			*	* PUBL	IC DISCLOSURE (	COPY **				
	0		Return o	f Orga	nization Exempt	t From	Incom	ne Tax	OMB	No. 1545-0047
Forr	<b>" 9</b> 9	4U		•	7(a)(1) of the Internal Rever				ns) <b>2</b>	<b>N21</b>
					ecurity numbers on this for					
		the Treasury Je Service			/Form990 for instructions	-		-		n to Public spection
			lar year, or tax year be			nd ending				opeenen
_				<u>99</u> ~	u	ind chiding	· · ·		aation num	
	heck if pplicable:		of organization		BAV		D Ewt	oloyer identifi	cation num	ber
_	Address	3 3003	WISH FOUNDATION	OF GREATE	A DAI					
-	_change Name						-	94-2958481		
	]change ∃Initial		ousiness as							
	_return  Final		r and street (or P.O. box i	if mail is not de	elivered to street address)	Room/suit		phone numbe		
	return/ termin-		BROADWAY			200		5-982-9474		
	ated Amende	and the second se		country, and	ZIP or foreign postal code			receipts \$		14,707,712.
	return	OAKLAN	ND, CA 94612					this a group r		
	Applica- tion pending		and address of principal	officer: CHAR	LOTTE BIERN		foi	r subordinates	s? []	Yes 🔟 No
	· · ·	SAME AS	C ABOVE				H(b) Are	e all subordinates i	ncluded?	Yes 🔛 No
				1(c) (	) 🗲 (insert no.) 📃 4947(a)	(1) or 📃 52	27 If '	"No," attach a	list. See ins	tructions
			DRG/GREATERBAY				<b>H(c)</b> Gr	oup exemptio	n number 🕨	▶
<u>k</u> F	orm of c	organization: [	X Corporation	Frust 🗌 A	ssociation 📃 Other 🕨	L Yea	ar of formati	on: 1984 🛛	<b>V</b> State of leg	al domicile: CA
Pa	rt I	Summary	1							
	1 E	Briefly describ	be the organization's mi	ssion or most	significant activities: TOGE	THER, WE O	CREATE			
JCe					H CRITICAL ILLNESSES.					
naı	2	Check this bo	ox 🕨 🔝 if the organ	nization disco	ntinued its operations or dis	posed of mor	re than 25%	% of its net as	sets.	
Governance	3 N	Number of vo	ting members of the go	verning body	(Part VI, line 1a)			3		22
ő					verning body (Part VI, line 1b					22
Activities &					year 2021 (Part V, line 2a)					38
itie					······					800
Stiv					olumn (C), line 12					0.
Ă					990-T, Part I, line 11					0.
								r Year	Curre	ent Year
	<b>8</b> C	Contributions	and grants (Part VIII lin	ne 1h)				7,744,795.		7,637,690.
Revenue			ice revenue (Part VIII, lir					4,400.		16,600.
ver			come (Part VIII, column				1,077,284.		270,070.	
Re					, and 70,			-20,520.		-32,767.
					Part VIII, column (A), line 12			8,805,959.		7,891,593.
			milar amounts paid (Par					1,027,172.		2,224,290.
			to or for members (Part	-	, , , , , , , , , , , , , , , , , , , ,			0.		0.
		-						2,597,677.		3,080,090.
ses					Part IX, column (A), lines 5-10			<u>2,337,077.</u> 0.		0.
Expenses					line 11e) le 25) ▶ 1,16			0.		
хp			ing expenses (Part IX, c					1 461 200		1 622 227
-					, 11f-24e)			1,461,398.		1,623,327.
					X, column (A), line 25)			5,086,247.		6,927,707.
		Revenue less	expenses. Subtract line	e 18 from line	12	1		3,719,712.		963,886.
t Assets or d Balances						LE		f Current Year		of Year
set	<b>20</b> T		, , , , , , , , , , , , , , , , , , , ,			L		0,570,043.	1	10,197,381.
t As								1,129,996.		850,444.
Fund				t line 21 from	line 20			9,440,047.		9,346,937.
		Signature								
					, including accompanying sched				y knowledge a	nd belief, it is
true,	correct,			other than offic	er) is based on all information of	f which prepare	er has any k	nowledge.		
			arlotte Biern					7/5/20	23	
Sigr	ו ו	\$ignatur	AF3346EB76458					Date		
Here	e	CHARLO	OTTE BIERN, CEO							
_		Type or p	print name and title							
		Print/Type pre	parer's name		Preparer's signature		Date	Check	PTIN	
Paid		ELISSA HA			MELISSA HANGSLEBEN		07/05/23	if self-employ	yed P02087	031
Prep	-	Firm's name	CLIFTONLARSONA	LLEN LLP				Firm's EIN	41-0746	749
Use	- F	Firm's address			ITE 2300					
			PHOENIX, AZ 85					Phone no. (60	2) 266-22	248
Mav	the IR	S discuss this	s return with the prepar		ve? See instructions				X Y	
	01 12-09-				ce, see the separate instruc	ctions.				rm <b>990</b> (2021)
										()

	MAKE-A-WISH FOUNDATION OF GREATER BAY		
Form	990 (2021) AREA	94-2958481	Page <b>2</b>
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	. <u></u>	X
1	Briefly describe the organization's mission:		
	THE MAKE-A-WISH FOUNDATION OF GREATER BAY AREA CREATES LIFE-CHANGING		
	WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🗴 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?	Y	es 🗴 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 n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:         ) (Expenses \$ 3,906,665.         including grants of \$ 2,224,290.         ) (Revenue	÷\$	16,600.)
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue	÷\$	)
			/
4c		e\$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue	)\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 3,906,665.		
		Forr	n <b>990</b> (2021)
13200	2 12-09-21		

