUE, 133.	0,00,107.	00,032.	
15	Royalties	2,865,249.	2,694,174.	171,075.	
16	Occupancy	7,733.	7,037.	696.	
17	Travel	1,155.	1,031.	090.	
18	Payments of travel or entertainment expenses				
46	for any federal, state, or local public officials	95,939.	87,304.	8,635.	
19	Conferences, conventions, and meetings	35,333.	07,304.	0,033.	
20	Interest				
21	Payments to affiliates	10 201	10 201		
22	Depreciation, depletion, and amortization	18,201. 238,429.	18,201. 216,970.	21 450	
23	Insurance	230,429.	Z10,9/U.	21,459.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	211 (42	211 (40		
а	INSTRUCTIONAL MATERIALS	311,642.	311,642.	T ((2)	
b	OTHER EXPENSES	225,164.	217,501.	7,663.	
С	STUDENT TRANSPORTATION	144,118.	144,118.		
d					
е	All other expenses	00000	00 0-0 -0:		
25	Total functional expenses. Add lines 1 through 24e	26,024,225.	23,950,784.	2,073,441.	0.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 <b>000</b> (2221)

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

#### MAKING WAVES ACADEMY

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Pai	ιΛ	Datance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	(P)
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cook, non interest heaving	2 076 150	1	5,105,196
	2	Cash - non-interest-bearing		2	3,103,130
	3	Savings and temporary cash investments		3	
	ა 4	Pledges and grants receivable, net			4,099,453
	-	Accounts receivable, net	4,330,002.	4	4,000,400
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	6	controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined		5	
	6			_	
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
Assets	7	Notes and loans receivable, net			
Ass	8	Inventories for sale or use	252 050	9	310,496
•	9	Prepaid expenses and deferred charges	332,333.	9	310,470
	iua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 458, 2	013		
	L			100	287,695
				10c	201,093
	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		15	9,802,840
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)			2,160,247
		Accounts payable and accrued expenses			2,100,247
	18	Grants payable	= < 0 1 = =	18 19	651,789
	19	Deferred revenue			031,709
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Liat	00	controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	26	of Schedule D	2,207,971.	26	2,812,036
	20	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here ▶ X	Z,201,311:	20	2,012,030
S		and complete lines 27, 28, 32, and 33.			
nce	27		5,683,836.	27	6,990,804
ala	27				0,000,004
dВ	28	Net assets with donor restrictions  Organizations that do not follow FASP ASC 958, shock here.		28	
L L		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	20	•		20	
əts	29	Capital stock or trust principal, or current funds	l l	29	
\ss(	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	6,990,804
ž	32	Total liabilities and not assets/fund balances	E 001 00E		9,802,840
	33	Total liabilities and net assets/fund balances	1 7,051,007.	აა	Form <b>990</b> (202

Form	1 990 (2021) MAKING WAVES ACADEMY	20-8	967421	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,331		
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,024		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,306		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,683	3 <b>,</b> 8	<u>36.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,990	),8	<u>04.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	an availte availeir valeva as Cale adula O and describe any atoms to undergo availe availte		0.5	v	I

132012 12-09-21

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

20-8967421

MAKING WAVES ACADEMY

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

Part I R	eason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
	•	•						
	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>							
	•					•	the hospital's name	
	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:							
		or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in	
sec	section 170(b)(1)(A)(iv). (Complete Part II.)							
6 A fe	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							
	tion 170(b)(1)(A)(vi). (C							
			(1)(A)(vi). (Complete Par					
	-	•				inction with a land-grant	*	
		grant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of the college	or	
	ersity:	Illy receives (1) more:	than 22 1/20/ of its supp	ort from o	ontribution	nomborobin food on	d aroos rossints from	
					,	ns, membership fees, and 33 1/3% of its support f		
						red by the organization a		
	section 509(a)(2). (Co		(less section of reak) in	iiii busiiles	sses acqui	red by the organization a	arter Jurie 30, 1973.	
		• •	valu to toot for public po	foty Soo	coetion 50	) )(a)(4)		
	-	•	vely to test for public sa				numeros of one or	
						ns of, or to carry out the		
			f supporting organization			See <b>section 509(a)(3).</b> (	SHECK THE BOX OH	
	-	• •			-	anization(s), typically by	aivina	
				majority C	n the direc	tors or trustees of the su	аррогинд	
	ganization. You must o			ion with its		od organization(s) by boy	do a	
						ed organization(s), by have	-	
	-			ame perso	ns mai co	ntrol or manage the supp	oortea	
	ganization(s). You mus	-		:				
	-	-				and functionally integrate	ea with,	
			). You must complete I				ti(-)	
	-	-				vith its supported organiz		
	•	-		•		quirement and an attentiv	veriess	
		·	nplete Part IV, Sections					
	•		written determination fro			rype i, rype ii, rype iii		
			nally integrated supporti	ig organiz	ation.			
	number of supported of		d arganization(a)					
(i) Nar	he following information ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other	
0	rganization	.,	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)	
			above (see instructions))	100	110			
Total								

Schedule A (Form 990) 2021

MAKING WAVES ACADEMY

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

	(Complete only if you checked fails to qualify under the tests				n failed to qualify u	nder Part III. If the	e organization
804	ction A. Public Support	listed below, pleas	se complete i art i				
	• • • • • • • • • • • • • • • • • • • •			( ) 22/2	( )) 2222	( ) 222/	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	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 VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor						<b>b</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li					14	%
15	Public support percentage from 2020	Schedule A, Part	I, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, che	ck this box and st	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	imstances test. Th	e organization gua	lifies as a publicly	supported organiz	ation	

Schedule A (Form 990) 2021

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

Schedule A (Form 990) 2021

#### MAKING WAVES ACADEMY

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siew, piedee eemp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,,	. ,		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				<b>^</b>		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6				, ,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ŭ					. —
C = -	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					15	
	5 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))						<u>%</u>
	Public support percentage from 2020		•			16	%
	ction D. Computation of Inves					T .= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the					41	▶ □
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	=	-		•		
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	hoy on line 14 10s	or 10h check th	is hav and see ins	etructions	

Schedule A (Form 990) 2021 132023 01-04-22

20-8967421 Page 4

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
0-		
3a		
3b		
20		
3c		
4a		
4b		
40		
_		
4c		
F -		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2021

132024 01-04-21 Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Sche <b>Pa</b> i	dule A (Form 990) 2021 MAKING WAVES ACADEMY  Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizatione	20-8967421 Page 6
				· Dout VII) Con instructions
1	Check here if the organization satisfied the Integral Part Test as a qualifying t		•	in Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must coion A - Adjusted Net Income	Jinpiet	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , , , , , , , , , , , , , , , , , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting o	rganization (see

Schedule A (Form 990) 2021

instructions)

20-8967421 Page 7 MAKING WAVES ACADEMY Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3i and 4c.

