

Return of Organization Exempt From Income Tax

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

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

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization WAVE ACADEMY
Doing business as HEALING WAVE AQUATICS
Number and street (or P.O. box if mail is not delivered to street address) 2657 Ariane Drive
Room/suite
City or town San Diego **State** CA **ZIP code** 92117
Foreign country name _____ **Foreign province/state/county** _____ **Foreign postal code** _____

D Employer identification number 36-4690777
E Telephone number 619-701-7776
G Gross receipts \$ 819,918

F Name and address of principal officer:
 Elizabeth Berg 4699 Murphy Canyon Rd Ste 209, San Diego, CA 92123

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number _____

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.waveacademy.org

K Form of organization: Corporation Trust Association Other
L Year of formation: 2010 **M State of legal domicile:** CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To support individual wellness and management of complex stress through aquatic therapy.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	974,513	814,563
	9 Program service revenue (Part VIII, line 2g)	0	4,750
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31	197
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100	408
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	974,644	819,918
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	232,568	312,598
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	89,704	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	141,816	332,279
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	374,384	644,877	
19 Revenue less expenses. Subtract line 18 from line 12	600,260	175,041	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 987,539	End of Year 1,662,365
	21 Total liabilities (Part X, line 26)	67,549	567,334
	22 Net assets or fund balances. Subtract line 21 from line 20	919,990	1,095,031

Part II Signature Block

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

Sign Here
 Signature of officer: Elizabeth Berg Date: _____
 Type or print name and title: Executive Director

Paid Preparer Use Only
 Print/Type preparer's name: Leonard C Sonnenberg Preparer's signature: Leonard C Sonnenberg Date: 9/20/2023 Check if self-employed PTIN: P00287581
 Firm's name: Sonnenberg & Company CPAs Firm's EIN: 95-3749711
 Firm's address: 5190 Governor Dr, #201, San Diego, CA 92122 Phone no.: 858-457-5252