	990 (2021) AREA 94-29584 t IV Checklist of Required Schedules	81	Р	age <b>3</b>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
-	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			
	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			
_	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,	_		
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	<i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<b>-</b>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		X
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	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	А	<u> </u>
IZd	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	120		
	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		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	· · · · · · · · · · · · · · · · · · ·			
	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,			
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		v	
10	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? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
132003	12-09-21		990	(2021)

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Form	990 (2021) AREA 94-29584	81	P	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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	<u> </u>	X
	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	040		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified percenduring the versa 4 where th	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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,			
	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		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
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	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	──	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	──	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	──	──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 a				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
<b>.</b>	Enter the number reported in box 3 of Form 1096 Enter $0$ if not applicable $3$	3	Yes	No
		0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С		1-	x	
10000	(gambling) winnings to prize winners?	1c	<b>990</b>	(2021)
132004	12-09-21	run	,000	(2021)

Form	990 (2021) AREA 94-295848	1	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-fi/e}$ . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	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			<u> </u>
чa		4a		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		
a	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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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?	<u>5c</u>		
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?	<u>6a</u>		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).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
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			
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
		9a		
a L				<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	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 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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.			
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.			
132005	5 12-09-21 5	Form	990	(2021)

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	MAKE A WIGH FOUNDATION OF GREATER DAT					
	990 (2021) AREA		94-29584		Р	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th			"No" ı	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See II	nstructions.			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				N.	
4.		4	22		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		-		
	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	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
2	affin an all a star bracks a star star and a star a			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
Ŭ				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		x
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned a	t the			
	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 Rev	enue	Code.)		1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters	, affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	-, -			v	
	on Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a	x	
	The organization's CEO, Executive Director, or top management official			15a	x	
U	Other officers or key employees of the organization			150		
169	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	ith a			
104	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ECA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	1 990	-T (section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			.,		
	X Own website Another's website X Upon request Other (explain of	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	s and	d records			
	LYNNE DURIE - 415-402-2771					
	1333 BROADWAY, 200, OAKLAND, CA 94612					
132006	12-09-21			Form	1 <b>990</b>	(2021)
	б					

Form 990 (	(2021) AREA	94-2958481 P	age 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest 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 Employe	es	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar ye	ar ending with or within the organization's tax	x 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 nor any related organization compensated any current officer, director, or trustee.

		l ga	πzα				ioan			
(A)	(B)	<b>(C)</b> Position						(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					is both pr/trus		compensation	compensation	amount of
	week (list any					1	,	from the	from related	other
	hours for	Individual trustee or director						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or o	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	idual	Institutional trustee	5	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			
(1) CHARLOTTE BIERN	40.00									
CEO				х				278,011.	٥.	23,186.
(2) DENNIS SCHRAG	40.00									
SENIOR DIRECTOR OF INDIVIDUAL GIVING						x		178,348.	0.	13,824.
(3) LYNNE DURIE	40.00									
<u>coo</u>				х				151,506.	0.	16,359.
(4) ALLIE REYNOLDS	40.00									
SENIOR DIRECTOR OF CORPORATE DEV.						Х		148,804.	0.	13,359.
(5) LINDA ANDERBERG	40.00									
MARKETING & COMMUNICATIONS DIRECTOR						Х		130,792.	0.	13,707.
(6) SUSANNA FALK	40.00									
PROGRAM DIRECTOR						х		124,839.	0.	14,900.
(7) CHLOE MECUM	40.00									
EVENTS DIRECTOR						Х		108,958.	0.	11,950.
(8) MARTI POZZI	5.00									
CHAIR		Х		х				0.	0.	Ο.
(9) KATE SHROUT	5.00									
VICE CHAIR/SECRETARY		х		х				0.	0.	0.
(10) GEORGE MADRIGAL	5.00									
TREASURER		Х		х				0.	0.	0.
(11) CATHERINE AKER	5.00									
DIRECTOR		Х						0.	0.	0.
(12) ASH BARAGHOUSH	5.00									
DIRECTOR		Х						0.	0.	0.
(13) KARA BAYSINGER	5.00									
DIRECTOR		Х						0.	0.	Ο.
(14) DANA GREEN	5.00									
DIRECTOR		х						0.	٥.	0.
(15) CHARLES HALLADAY	5.00									
DIRECTOR		х						0.	0.	0.
(16) PETER HILLIARD	5.00									
DIRECTOR		х						0.	0.	0.
(17) JOSEPH HURWICH	5.00									
DIRECTOR		х			L			0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

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132007 12-09-21

Form 990 (2021)