Schedule A (Form 990) 2021

8 Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule A	(Form 990) 2021	MAKING	WAVES	ACADEMY	20-8967421 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b	, 4c, 5a, 6, 9	olanations required by Part II, line 10; Part II, line 17a o a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines	r 17b; Part III, line 12; 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	lines 2 and 3; 8; and Part V	Part IV, Sect Section E, li	tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part nes 2, 5, and 6. Also complete this part for any addition	J, Section B, line 1e; Part V, nal information.
-					
-					
			$\overline{}$		

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Emp	nployer identification number
MAKING WAVES ACADEMY 20	20-8967421

	MA	KING WAVES ACADEMI	ZU-030/4ZI
Organiz	ation type (check or	ne):	
Filers of	:	Section:	
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $3$ ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check if	your organization is	covered by the General Rule or a Special Rule.	
	, ,	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General	Rule		
X	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or
	property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor's	total contributions.
Special	Rules		
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	I that received from any one
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scienal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (en instead of the contributor name and address), II, and III.	entific,
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled movere the total contributions that were received during the year for an exclusively religious applete any of the parts unless the <b>General Rule</b> applies to this organization because it rule, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>
answer '	: An organization tha 'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, requirements of Schedule B (Form 990).	orm 990), but it <b>must</b>

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Name of organization	Employer identification number
MAKING WAVES ACADEMY	20-8967421

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARIN COMMUNITY FOUNDATION  5 HAMILTON LANDING, STE 200  NAVATO, CA 94949	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN H & REGINA K SCULLY FOUNDATION  591 REDWOOD HWY FRONTAGE RD, STE 3250  MILL VALLEY, CA 94941	\$ 8,900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE RD, STE 1200  JENKINTOWN, PA 19046	s 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SCULLY, BRIAN  591 REDWOOD HWY FRONTAGE RD, STE 3250  MILL VALLEY, CA 94941	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for

Schedule B (Form 990) (2021) Page

Name of organization

Employer identification number

MAKING WAVES ACADEMY

20-8967421

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

123453 11-11-21 Schedule B (Form 990) (2021)

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** MAKING WAVES ACADEMY 20-8967421 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

MAKING WAVES ACADEMY

**Employer identification number** 20-8967421

Par	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		complete it and
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writi	ing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exc	lusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organi	ization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (	check all that apply).	
	Preservation of land for public use (for example, recreation	or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a			
b			
	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the	organization during the tax
4	year	ant is located	
4 5	Number of states where property subject to conservation easem Does the organization have a written policy regarding the periodi		
3	violations, and enforcement of the conservation easements it hol		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han		
Ū	b	raining of violations, and emoroting cons	orvation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservat	ion easements during the year
	<b>▶</b> \$	,g	
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170(r	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation e		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, n	ot to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public		•
	service, provide in Part XIII the text of the footnote to its financia	I statements that describes these items	5.
b	If the organization elected, as permitted under FASB ASC 958, to	o report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public ext	hibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasure	•	gain, provide
	the following amounts required to be reported under FASB ASC	_	
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule D (Form 990) 2021

	dule D (Form 990) 2021 MAKING  † III Organizations Maintaining C	WAVES ACAD		reasures. o	r Other	2 Similar	0-89 <b>Assets</b>	67421	Page 2
3	Using the organization's acquisition, accessi							COILLIIL	iea)
	collection items (check all that apply):	<b>,</b>	-,,	- · · · · · · · · · · · · · · · · · · ·					
а	Public exhibition	c	Loan or	xchange progra	am				
b	Scholarly research	e		3 1 3					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furthe	the organization	on's exem	ot purpose	in Part	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?			$\square$	Yes	☐ No
Par	t IV Escrow and Custodial Arran							ine 9, or	
	reported an amount on Form 990, Pa					-			
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribut	ons or other as	sets not in	cluded			
	on Form 990, Part X?						$\square$	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow of	custodial acco	unt liability	y?	🗀	Yes	No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i							_	
		(a) Current year	(b) Prior year	(c) Two yea	rs back (	<b>d)</b> Three yea	ars back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses				,				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			1					
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	-	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	red for the	organizati	on	r,	Vaa Na
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza			K?				3b	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.						
ı uı	Complete if the organization answere		) Part IV line 11s	See Form 990	) Part X lii	ne 10			
							Т	(al) Dools	value
	Description of property	(a) Cost or o		ost or other sis (other)	1 ' '	cumulated reciation		(d) Book	value
	Land		nong Da	no (Otriol)	чері	COIGLIOIT			
	Land								
	Buildings Leasehold improvements			35,813.	1	48,118	8.	287	,695.
	Equipment Equipment		-	22,400.		$\frac{10,11}{22,40}$		207	0.
	Other						<del>`                                    </del>		
	. Add lines 1a through 1e. (Column (d) must e		V column (P) Iin	1001	ı	ı		287	,695.
. J.ul		audi i Oiiii 330. Fall	A. COIGITIII (DI. III)	, 100.1					,

Schedule D (Form 990) 2021

Complete if the examination encurred "V"	on Form 000 Doubly II-	o 11h Coo Form OOO Dort V I'ms	10
Complete if the organization answered "Yes" on Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
Financial derivatives	(a) Doon raide	(c) meaned or randament o	
Closely held equity interests			
Other			
A)			
B)			
(C)			
D)			
Ε)			
F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Investments - Program Related.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and	on Form 000 Dort IV lin	a 11a Saa Farm 000 Dart V lina	10
(a) Description of investment	(b) Book value		ost or end-of-year market value
	(W) DOOK VAIUE	(c) Method of Valuation. C	oot of Grid Offyear Market value
1)			
2) 3)			
4)			
(5)			
(6)			
(7)			
(8)			
(9)			
art IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line	15. <b>(b)</b> Book value
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) [		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) [		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5)	Description		(b) Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description  15.)		(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line	Description  15.)		(b) Book value
Complete if the organization answered "Yes" (a) [1]  [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)		(b) Book value
Complete if the organization answered "Yes" of (a) I  (a) I  (b) I  (c) I  (c) I  (d) I  (e) I  (e) I  (f) I  (e) I  (f) I  (f) I  (f) I  (g) I  (h)	Description  15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability [1] Federal income taxes [2]	Description  15.)		(b) Book value
Complete if the organization answered "Yes" of (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)	Description  15.)		(b) Book value
Complete if the organization answered "Yes" (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) [3] [4]	Description  15.)		(b) Book value
Complete if the organization answered "Yes" of (a) I  1)  2)  3)  4)  5)  66  7)  88  9)  al. (Column (b) must equal Form 990, Part X, col. (B) line and X  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description  15.)		(b) Book value
Complete if the organization answered "Yes" (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability [1] Federal income taxes [2] [3] [4] [5]	Description  15.)		(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)		(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description  15.)		(b) Book value

Schedule D (Form 990) 2021

THE SCHOOL IS A NONPROFIT ENTITY EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED. THE SCHOOL IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT PURPOSES. THE SCHOOL FILES AN EXEMPT SCHOOL RETURN AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE CALIFORNIA FRANCHISE TAX BOARD.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MAKING WAVES	ACADEMY	20-8967421	Page <b>5</b>
Schedule D (Form 990) 2021 MAKING WAVES Part XIII Supplemental Information (continued)			

132055 10-28-21

### SCHEDULE E (Form 990)

(- -----

Department of the Treasury
Internal Revenue Service

Name of the organization

### **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

MAKING WAVES ACADEMY

Employer identification number 20-8967421

Pai				
	tl		T	T
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		l	
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	$\perp$
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	┖
}	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	. 3	X	L
	NONDISCRIMINATORY POLICY INCLUDED IN ALL ADVERTISEMENTS &	_		
	ENROLLMENT MATERIALS.	_		
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	Γ
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			Τ
	with student admissions, programs, and scholarships?	4c	X	
				-
d	Copies of all material used by the organization of on its benaif to solicit contributions?	4d	X	1
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d_		
d		4d	A	
d		4d	A	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:	4d 	X	
а	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	-	X	-
a b	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5a 5b	A	
a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5a 5b 5c	A	F
a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5a 5b 5c	A	
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d	X	
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f	X	
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f	X	
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g 5h	X	
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		

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

Schedule E (Form 990) 2021

Schedule E (Form 990) 2021 MAKING WAVES ACADEMY	20-8967421 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7, as
applicable. Also provide any other additional information.	
TIME C. BYDLANAMION OF COVERNMENT FINANCIAL AIR	
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
MAKING WAVES ACADEMY IS A PUBLIC CHARTER SCHOOL. THE SCHOOL	. RECETVES PER
militio mived herbani is in resource character sensour. The sensour	1 KECHIVED IEK
PUPIL FUNDING FROM THE STATE OF CALIFORNIA.	

Schedule E (Form 990) 2021

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number MAKING WAVES ACADEMY 20-8967421 Part I Questions Regarding Compensation

	·		Yes	No	
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel 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				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant  X Compensation survey or study				
	Form 990 of other organizations  X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:			Х	
	a Receive a severance payment or change-of-control payment?				
	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?				
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:	_		v	
	The organization?	5a		X	
	Any related organization?	5b			
	If "Yes" on line 5a or 5b, describe in Part III.				
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:	6-		Х	
	The organization?	6a 6b		X	
	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	UD		-25	
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х	
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		8		Х	
	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				

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

Schedule J (Form 990) 2021

20-8967421

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ALTON B. NELSON, JR.	(i)	313,358.	0.	0.	49,982.	22,264.	385,604.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) EVANGELIA WARD-JACKSON	(i)	180,134.	0.	0.	27,743.	7,664.	215,541.	0.	
SENIOR SCHOOL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) XIUSHI WEI	(i)	181,199.	0.	0.	5,544.	15,495.	202,238.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0	0.	0.	0.	
(4) ELIZABETH MARTINEZ	(i)	169,809.	0.	0.	7,841.	21,727.	199,377.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LISA DODSON	(i)	166,982.	0.	0.	4,620.	20,037.	191,639.	0.	
MANAGING DIRECTOR OF TALENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DAMON EDWARDS	(i)	146,130.	0.	0	8,539.	22,613.	177,282.	0.	
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(ii)								
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	(ii)								

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021	MAKING WAVES ACADEMY	20-8967421	Page 3
Part III Supplemental Informat			
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8,	and for Part II. Also complete this part for any additional information	on.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

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

orm 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

**Employer identification number** 

20-8967421

Department of the Treasury
Internal Revenue Service

Name of the organization

MAKING WAVES ACADEMY

FORM 990, PART VI, SECTION A, LINE 7A:

THE NUMBER OF DIRECTORS SHALL BE NO LESS THAN FIVE (5) AND NO MORE THAN

FIFTEEN (15), UNLESS CHANGED BY AMENDMENTS TO THESE BYLAWS. A BOARD SEAT

SHALL BE RESERVED AT ALL TIMES FOR A PARENT/GUARDIAN REPRESENTATIVE.

FORM 990, PART VI, SECTION A, LINE 8B:

MAKING WAVES ACADEMY HAS NO COMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AUDIT

COMMITTEE FOR APPROVAL BEFORE FILING, AND THE FULL BOARD OF DIRECTORS

APPROVES THE FORM 990 BEFORE FILING.