10290705 131839 A195136

Form 990 (2021) AREA	FOUNDATION	•-	0112						94-29	5848	1	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			sitior more		one	Reportable	Reportable		Es	stimate	ed
	hours per	box	(do not check more th box, unless person is officer and a director/				n an	compensation	compensatio	n	ar	nount	of
	week		Cer ar		arecu	or/trus	lee)	from	from related			other	
	(list any hours for					organization			pensa				
	related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	»C/		om th	
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)			anizat d relat	
	below	dual t	nstitutional trustee		nploy	st cor	5					anizati	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				5		
(18) ALLEGRA JONES	5.00												
DIRECTOR		х						0.		٥.			0.
(19) BEN KOCHALSKI	5.00												
DIRECTOR		Х						0.		٥.			٥.
(20) ASHUTOSH KULKARNI	5.00												
DIRECTOR		Х						0.		0.			٥.
(21) LAWRENCE NIBBI	5.00												
DIRECTOR		Х						٥.		٥.			0.
(22) BERYL POTTER	5.00												
DIRECTOR		Х						٥.		٥.			0.
(23) RANI RADHAKRISHNAN	5.00												
DIRECTOR		Х						0.		٥.			0.
(24) RAGHU RAGHURAM	5.00												
DIRECTOR		Х						0.		0.			0.
(25) MANTRA ROBINSON	5.00												
DIRECTOR		Х						0.		0.			0.
(26) TIFFANY LOREN ROWE	5.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal								1,121,258.		٥.		107,	285.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			٥.
d Total (add lines 1b and 1c)								1,121,258.		0.		107,	285.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wh	io re	eceived more than \$100,	000 of reportable	9			
compensation from the organization													7
										ſ		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,				•									
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a											_		77
rendered to the organization? If "Yes," com	<u>iplete Schedul</u>	e J f	or sı	ıch	pers	son					5		X
Section B. Independent Contractors									400.000 (				
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	Densal		וווכ	
(A)		care	nui	ig w				(B)			(0	<u>וי</u>	
رحی Name and business	address	NO	NE					Description of s	ervices	С		<b>^,</b> nsatio	n

2 Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 of compensation from the organization
 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

132008 12-09-21

Form 990 AREA									94-29584	181
	Trustees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average hours	(c	Position heck all that apply)				ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) JENNIFER SHAPPLEY	5.00									
DIRECTOR		Х						0.	0.	
28) JOHN SUN DIRECTOR	5.00	x						0.	0.	
29) EUGENE WADE	5.00	^						0.	0.	
DIRECTOR	5.00	x						0.	0.	
		1								
		-								
		-								
		<u> </u>								
		-								
			-							
		-								
		1								
	1	1	1	I	1					

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	<u>1 990 (</u> rt VII	(2021) AREA	UNDATION OF GREATE	IN DAI		94-295848	1 Page 9
га	1 L V II						
		Check if Schedule O contains a res	ponse or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns 1a	a 15,650.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 11	<b>b</b>				
s, G	с	Fundraising events1	486,463.				
Gift: lar /	d	Related organizations 10					
imi	е	Government grants (contributions)	455,700.				
tior S	f	All other contributions, gifts, grants, and					
Dtho		similar amounts not included above 11					
onti od (	g		\$ 680,456.	7 (27 (00			
ũ ũ	h	Total. Add lines 1a-1f		7,637,690.			
	•	WISH ASSIST FEES	Business Code 900099	16,600.	16,600.		
rice	2 a			10,000.	10,000.		
serv ue	b						
m S ven	c d						
Program Service Revenue	e u						
Pro	f						
	g			16,600.			
	3	Investment income (including dividends					
		other similar amounts)	►	161,272.			161,272.
	4	Income from investment of tax-exempt	bond proceeds 🛛 🕨				
	5	Royalties	►				
		(i) R	eal (ii) Personal				
	6 a	Gross rents 6a					
	b						
	С	· · · <u> </u>					
	_ d	( , ,					
	7 a	Gross amount from sales of (i) Secu					
	h	assets other than inventory <b>7a</b> 6,670 Less: cost or other basis	,011.				
e	D	and sales expenses <b>7b</b> 6, 561	213.				
enue	~		,798.				
Seve		Net gain or (loss)		108,798.			108,798.
Other Rev		Gross income from fundraising events (not					,
Oth	•	including \$ 486,463					
		contributions reported on line 1c). See					
		Part IV, line 18	<b>8a</b> 213,113.				
	b	Less: direct expenses					
	С	Net income or (loss) from fundraising ev	vents 🕨	-41,793.			-41,793.
	9 a	Gross income from gaming activities. S					
		Part IV, line 19					
		Less: direct expenses		0.500			0.500
		Net income or (loss) from gaming activi	ties 🕨	8,780.			8,780.
	10 a	Gross sales of inventory, less returns	10-				
	h	and allowances					
		Less: cost of goods sold Net income or (loss) from sales of inven					
	U	The meetine of (1055) from Sales of 11001	Business Code				
snc	11 a	OTHER REVENUE	900099	246.			246.
Duec	b						
evenue	c						
Miscellaneous Revenue		All other revenue					
2		Total. Add lines 11a-11d		246.			
	12	Total revenue. See instructions		7,891,593.	16,600.	0.	237,303.

132009 12-09-21

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10 2021.06000 MAKE-A-WISH FOUNDATION OF A1951361

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Form 990 (2021)

	MAKE-A-WISH FOUNDA	ATION OF GREATER B	AY		
	990 (2021) AREA	-		94-295	8481 Page <b>10</b>
	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	2,224,290.	2,224,290.		
3	Grants and other assistance to foreign	, , ,	, , .		
Ū	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	514,432.	164,861.	213,612.	135,959.
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	2,127,284.	681,737.	883,331.	562,216.
8	Pension plan accruals and contributions (include			ż	·
	section 401(k) and 403(b) employer contributions)	60,177.	19,285.	24,988.	15,904.
9	Other employee benefits	187,972.	60,240.	78,052.	49,680.
10	Payroll taxes	190,225.	60,962.	78,988.	50,275.
11	Fees for services (nonemployees):				
а	Management	47,869.	4,602.	30,381.	12,886.
b	Legal				
с	Accounting	93,100.	641.	80,050.	12,409.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	29,598.		29,598.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4,429.			4,429.
13	Office expenses	133,996.	79,840.	29,901.	24,255.
14	Information technology	44,611.	7,844.	17,358.	19,409.
15	Royalties				
16	Occupancy	586,043.	187,811.	243,346.	154,886.
17	Travel	3,990.	175.	1,274.	2,541.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,789.	1,191.	18,532.	13,066.
20	Interest	3,178.	310.	2,612.	256.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,309.	8,431.	10,925.	6,953.
23	Insurance	1,405.	1,405.		
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.)				
а	CHAPTER DUES	557,596.	401,469.	83,639.	72,488.
b	MISCELLANEOUS EXPENSE	28,824.		28,824.	
с	MERCHANT FEES	22,088.			22,088.
d	MEMBERSHIP DUES	7,502.	1,571.	3,575.	2,356.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,927,707.	3,906,665.	1,858,986.	1,162,056.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Check here for the following SOP 98-2 (ASC 958-720)				
			1		000

132010 12-09-21

Form 990 (2021)

m	990 (2					94-29	58481 Page
arl	t X	Balance Sheet					¥
		Check if Schedule O contains a response or note	e to any lin	e in this Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,483,603.	1	1,259,76
	2	Savings and temporary cash investments			2,850,155.	2	1,838,61
	3	Pledges and grants receivable, net			924,833.	3	1,522,63
		Accounts receivable, net			Ο.	4	1,84
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied person				
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			25,866.	8	27,31
	9				210,353.	9	195,08
		Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	261,380.			
	b	Less: accumulated depreciation		175,871.	80,698.	10c	85,50
	11	Investments - publicly traded securities	4,880,162.	11	5,140,63		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	114,373.	15	125,9		
	16	Total assets. Add lines 1 through 15 (must equa	10,570,043.	16	10,197,3		
	17	Accounts payable and accrued expenses	382,161.	17	506,60		
	18	Grants payable		18			
	19	Deferred revenue				19	14,35
	20	Tax-exempt bond liabilities				20	·
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated			455,700.	24	
		Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	292,135.	25	329,49		
	26	Total liabilities. Add lines 17 through 25			1,129,996.	26	850,44
		Organizations that follow FASB ASC 958, che	ck here	X	, ,		,
		and complete lines 27, 28, 32, and 33.		—			
	27	Net assets without donor restrictions	6,463,419.	27	5,894,39		
	28	Net assets with donor restrictions		2,976,628.	28	3,452,54	
		Organizations that do not follow FASB ASC 9					. ,
		and complete lines 29 through 33.	,				
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq				30	
5	31	Retained earnings, endowment, accumulated inc				31	
	32				9,440,047.	32	9,346,93
	~~			L	, - , •		10,197,38

Form 990 (2021)

132011 12-09-21

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	MAKE-A-WISH FOUNDATION OF GREATER BAY				
Form	n 990 (2021) AREA	94-2958	481	Pa	ge <b>12</b>
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	7	,891,	593.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,927,	707.
3	Revenue less expenses. Subtract line 2 from line 1	3		963,	886.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,440,	047.
5	Net unrealized gains (losses) on investments	5	-1	,074,	284.
6	Donated services and use of facilities	6		17,	288.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9	,346,	937.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	0.			
2a			. <b>2</b> a		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			х	
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	Δ	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gie Audit			x
	Act and OMB Circular A-133?	1124	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		.   3b	000	(0001)

Form **990** (2021)

				Public Cha	rity Status an	d Pub	olic Su	upport		OMB No. 1545-0047
(FO	rm 99	90)	Co	Complete if the organization is a section 501(c)(3) organization or a section						2021
Depar	tment o	of the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public
		nue Service			/Form990 for instruction			nformation.		Inspection
Name of the organization       MAKE-A-WISH FOUNDATION OF GREATER BAY       Employer identification methods         AREA       94-2958481         Part I       Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	is.	
The	organ	ization is not a	private found	ation because it is: (	For lines 1 through 12, cl	neck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>.</sup>	I)(A)(i).		
2		A school dese	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990).)				
3		•		,	anization described in se					
4			-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
-		city, and state		ar the benefit of a co	llege or university owned	or operat		vorpmontolu	nit dooorib	
5				Complete Part II.)	liege of university owned	or operation	eu by a gu	veninentaru		
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			e e	ntial part of its support fr				ne general i	oublic described in
		•		omplete Part II.)		U			0	
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:								
10					than 33 1/3% of its supp t to certain exceptions; a					
					(less section 511 tax) fro					-
				mplete Part III.)			eee aeqa		<u>jan - a a a a a</u>	
11					ively to test for public saf	ety. See	section 50	<b>)9(a)(4).</b>		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
		lines 12a thro	ugh 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а				-	upervised, or controlled I	• • • •	-		••••••	
			÷		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
L		¬ ~		complete Part IV, Se		ion with it		d arcanizatio	n(a) by ba	ina
b				-	l or controlled in connect anization vested in the sa			-		•
			0	it complete Part IV,		ane perso			ge the sup	Joned
с		- °	()	•	g organization operated i	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supporte	ed organization	n(s) (see instructions	). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	/ integrated. A supp	orting organization operation	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
				•	ation generally must sati	•		•	an attentiv	/eness
		-			nplete Part IV, Sections					
е			•		written determination from			Туре I, Туре	II, Type III	
	Ento	functionally			nally integrated supportir					
f				about the supporte	d organization(s)					
		(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
<del>.</del>										
Tota	1í									