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

MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL

CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE

INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY

FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL

FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS

IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE

INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD DETERMINES THE CEO COMPENSATION BASED ON COMPARABILITY DATA. IT

ALSO CONSULTS WITH THE CEO ON THE COMPENSATION OF C-SUITE POSITIONS AS WELL

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 20-8967421 MAKING WAVES ACADEMY AS REVIEWS PERIODIC BENCHMARKS FOR POSITIONS ACROSS THE ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER FEES FOR SERVICES: 2,63<u>9,631</u>. PROGRAM SERVICE EXPENSES 168,565. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,808,196. OVERSIGHT FEES: 110,386. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 110,386. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,918,582. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. THE SCHOOL'S AUDIT ADVISORY COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT; AND THE SCHOOL'S FINANCE ADVISORY COMMITTEE ASSUMES THE RESPONSIBILITY FOR THE REVIEW AND COMPILATION OF ITS FINANCIAL STATEMENTS.

Schedule O (Form 990) 2021

TAXABLE YEAR

# California Exempt Organization Annual Information Return

128941 12-29-21 FORM

202	21	<b>Annual Informati</b>	on Return							199	
Calendar Yea	r 2021 or fisc	cal year beginning (mm/dd/yyyy)	07/01/2	021	, and ending	(mm/dd/yy	уу)	06	/30/20	22	
Corporation/Org	anization name					Ca	lifornia corp	oration	number		
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	mation. See inst	S ACADEMY				F	3019 EIN	452	<u> </u>		
taditional inform	nation. dec mot	adonono.					20-8	967	421		
Street address (	suite or room)					-	PMB no.				
4123 L	AKESII	DE DRIVE									
City						State	ZIP code				
RICHMO			_			CA	9480				
Foreign country	name		Foreign province/state	county!			Foreign p	ostal co	ode		
A First retu	ırn		Vac X No	I Did th	e organization hav	o any char	age to ite	auidal	inoc		
3 Amended		•	Yes X No		orted to the FTB?				_	Yes X	Лио
		1) trust			npt under R&TC S						
	rmation retu				ed in political activ					Yes X	. No
•	Dissolved	Surrendered (Withdrawn)	Merged/Reorganized	${\bf K}$ Is the	organization exem	ıpt under F	R&TC Sect	ion 23	701g? ● 🗌	Yes X	.] No
	(mm/dd/yyyy)				," enter the gross						
	-	thod: (1) Cash (2) X Accrua			organization a lim				●∟	Yes X	_ No
	eturn filed? ( Other 990 se	1) ● 990T (2) ● 990PF (3)	• Sch H ( 990)		e organization file				•	Yes X	П Ма
. ,		See instructions	Ves X No	N le the	taxable income? organization unde	r audit hy t	the IRS or	has th	 ne	162 [ZX	100
		a group exemption			idited in a prior ye					Yes X	. No
	-	arent's name?			ral Form 1023/10					Yes X	_
					led with IRS						
D											
Part I		rt I unless not required to file this fo								- F 6	2 00
	1	s sales or receipts from other sources s dues and assessments from membe						2			00
		s contributions, gifts, grants, and sim				CIMMI	1 •	3	27,3	30,63	
	1	gross receipts for filing requirement									
Receipts		line must be completed. If the result			al Information B			4	27,3	31,19	3 00
and Revenues	1	of goods sold		•	5		00				
1101011400		or other basis, and sales expenses of			6		00				
	7 Total	costs. Add line 5 and line 6						7	27 2	31,19	3 00
	1	gross income. Subtract line 7 from li expenses and disbursements. From S					_	8	26 0	(24, 22)	5 00
Expenses		expenses and disbursements. From the series of receipts over expenses and disb	, , , ,		line 8			10		306,96	
		payments						11			00
	12 Use to	ax. See General Information K					•	12			OC
		ents balance. If line 11 is more than						13			00
Filing Fee	1	ax balance. If line 12 is more than line		from line 1	2		•	14			00
	1	ties and interest. See General Inform						15			00
	Under penalti	nce due. Add line 12 and line 15. The es of perjury, I declare that I have examined ect, and complete. Declaration of preparer (c	this return, including according the then towns and the control of	mpanying so	thedules and stateme	nts, and to the	he best of m	y knowl	ledge and belief,		00
Sign	it is true, com	ect, and complete. Declaration of preparer (c	other than taxpayer) is bas	Title	rmation of which prep	Darer nas any	/ knowledge		I ● Telephone		
Here	Signature of officer	•		CEO					- relephone		
				•	Date	Check	k if		PTIN		
	Preparer's signature	MEI-LI HUANG			02/01/2	3 self-e	mployed	•	P02383		
Paid	Firm's name (or yours,	OT THEOMY 3 D COM: 7 T	DM 115						• Firm's FEIN		
Preparer's	if self-	CLIFTONLARSONALI 2210 EAST ROUTE							41-074 ● Telephone	:0/49	
Jse Only	employed) and address	GLENDORA, CA 917							1	857-7	300
	Mav the FT	B discuss this return with the prepare		instruction	IS		• X	Yes	No No	331 1	<del>5 0 0</del>
	,y 1110 i l	no proper				<u></u>		_ ,			