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to part to the part to graphing in the organization failed to part to the organization failed to part to the organization failed to part to the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to part to the organization failed for the organization failed to the organization failed for the organization failed for the organization failed
Section A. Public Support         (a) 2017         (b) 2018         (c) 2019         (d) 2020         (e) 2021         (f) Total           1         Gits, grants, contributions, and membership fees received. (Do not include any "unusual grants.")         7, 231, 573.         7, 390, 629.         6, 598, 933.         7, 744, 795.         7, 637, 690.         36, 603, 620.           2         Tax revenues levied for the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge for the organization include on line 1 that exceeds 2% of the amount shown on line 11, column (f)         7, 231, 573.         7, 390, 629.         6, 598, 933.         7, 744, 795.         7, 637, 690.         36, 603, 620.           6         Public support.         7, 231, 573.         7, 390, 629.         6, 598, 933.         7, 744, 795.         7, 637, 690.         36, 603, 620.           4         Total. Add lines 1 through 3         7, 231, 573.         7, 390, 629.         6, 598, 933.         7, 744, 795.         7, 637, 690.         36, 603, 620.           5         The potion of total contributions by each person (other than a governmental unit or publicly support.         7, 231, 573.         7, 390, 629.         6, 598, 933.         7, 744, 795.         7, 637, 690.         36, 603, 620.           6         Public support.         Gotal Support         Gotal
Calendar year (or fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         1       Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637, 690.       36, 603, 620.         2       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637, 690.       36, 603, 620.         3       The value of services or facilities furnished by a governmental unit to the organization without charge       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637, 690.       36, 603, 620.         5       The portion of total contributions by each person (other than a governmental unit or publicly supports. Subtactime 3 from the 4.       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637, 690.       36, 603, 620.         Section B. Total Support       Inter exceeds 2% of the amount shown on line 11, column (f)       1       1       010217       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637
1 Gifts, grants, contributions, and membership fees received. (Do not include any "trunsual grants.")       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         3 The value of services or facilities furnished by a governmental unit to the organization without charge       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         5 The portion of total contributions by each person (ofther than a governmental unit or publicly supported organization) included on line 114, coolumn (f)       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         Section B. Total Support         Calendar year (of fiscal year beginning in)         7       Amounts from line 4       36,603,620.       36,603,620.         Section B. Total Support         Calendar year (of fiscal year beginning in)         7       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         Section B. Total Support         Calendar year (of fiscal year beginning in)       7,231,
membership fees received. (Do not include any "unusual grants.")       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         2       Tax revenues levied for the organization is benafit       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         3       The value of services or facilities furnished by a governmental unit to the organization without charge form into 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)       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         5       Tep protion 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)       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in) )         7       A conserved on services, dividends, payments received on securities loans, rents, royalites, and income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources activities, whether or not the business is regularly caried on interest, dividends, payments received on interest, dividends, payments received on interest, dividends, payments received on
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       Image: spended on its behalf         3 The value of services or facilities furmished by a governmental unit to the organization without charge       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 11, column (f)       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         6 Public support. Subtract line 5 from line 4       Section B. Total Support       36,603,620.       36,603,620.         7 Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         8 Gross income from interest, dividends, payments received on securities loans, ents, royaties, and income from similar sources activities, whether or not the business is regularly carried on in or loss from the sale of capital assets (Explain in Part VI)       175,255.       133,498.       117,563.       1111,401.       161,272.       698,989.         11 Total support. Add lines 7 through 10       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.
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 4 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 exceede 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1 Total support. Add lines 7 through 10 14 Total support. Add lines 7 through 10 15 The tail of the total the second and assets (Explain in Part VI.) 16 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 17 Other income. Modelines 7 through 10 17 Other income. Modelines 7 through 1
or expended on its behalf
3 The value of services or facilities furnished by a governmental unit to the organization without charge <ul> <li>Total. Add lines 1 through 3</li> <li>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)</li> <li>Public support. Subtract line 5 from line 4.</li> </ul> <ul> <li>Total Support.</li> <li>Calendar year (or fiscal year beginning in) ►</li> <li>(a) 2017</li> <li>(b) 2018</li> <li>(c) 2019</li> <li>(d) 2020</li> <li>(e) 2021</li> <li>(f) Total</li> </ul> 7 Amounts from line 4. <ul> <li>(a) 2017</li> <li>(b) 2018</li> <li>(c) 2019</li> <li>(d) 2020</li> <li>(e) 2021</li> <li>(f) Total</li> </ul> 7 Amounts from line 4. <ul> <li>(a) 2017</li> <li>(b) 2018</li> <li>(c) 2019</li> <li>(d) 2020</li> <li>(e) 2021</li> <li>(f) Total</li> </ul> 7 Amounts from line 4. <ul> <li>(b) 2018</li> <li>(c) 2019</li> <li>(d) 2020</li> <li>(e) 2021</li> <li>(f) Total</li> <li>(f) 7, 231, 573.</li> <li>(g) 2017</li> <li>(h) 2018</li> <li>(c) 2019</li> <li>(d) 2020</li> <li>(e) 2021</li> <li>(f) Total</li> <li>(f) 7, 231, 573.</li> </ul> 9 Net income from unrelated business activities, whether or not the business is
furnished by a governmental unit to the organization without charge       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         4 Total. Add lines 1 through 3       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         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)       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►         7 Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►         7 Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
the organization without charge       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         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)       7       8       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in)         7       Amounts from line 4       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in)         7       Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         Section B. Total Support         (a) 2017       (b) 2018       (c) 2019       (d) 2020
4 Total. Add lines 1 through 3       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         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)       1       36,603,620.         6 Public support. Subtract line 5 from line 4.       36,603,620.       36,603,620.         Section B. Total Support       36,603,620.       36,603,620.         7 Amounts from line 4       36,603,620.       36,603,620.         7 Amounts from line 4       36,603,620.       36,603,620.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       175,255.       133,498.       117,563.       111,401.       161,272.       698,989.         9 Net income from unrelated business activities, whether or not the business is regularly carried on more local from since of capital assets (Explain in Part VI.)       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.         11 Total support. Add lines 7 through 10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10 <t< th=""></t<>
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)       36,603,620.         6       Public support. Subtract line 5 from line 4.       36,603,620.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       175,255.       133,498.       117,563.       111,401.       161,272.       698,989.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.         11       Total support. Add lines 7 through 10       1       1       60,267.       1       1       1       67,267.
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).  6 Public support. Subtract line 5 from line 4.  7 Amounts from line 4  7 Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from line est, 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 Total support. Add lines 7 through 10  22 Add lines 7 through 10  33 Add lines 7 through 10  34 Add lines 7 through 10  34 Add lines 7 through 10  35 Add lines 7 through 10  36 Add lines 7 through 10  37 Add lines 7 through 10  38 Add lines 7 through 10  38 Add lines 7 through 10  39 Add lines 7 through 10  30 Add lines 7 through 10  31 Add lines 7 through 10  32 Add lines 7 through 10  33 Add lines 7 through 10  33 Add lines 7 through 10  33 Add lines 7 through 10  34 Add lines 7 through 10  34 Add lines 7 through 10  35 Add lines 7 through 10  36 Add lines 7 through 10  37 Add lines 7 through 10  38 Add lines 7 through 10  39 Add lines 7 through 10  39 Add lines 7 through 10  30 Add lines 7 through 10  31 Add lines 7 through 10  33 Add lines 7  34 Add lines 7 through 10  34 Add lines 7  34 Add lines 7 through 10  35 Add lines 7 through 10  36 Add lines 7  37 Add lines 7 through 10  37 Add lines 7  37 Add l
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)         36,603,620.           6 Public support. Subtract line 5 from line 4.         36,603,620.           Section B. Total Support         36,603,620.           7 Amounts from line 4         7,231,573.         7,390,629.         6,598,933.         7,744,795.         7,637,690.         36,603,620.           8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources         175,255.         133,498.         117,563.         111,401.         161,272.         698,989.           9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)         459,001.         410,906.         340,117.         235,495.         222,139.         1,667,658.           11 Total support. Add lines 7 through 10         10 <td< th=""></td<>
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       36,603,620.         6 Public support. Subtract line 5 from line 4.       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4         7 Amounts from line 4       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637, 690.       36, 603, 620.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       175, 255.       133, 498.       117, 563.       111, 401.       161, 272.       698, 989.         9 Net income from nurelated business activities, whether or not the business is regularly carried on       175, 255.       133, 498.       117, 563.       111, 401.       161, 272.       698, 989.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       459, 001.       410, 906.       340, 117.       235, 495.       222, 139.       1, 667, 658.         11 Total support. Add lines 7 through 10       16       175, 255.       175, 255.       175, 255.       175, 255.
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       36,603,620.         6 Public support. Subtract line 5 from line 4.       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶         7 Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       175,255.       133,498.       117,563.       111,401.       161,272.       698,989.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.         11 Total support. Add lines 7 through 10       10 Other income 10 to the busines 7 through 10       10 Other income 7 through 10       10 Other incom
amount shown on line 11, column (f)       36,603,620.         6 Public support. Subtract line 5 from line 4.       36,603,620.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       175,255.       133,498.       117,563.       111,401.       161,272.       698,989.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       10       0ther income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.         11 Total support. Add lines 7 through 10       16,001.       16,001.       16,001.       16,001.       38,970,267.
column (f)         36         Subtract line 5 from line 4.         36,603,620.           Section B. Total Support         Subtract line 5 from line 4.         36,603,620.           Calendar year (or fiscal year beginning in)         (a) 2017         (b) 2018         (c) 2019         (d) 2020         (e) 2021         (f) Total           7 Amounts from line 4         7,231,573.         7,390,629.         6,598,933.         7,744,795.         7,637,690.         36,603,620.           8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources         175,255.         133,498.         117,563.         111,401.         161,272.         698,989.           9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)         459,001.         410,906.         340,117.         235,495.         222,139.         1,667,658.           11 Total support. Add lines 7 through 10         161,072.         38,970,267.         38,970,267.
6       Public support. Subtract line 5 from line 4.       36, 603, 620.         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637, 690.       36, 603, 620.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       175, 255.       133, 498.       117, 563.       111, 401.       161, 272.       698, 989.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       10       001.       410, 906.       340, 117.       235, 495.       222, 139.       1, 667, 658.         11       Total support. Add lines 7 through 10       184, 970, 267.       184, 970, 267.       198, 970, 267.
Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637, 690.       36, 603, 620.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       175, 255.       133, 498.       117, 563.       111, 401.       161, 272.       698, 989.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       459,001.       410, 906.       340, 117.       235, 495.       222, 139.       1, 667, 658.         11 Total support. Add lines 7 through 10       138, 970, 267.         11       Total support. Add lines 7 through 10       10       10       10       10       10       10
Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       7, 231, 573.       7, 390, 629.       6, 598, 933.       7, 744, 795.       7, 637, 690.       36, 603, 620.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       175, 255.       133, 498.       117, 563.       111, 401.       161, 272.       698, 989.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       459, 001.       410, 906.       340, 117.       235, 495.       222, 139.       1, 667, 658.         11 Total support. Add lines 7 through 10       161, 272.       188, 970, 267.       38, 970, 267.
7 Amounts from line 4       7,231,573.       7,390,629.       6,598,933.       7,744,795.       7,637,690.       36,603,620.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       175,255.       133,498.       117,563.       111,401.       161,272.       698,989.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.         11 Total support. Add lines 7 through 10       10 (11,10,10,10,10,10,10,10,10,10,10,10,10,1
<ul> <li>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> <li>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 through 10</li> </ul>
dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)175,255.133,498.117,563.111,401.161,272.698,989.10Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)459,001.410,906.340,117.235,495.222,139.1,667,658.11Total support. Add lines 7 through 1010 (for initial in the full initial init
<ul> <li>securities loans, rents, royalties, and income from similar sources</li> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> <li>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 through 10</li> <li>12 Output for the sale of the business is regularly carried in the business is regularly carried on</li> <li>14 Total support. Add lines 7 through 10</li> </ul>
and income from similar sources       175,255.       133,498.       117,563.       111,401.       161,272.       698,989.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       1000000000000000000000000000000000000
<ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> <li>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 through 10</li> <li>12 Other income in the sale of through 10</li> <li>14 Other income in the sale of capital assets (Explain in Part VI.)</li> <li>15 Other income in the sale of capital assets (Explain in Part VI.)</li> <li>16 Other income in the sale of capital assets (Explain in Part VI.)</li> <li>17 Total support. Add lines 7 through 10</li> <li>18 Other income in the sale of the interval of the sale o</li></ul>
activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 One provide for the state of the trian of the sale o
business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 222,139. 140,906. 340,117. 235,495. 222,139. 38,970,267. 235,495. 222,139. 38,970,267. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 222,139. 235,495. 235,4
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.         11 Total support. Add lines 7 through 10       10       10       38,970,267.       38,970,267.
or loss from the sale of capital assets (Explain in Part VI.)       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.         11 Total support. Add lines 7 through 10       38,970,267.       38,970,267.       38,970,267.
assets (Explain in Part VI.)       459,001.       410,906.       340,117.       235,495.       222,139.       1,667,658.         11 Total support. Add lines 7 through 10       38,970,267.       38,970,267.       38,970,267.
11 Total support. Add lines 7 through 10         38,970,267.           12         93,625.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
organization, check this box and stop here
Section C. Computation of Public Support Percentage
14         Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))         14         93.93         %
15    Public support percentage from 2020 Schedule A, Part II, line 14    15    92.30 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and
stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box
and <b>stop here.</b> The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
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