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Form 199 2021 Side 1

#### MAKING WAVES ACADEMY

20-8967421

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

		1	Gross sales or receipts from all bus	iness activities. See instru	ictions			1			00
		2	Interest				•	2		56	2 00
		3	Dividends				•	3			00
Rec	eipts	4	Gross rents					4			00
from	ı	5									00
Othe	er	6	Gross amount received from sale of					6			00
Soui		7	Out :	,			_	7			00
		8	Total gross sales or receipts from o					8		56	
	9 Contributions, gifts, grants, and similar amounts paid							9			00
		10						10			00
								11		859,80	
		11	Other coloring and wages	and husiees		DEE DIE		12	1 3	3,150,17	
F		12	Other salaries and wages					_		,,130,17	$\overline{}$
-	enses	13	Interest					13		177 06	00
and		14	Taxes					14	_	477,96	
	urse-	15	Rents				•	15		2,865,24	
men	its	16	Depreciation and depletion (See ins	tructions)		~~~ ~~~	•	16		18,20	
		17	Other expenses and disbursements			SEE STA	TEMENT 3 •	17		3,652,82	
			Total expenses and disbursements.					18		,024,22	5 00
Sci	hedu	ie L	Balance Sheet	Beginning of	f taxable yea			of tax	able ye	ear	
Asse				(a)		(b)	(c)	_		(d)	
						,876,150			•	5,105,	
			s receivable		4	,356,802			•	4,099,	<u>453</u>
			ceivable						•		
4	Invento	ories <sub>.</sub>							•		
			state government obligations						•		
			in other bonds						•		
7	Investr	nents	in stock						•		
8	Mortga	ige loa	ans						•		
9	Other i	nvestr	ments						•		
10	<b>a</b> Depr	reciab	le assets	542,073			458,2	$\overline{}$			
	<b>b</b> Less	accu	mulated depreciation(	236,177		305,896	( 170,51	.8)		287,	<u>695</u>
11	Land								•		
12	Other a	ıssets	STMT 4			352,959			•	310,	
					7	,891,807				9,802,	840
Liab	ilities a	and ne	et worth								
14	Accour	nts pay	yable		1	,644,814			•	2,160,	247
15	Contrib	ution	s, gifts, or grants payable						•		
16	Bonds	and n	otes payable						•		
17	Mortga	iges p	ayable						•		
18	Other li	iabiliti	es STMT 5			563,157				651,	789
19	Capital	stock	or principal fund						•		
			tal surplus. Attach reconciliation						•		
21	Retaine	ed ear	nings or income fund		5	,683,836			•	6,990,	804
22	Total li	abilit	ies and net worth		7	,891,807				9,802,	840
Scl	hedu	le M	I-1 Reconciliation of income per	books with income per re	eturn						
			Do not complete this schedule	if the amount on Schedu	le L, line 13,	column (d), is less	s than \$50,000.				
1	Net inc	ome p	oer books	• 1,306,	968 7	Income recorded	on books this year				
			me tax	1 -			is return. Attach schedul	le	•		
3	Excess	of ca	pital losses over capital gains		8	Deductions in this	s return not charged				
			recorded on books this year.			against book inco	•				
			tule	•					•		
			corded on books this year not		9		and line 8				
			this return. Attach schedule	•		Net income per re					
			ne 1 through line 5	4 226		Subtract line 9 fro				1,306,	968
				•					•	-	

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**Side 2** Form 199 2021

MAKING WAVES ACADEMY

20-8967421

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
MARIN COMMUNITY FOUNDATION	5 HAMILTON LANDING, STE 200 NAVATO, CA 94949	12/15/21	1,000,000.	
JOHN H & REGINA K SCULLY FOUNDATION	591 REDWOOD HWY FRONTAGE RD, STE 3250 MILL VALLEY, CA 94941		8,900,000.	
JP MORGAN CHARITABLE GIVING FUND	165 TOWNSHIP LINE RD, STE 1200 JENKINTOWN, PA 19046	09/28/21	100,000.	
SCULLY, BRIAN	591 REDWOOD HWY FRONTAGE RD, STE 3250 MILL VALLEY, CA 94941	11/22/21	51,772.	
TOTAL INCLUDED ON LINE 3			10,051,772.	

CA 199	COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDI	RESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ALTON B. NELS 4123 LAKESIDI RICHMOND, CA	E DRIVE	CHIEF EXECUTIVE OFFICER 50.00	405,251.
XIUSHI WEI 4123 LAKESIDI RICHMOND, CA		CHIEF FINANCIAL OFFICER 50.00	226,934.
ELIZABETH MAI 4123 LAKESIDI RICHMOND, CA	E DRIVE	CHIEF OPERATING OFFICER 50.00	227,616.
ALICA KLEIN 4123 LAKESIDI RICHMOND, CA		PRESIDENT 15.00	0.
LAYLA NARAJOI 4123 LAKESIDI RICHMOND, CA	E DRIVE	DIRECTOR 1.00	0.
ESTHER HUGO 4123 LAKESIDI RICHMOND, CA		DIRECTOR 1.00	0.
JESSICA LAUGI 4123 LAKESIDI RICHMOND, CA	E DRIVE	DIRECTOR 1.00	0.
MARGARET WATS 4123 LAKESIDI RICHMOND, CA	E DRIVE	DIRECTOR 1.00	0.
ANA BARRON 4123 LAKESIDI RICHMOND, CA		DIRECTOR 1.00	0.
JANIS GLOVER 4123 LAKESIDI RICHMOND, CA		DIRECTOR 1.00	0.
TOTAL TO FORI	M 199, PART II, LINE 11		859,801.

CA 199	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION				AMOUNT
INSTRUCTIONAL MATERIALS			•	311,642.
OTHER EXPENSES				225,164.
STUDENT TRANSPORTATION				144,118.
PENSION PLAN CONTRIBUTIONS				1,296,070.
OTHER EMPLOYEE BENEFITS				1,760,892.
LEGAL FEES				97,429.
ACCOUNTING FEES				28,088.
OTHER PROFESSIONAL FEES				2,918,582.
ADVERTISING AND PROMOTION				12,945.
OFFICE EXPENSES				530,997.
INFORMATION TECHNOLOGY				984,799.
TRAVEL				7,733.
CONFERENCES AND CONVENTIONS				95,939.
INSURANCE				238,429.
TOTAL TO FORM 199, PART II, I	LINE 17			8,652,827.
101111 10 10111 133, 11111 11, 1				
CA 199	OTHER	ASSETS		STATEMENT 4
			<b></b>	· · · · · · · · · · · · · · · · · · ·
DESCRIPTION		В	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED	D CHARGES		352,959.	310,496.
TOTAL TO FORM 199, SCHEDULE I	L, LINE 12		352,959.	310,496.
CA 199	OTHER LI	ABILITIES		STATEMENT 5
DESCRIPTION		E	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE			563,157.	651,789.
TOTAL TO FORM 199, SCHEDULE I	L, LINE 18		563,157.	651,789.
CA 199	FUND B	ALANCES		STATEMENT 6
DESCRIPTION		В	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR REST	TRICTIONS		5,683,836.	6,990,804.
TOTAL TO FORM 199, SCHEDULE I	L, LINE 21		5,683,836.	6,990,804.
				<del></del>