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MAKE-A-WISH FOUNDATION OF GREATER BAY

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Schedule A (Form 990) 2021	AREA
Part III Support Schedule for	r 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	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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	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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expanded on its babalf								
F	• • • • • • • • • • • • • • • • • • • •								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	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 disgualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
See	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	
9	Amounts from line 6								
10 <i>a</i>	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.)								
	First 5 years. If the Form 990 is for the	e organization's f	irst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3)	organizatio	 on.	
	check this box and stop here	-			•		-		
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
	Public support percentage for 2021 (I			column (f))		15			%
	Public support percentage from 2020		•			16			%
	tion D. Computation of Inves								/0
			•	in a 10 a a luman (f))		47			
	Investment income percentage for 20					17			<u>%</u>
18	Investment income percentage from					18			%
19a	33 1/3% support tests - 2021. If the	-					and line 17	/ is not	
	more than 33 1/3%, check this box ar	-	•	. ,					
b	33 1/3% support tests - 2020. If the	organization did I	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than	33 1/3%, a	.nd	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies a	as a publicly supp	orted org	anization	▶	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	struction	s	►	
13202	23 01-04-22					S	chedule A	A (Form 990) 2	:021

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## 10290705 131839 A195136

AREA

MAKE-A-WISH FOUNDATION OF GREATER BAY

1

2

No Yes

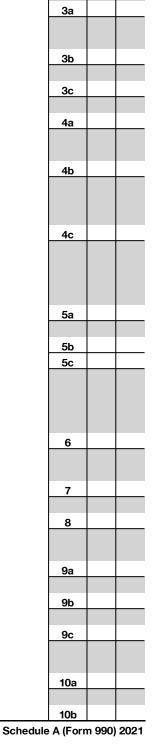
### Schedule A (Form 990) 2021 Part IV Supporting Organizations

(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")? // "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 disgualified 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.)

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	MAKE-A-WISH FOUNDATION OF GREATER BAY			
Sche	cule A (Form 550) 2021	-2958481	Pa	age
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	N
2	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>how providing such benefit carried out the purposes of the supported organization(s) that operated,</i> automatical acception of the supported organization organization and <i>conditions or the purposes of the supported organization(s) that operated,</i> automatical acception of the purposes of the supported organization(s) that operated, supervised out the purposes of the supported organization(s) that operated, automatical acception of the supported organization of the supported, acception of the supported organization of the supported organization of the supported, acception of the supported organization of the supported organization of the supported, acception of the supported organization of the supported organization of the supported organization of the supported, acception of the supported organization of the supported organization of the	5,		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			

the supported organization(s)

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the meth	od that the organization	used to satisfy the	e Integral Part Test dur	ing the year (see instructions).
---	--------------------------------	--------------------------	---------------------	--------------------------	----------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

С		The organization supported a gover	mmental entity. Describe in Pa	art VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	------------------------------------	--------------------------------	------------	-----------------	---------------------	-----------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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	MAKE-A-WISH FOUNDATION OF GREATED	R BAY		
Sche	edule A (Form 990) 2021 AREA			94-2958481 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explain</i> )	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sec	ion A - Adjusted Net Income		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
v	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting or	manization (see
'		any integrate		gamzation (See

instructions).