022 Date Acce	d DO NOT MAIL THIS FORM TO 1					
TAXABLE 1	— Calilottija e-ille netutti Authorization ioi	8453-EO				
Exempt Organ	ization name	Identifying number				
MAKINO	G WAVES ACADEMY	20-8967421				
Part I	Electronic Return Information (whole dollars only)					
1 Total	gross receipts (Form 199, line 4)	1 27,331,193				
2 Total	gross income (Form 199, line 8)					
3 Total	expenses and disbursements (Form 199, line 9)	3 26,024,225				
Part II S	Settle Your Account Electronically for Taxable Year 2021					
4E	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/d	d/yyyy)				
Part III I	Banking Information (Have you verified the exempt organization's banking information?)					
<b>5</b> Routin	g number					
	nt number 7 Type of account:	king Savings				
	Declaration of Officer he exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic					
transmitter, California el a balance du organization statements I delayed, I a  Sign Here	ties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of extronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. The return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization return is understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization return to transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization that the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.    CEO	the exempt organization's 2021 ' If the exempt organization is filing anization's fee liability, the exempt and accompanying schedules and ganization's return or refund is				
am only an in accurately reprovided the 1345, 2021 the exempt of I declare that true, correct ERO Must Fin	MEI-LI HUANG  also paid preparer  X if s emblayed	eclare, however, that form FTB 8Å53`EO tting this return to the FTB; I have equirements described in FTB Pub. return or <b>four</b> years from the date paid preparer, under penalties of perjury,				
	daddress 2210 EAST ROUTE 66					
	GLENDORA, CA	ZIP code 91740				
Under penal and belief, th	ties of perjury, I declare that I have examined the above organization's return and accompanying schedules and stateme ney are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	ents, and to the best of my knowledge				

FTB 8453-EO 2021

Paid preparer's PTIN

Firm's FEIN

ZIP code

Paid

Sign

Preparer Must

Date

Check if self-employed

Paid preparer's signature

Firm's name (or yours

if self-employed) and address

## Coversheet

# Approval of engagement of CLA as independent auditors for forthcoming audit

Section: II. Audit Committee Meeting

Item: B. Approval of engagement of CLA as independent auditors for

forthcoming audit

Purpose: Discuss

Submitted by:

Related Material: Statement of Work - Audit Services.pdf



CliftonLarsonAllen LLP https://www.claconnect.com

## Statement of Work - Audit Services

February 14, 2023

This document constitutes a statement of work ("SOW") under the master service agreement ("MSA") dated September 11, 2022, or superseding MSA, made by and between CliftonLarsonAllen LLP ("CLA," "we," "us," and "our") and Making Waves Academy ("you," "your," or "the entity"). We are pleased to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services CLA will provide for the entity as of and for the year ended June 30, 2023.

Lili Huang is responsible for the performance of the audit engagement. Per Education Code Section 41020(f)(2), there is a limit of six consecutive years for any firm where the principal of the audit and the reviewing principal have been the same in each of those years. This is the fourth consecutive year Lili Huang will be the engagement principal.

#### Scope of audit services

We will audit the financial statements of Making Waves Academy, which comprise the financial statements identified below, and the related notes to the financial statements (collectively, the "financial statements").

The statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

We will also evaluate and report on the presentation of the following supplementary information accompanying the financial statements in relation to the financial statements as a whole:

Schedule of Expenditures of Federal Awards
Schedule of Instructional Time
Schedule of Average Daily Attendance
Reconciliation of Annual Financial Report With Audited Financial Statements

The following supplementary information accompanying the financial statements will not be subjected to the auditing procedures applied in our audit of the financial statements and our auditors' report will not provide an opinion or any assurance on that information:

Local Education Agency Organization Structure

#### **Nonaudit services**

We will also provide the following nonaudit services:

- · Preparation of your financial statements and the related notes.
- · Preparation of the supplementary information.
- · Preparation of adjusting journal entries, as needed.
- · Preparation of the Data Collection Form.
- · Preparation of the informational tax returns.

#### **Audit objectives**

The objectives of our audit of the financial statements are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP). Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Our audit will be conducted in accordance with U.S. GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) and the 2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting, published by the Education Audit Appeals Panel.. Those standards require us to be independent of the entity and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. Our audit will include tests of your accounting records, a determination of major program(s) in accordance with the Uniform Guidance, and other procedures we consider necessary to enable us to express opinions and render the required reports.

We will also perform procedures to enable us to express an opinion on whether the supplementary information (as identified above) accompanying the financial statements is fairly stated, in all material respects, in relation to the financial statements as a whole.

The objectives of our audit also include:

- Reporting on internal control over financial reporting and on compliance with the provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Reporting on internal control over compliance related to major programs and expressing an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of

federal awards that could have a direct and material effect on each major program in accordance with the Uniform Guidance.

- Reporting on compliance related to state programs and expressing an opinion (or disclaimer of opinion) on compliance with the laws and regulations of the state programs in accordance with the requirements of the 2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting

The Government Auditing Standards report on internal control over financial reporting and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) that the report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the entity's internal control and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

We will issue written reports upon completion of our audit of your financial statements and compliance with requirements applicable to major programs.

Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph to our auditors' report, or if necessary, withdraw from the engagement. If our opinions on the financial statements or compliance are other than unmodified, we will discuss the reasons with you in advance. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of the financial statements or material noncompliance caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming an opinion on the financial statements or an opinion on compliance, we retain the right to take any course of action permitted by professional standards, including declining to express opinions or issue reports, or withdrawing from the engagement.

We also will issue a written report on state compliance upon completion of our audit.

#### Auditor responsibilities, procedures, and limitations

We will conduct our audit in accordance with U.S. GAAS, the standards for financial audits contained in *Government Auditing Standards*, and the Uniform Guidance.

Those standards require that we exercise professional judgment and maintain professional skepticism throughout the planning and performance of the audit. As part of our audit, we will:

· Identify and assess the risks of material misstatement of the financial statements and material

noncompliance, whether due to fraud or error, design and perform audit procedures responsive to those risks, and evaluate whether audit evidence obtained is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement or a material noncompliance resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements, including the amounts and disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Conclude, based on our evaluation of audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable period of time.

Although our audit planning has not been concluded and modifications may be made, we have identified the following significant risk(s) of material misstatement as part of our audit planning:

- Override of Management Controls
- Revenue Recognition

There is an unavoidable risk, because of the inherent limitations of an audit, together with the inherent limitations of internal control, that some material misstatements or noncompliance may not be detected, even though the audit is properly planned and performed in accordance with U.S. GAAS, Government Auditing Standards, and the Uniform Guidance. Because we will not perform a detailed examination of all transactions, material misstatements, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity, may not be detected. Because the determination of waste and abuse is subjective, Government Auditing Standards do not require auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management and those charged with governance of any material errors, fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management and those charged with governance of any violations of laws or governmental regulations that come to our attention, unless clearly

inconsequential. We will include such matters in the reports required for a single audit.

Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting fraud or errors that are material to the financial statements and to preventing and detecting misstatements resulting from noncompliance with provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify deficiencies, significant deficiencies, or material weaknesses in internal control. However, we will communicate to you in writing significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we identify during the audit that are required to be communicated under AICPA professional standards, Government Auditing Standards, and the Uniform Guidance.

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the entity's compliance with the provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to Government Auditing Standards.

We will include in our report on internal control over financial reporting and on compliance relevant information about any identified or suspected instances of fraud and any identified or suspected noncompliance with provisions of laws, regulations, contracts, or grant agreements that may have occurred that are required to be communicated under Government Auditing Standards.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal statutes, regulations, and the terms and conditions of federal awards that may have a direct and material effect on each of the entity's major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the "OMB Compliance Supplement" for the types of compliance requirements that could have a direct and material effect on each of the entity's major programs. The purpose of these procedures will be to express an opinion on the entity's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

We will evaluate the presentation of the schedule of expenditures of federal awards accompanying the financial statements in relation to the financial statements as a whole. We will make certain inquiries of management and evaluate the form, content, and methods of preparing the schedule to determine whether the information complies with U.S. GAAP and the Uniform Guidance, the method of preparing it has not

changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We will compare and reconcile the schedule to the underlying accounting records and other records used to prepare the financial statements or to the financial statements themselves.

Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

#### **Management responsibilities**

Our audit will be conducted on the basis that you (management and, when appropriate, those charged with governance) acknowledge and understand that you have certain responsibilities that are fundamental to the conduct of an audit.

You are responsible for the preparation and fair presentation of the financial statements and the schedule of expenditures of federal awards in accordance with U.S. GAAP. Management is also responsible for identifying all federal awards received, understanding and complying with the compliance requirements, and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in accordance with the requirements of the Uniform Guidance.

Management's responsibilities include the selection and application of accounting principles; recording and reflecting all transactions in the financial statements; determining the reasonableness of significant accounting estimates included in the financial statements; adjusting the financial statements to correct material misstatements; and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is responsible for compliance with applicable laws and regulations and the provisions of contracts and grant agreements, including compliance with federal statutes, regulations, and the terms and conditions of federal awards applicable to the entity's federal programs. Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

You are responsible for the design, implementation, and maintenance of effective internal control, including internal control over compliance, relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including evaluating and monitoring ongoing activities and safeguarding assets to help ensure that appropriate goals and objectives are met; and that there is reasonable assurance that government programs are administered in compliance with compliance requirements.

You are responsible for the design, implementation, and maintenance of internal controls to prevent and detect fraud; assessing the risk that the financial statements may be materially misstated as a result of fraud; and for informing us about all known or suspected fraud affecting the entity involving (1)

management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for implementing systems designed to achieve compliance with applicable laws and regulations and the provisions of contracts and grant agreements, including compliance with federal statutes, regulations, and the terms and conditions of federal awards applicable to the entity's federal programs; identifying and ensuring that the entity complies with applicable laws, regulations, contracts, and grant agreements, including compliance with federal statutes, regulations, and the terms and conditions of federal awards applicable to the entity's federal programs; and informing us of all instances of identified or suspected noncompliance whose effects on the financial statements should be considered.

You are responsible for taking timely and appropriate steps to remedy any fraud; noncompliance with provisions of laws, regulations, contracts, or grant agreements; or abuse that we may report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings; and to follow up and take prompt corrective action on reported audit findings and to prepare a summary schedule of prior audit findings and a corrective action plan. The summary schedule of prior audit findings should be available for our review.

You are responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, including amounts and disclosures, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters, and for the accuracy and completeness of that information (including information from within and outside of the general and subsidiary ledgers), and for ensuring management information and financial information is reliable and properly reported; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance; (3) additional information that we may request for the purpose of the audit; and (4) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

You agree to inform us of events occurring or facts discovered subsequent to the date of the financial statements that may affect the financial statements.

You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal awards that includes our report thereon or make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is fairly presented in accordance

with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

Management is responsible for the preparation and fair presentation of other supplementary information in accordance with U.S. GAAP. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon or make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. You agree to provide us written representations related to the presentation of the supplementary information.

Management is responsible for providing us with a written confirmation concerning representations made by you and your staff to us in connection with the audit. During our engagement, we will request information and explanations from you regarding, among other matters, the entity's operations, internal control, future plans, specific transactions, and accounting systems and procedures. The procedures we will perform during our engagement and the conclusions we reach as a basis for our report will be heavily influenced by the representations that we receive in the representation letter and otherwise from you. Accordingly, inaccurate, incomplete, or false representations could cause us to expend unnecessary effort or could cause a material fraud or error to go undetected by our procedures. In view of the foregoing, you agree that we shall not be responsible for any misstatements in the entity's financial statements that we may fail to detect as a result of misrepresentations made to us by you.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies to us of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the "Audit objectives" section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other engagements or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions for the report, and for the timing and format for providing that information.

#### Responsibilities and limitations related to nonaudit services

For all nonaudit services we may provide to you, management agrees to assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, and/or experience to understand and oversee the services; evaluate the adequacy and results of the services; and accept responsibility for the results of the services.

Management is also responsible for ensuring that your data and records are complete and that you have received sufficient information to oversee the services.

#### Use of financial statements

Should you decide to include or incorporate by reference these financial statements and our auditors'

report(s) thereon in a future private placement or other offering of equity or debt securities, you agree that we are under no obligation to re-issue our report or provide consent for the use of our report in such a registration or offering document. We will determine, at our sole discretion, whether we will re-issue our report or provide consent for the use of our report only after we have performed the procedures we consider necessary in the circumstances. If we decide to re-issue our report or consent to the use of our report, we will be required to perform certain procedures including, but not limited to, (a) reading other information incorporated by reference in the registration statement or other offering document and (b) subsequent event procedures. These procedures will be considered an engagement separate and distinct from our audit engagement, and we will bill you separately. If we decide to re-issue our report or consent to the use of our report, you agree that we will be included on each distribution of draft offering materials and we will receive a complete set of final documents. If we decide not to re-issue our report or decide to withhold our consent to the use of our report, you may be required to engage another firm to audit periods covered by our audit reports, and that firm will likely bill you for its services. While the successor auditor may request access to our workpapers for those periods, we are under no obligation to permit such access.

If the parties (i.e., you and CLA) agree that CLA will not be involved with your official statements related to municipal securities filings or other offering documents, we will require that any official statements or other offering documents issued by you with which we are not involved clearly indicate that CLA is not involved with the contents of such documents. Such disclosure should read as follows:

CliftonLarsonAllen LLP, our independent auditor, has not been engaged to perform and has not performed, since the date of its report included herein, any procedures on the financial statements addressed in that report. CliftonLarsonAllen LLP also has not performed any procedures relating to this offering document.

With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your website or submitted on a regulator website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in those sites or to consider the consistency of other information in the electronic site with the original document.

We may issue preliminary draft financial statements to you for your review. Any preliminary draft financial statements should not be relied on or distributed.

#### **Engagement administration and other matters**

We expect to begin our audit on approximately May 1, 2023.

We understand that your employees will prepare all confirmations, account analyses, and audit schedules we request and will locate any documents or invoices selected by us for testing. A list of information we expect to need for our audit and the dates required will be provided in a separate communication.

At the conclusion of the engagement, we will complete the auditor sections of the electronic Data Collection Form SF-SAC and perform the steps to certify the Form SF-SAC and single audit reporting package. It is management's responsibility to complete the auditee sections of the Data Collection Form. We will create

the single audit reporting package PDF file for submission; however, it is management's responsibility to review for completeness and accuracy and electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditors' reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse and, if appropriate, to pass-through entities. The Data Collection Form and the reporting package must be electronically submitted within the earlier of 30 calendar days after receipt of the auditors' reports or nine months after the end of the audit period.

We will provide copies of our reports to the entity; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing confidential or sensitive information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the sole and exclusive property of CLA and constitutes confidential and proprietary information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to California Department of Education, California State Controllers Office, and authorizer(s), or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of CLA personnel. Furthermore, upon request, we may provide copies or electronic versions of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by the California Department of Education, California State Controllers Office, and authorizer(s). If we are aware that a federal or state awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Professional standards require us to be independent with respect to you in the performance of these services. Any discussion that you have with our personnel regarding potential employment with you could impair our independence with respect to this engagement. Therefore, we request that you inform us prior to any such discussions so that we can implement appropriate safeguards to maintain our independence and objectivity. Further, any employment offers to any staff members working on this engagement without our prior knowledge may require substantial additional procedures to ensure our independence. You will be responsible for any additional costs incurred to perform these procedures.

Our audit engagement ends on delivery of our signed report. Any additional services that might be requested will be a separate, new engagement. The terms and conditions of that new engagement will be governed by a new, specific SOW for that service.

Government Auditing Standards require that we make our most recent external peer review report publicly available. The report is posted on our website at www.CLAconnect.com/Aboutus/.

#### **Fees**

Our professional fees are detailed in the table below. We will also bill for expenses (including travel, internal and administrative charges) plus a technology and client support fee of five percent (5%) of all professional fees billed. This estimate is based on anticipated cooperation from your personnel and their assistance with locating requested documents and preparing requested schedules. If the requested items are not available on the dates required or are not accurate, the fees and expenses will likely be higher. Our invoices, including applicable state and local taxes, will be rendered each month as work progresses and are payable on presentation. There is a ten percent withholding clause per Education Code 14505. Service Service

Audit services, includes procedures for one major federal program (if additional programs are required to be tested they will be billed at \$6,500 per additional program)	\$25,500
Data Collection Form SF-FAC and single audit reporting package	\$1,050
Informational tax returns	\$3,500
Technology and client support fee	\$1,510
Total	\$31,560

Additional state compliance procedures related to changes to the 2022-2023 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting, published by the Education Audit Appeals Panel will be billed as out-of-scope.

#### **Unexpected circumstances**

We will advise you if unexpected circumstances require significant additional procedures resulting in a substantial increase in the fee estimate.

#### Changes in accounting and audit standards

Standard setters and regulators continue to evaluate and modify standards. Such changes may result in new or revised financial reporting and disclosure requirements or expand the nature, timing, and scope of the activities we are required to perform. To the extent that the amount of time required to provide the services described in the SOW increases due to such changes, our fee may need to be adjusted. We will discuss such circumstances with you prior to performing the additional work.

#### Agreement

We appreciate the opportunity to provide to you the services described in this SOW under the MSA and believe this SOW accurately summarizes the significant terms of our audit engagement. This SOW and the MSA constitute the entire agreement regarding these services and supersedes all prior agreements (whether oral or written), understandings, negotiations, and discussions between you and CLA related to audit

services. If you have any questions, please let us know. Please sign, date, and return this SOW to us to indicate your acknowledgment and understanding of, and agreement with, the arrangements for our audit of your financial statements including the terms of our engagement and the parties' respective responsibilities.

Sincerely,

#### CliftonLarsonAllen LLP

#### **Response:**

This letter correctly sets forth the understanding of Making Waves Academy.

<b>CLA</b> CLA	Client ORG:		
Lili Huang	NAME:		
Lili Huang, Principal	TITLE:		
	SIGN:		
	DATE:		