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 AREA			94-2958481	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	-	
Secti	on D - Distributions		Current Y	'ear	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	_	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount	1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	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 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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	MAKE-A-WISH FOUNDATION OF GREATER BAY	04 0050404
Part VI Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin	AREA ation. Provide the explanations required by Part II, line 10; Part II, line 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B les 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10,	EXPLANATION FOR OTHER INCOME:	
GROSS GAMING REVENUE		
2017 AMOUNT: \$ 28,700.		
2018 AMOUNT: \$ 10,580.		
2019 AMOUNT: \$ 13,627.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 8,780.		
GROSS FUNDRAISING REVENUE		
2017 AMOUNT: \$ 430,301.		
2018 AMOUNT: \$ 400,326.		
2019 AMOUNT: \$ 326,490.		
2020 AMOUNT: \$ 235,495.		
2021 AMOUNT: \$ 213,113.		
OTHER REVENUE		
2017 AMOUNT: \$ 0.		
2018 AMOUNT: \$ 0.		
2019 AMOUNT: \$ 0.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 246.		
		Dalla J. J. A /m
132028 01-04-22	21	Schedule A (Form 990) 202

# Schedule B

(Form	990)
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Department of the Treasury

# 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

oyer identification number

Internal Revenue Service							
Name of the organization			Employer identification nur				
		A-WISH FOUNDATION OF GREATER BAY	04 0050404				
			94-2958481				
Organization type (	check one).						
Filers of:	rs of: Section:						
Form 990 or 990-EZ	X	501(c)( <sup>3</sup> ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990-PF		501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Only a section General Rule	501(c)(7), (	(8), or (10) organization can check boxes for both the General Rule and a Special Rule	See instructions.				
For an orga		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling a contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules							
sections 50 contributor	9(a)(1) and , during the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F e 1. Complete Parts I and II.	that received from any one				
contributor, literary, or e	, during the educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, total contributions of more than \$1,000 exclusively for religious, charitable, sci purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er stead of the contributor name and address), II, and III.	entific,				
year, contri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during th year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc.,						

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2021)	1	Page <b>2</b>
	rganization IISH FOUNDATION OF GREATER BAY	E	Employer identification number
AREA	TOWARTON OF GREATER BAT		94-2958481
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		\$1,595,4	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$357,4	Person       Payroll         94.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$350,7	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$200,0	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$455,7	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.)

Schedule B (Form 990) (2021)

123452 11-11-21

23 2021.06000 MAKE-A-WISH FOUNDATION OF A1951361

10290705 131839 A195136

Page 2

Schedule B (Form 990) (2021)

	organization WISH FOUNDATION OF GREATER BAY	Employer identification number	
AREA Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	94-2958481
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	) (d)
1	TRAVEL, M&E, SUPPLIES	\$26,	24508/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
2	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	 \$357,	<u>494.</u> <u>08/31/22</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - \$	

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Schedule B (Form 990) (2021)

# 10290705 131839 A195136

2021.06000 MAKE-A-WISH FOUNDATION OF A1951361

Page 3

Pane	4

	6 (Form 990) (2021)		Page 4			
Name of ore MAKE-A-WI	ganization ISH FOUNDATION OF GREATER BAY		Employer identification number			
AREA Part III	from any one contributor. Complete columns (a)	through (e) and the following line en	94-2958481 action 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additional s	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, an	(e) Transfer of gif nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift 	(c) Use of gift	(d) Description of how gift is held			
_	(e) Transfer of gift					
	Transferee's name, address, an	ad ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	(e) Transfer of gift					
	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
-	Transferee's name, address, an		Relationship of transferor to transferee			
123454 11-11-2	21		Schedule B (Form 990) (2021)			

# 10290705 131839 A195136

	HEDULE D n 990)		OMB No. 1545-0047				
Depart		Open to Public Inspection					
-	al Revenue Service	► Go to www.irs.gov/Form9 MAKE-A-WISH FOUNDATION OF G			Employe	r identification number	
Num		AREA			Employe	94-2958481	
Pa	rt I 📔 Organizati	ions Maintaining Donor Advise	d Funds or Othe	r Similar Funds or Ac	counts.	Complete if the	
	organization a	answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor ad	vised funds (	<b>b)</b> Funds ar	nd other accounts	
1	Total number at end	of year					
2	Aggregate value of c	contributions to (during year)					
3	Aggregate value of g	grants from (during year)					
4	Aggregate value at e	end of year					
5	-	inform all donors and donor advisors in v	-				
		s property, subject to the organization's				Yes No	
6	•	inform all grantees, donors, and donor a	•	•			
	for charitable purpos	ses and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose conferri	ng		
De	impermissible private					Yes No	
		tion Easements. Complete if the org			line 7.		
1		vation easements held by the organization					
		f land for public use (for example, recrea	tion or education)	Preservation of a histo			
	Protection of r	natural habitat		Preservation of a certi	fied historic	structure	
	Preservation o						
2		rrough 2d if the organization held a qualif	ied conservation con	tribution in the form of a co			
	day of the tax year.					at the End of the Tax Year	
а		servation easements			2a		
b	-				2b		
С		tion easements on a certified historic stru			2c		
d		tion easements included in (c) acquired a					
		Register			2d		
3		tion easements modified, transferred, rel	eased, extinguished,	or terminated by the organi	zation durin	ig the tax	
_	year 🕨						
4		nere property subject to conservation eas					
5		on have a written policy regarding the per					
•		cement of the conservation easements it					
6	Staff and volunteer n	nours devoted to monitoring, inspecting,	nandling of violations	s, and enforcing conservatio	n easement	is during the year	
-				1		· · · · · · · · · · · · · · · · · · ·	
7		s incurred in monitoring, inspecting, hanc	lling of violations, and	enforcing conservation eas	sements du	ring the year	
•	►\$				·: \		
8		tion easement reported on line 2(d) abov			.,		
•		)(B)(ii)?				Yes No	
9		how the organization reports conservation					
		nclude, if applicable, the text of the footr	note to the organization	on's financial statements tha	it describes	stne	
Pa		inting for conservation easements.	Art Historical	reasures or Other S	imilar As	sets	
1 4		ne organization answered "Yes" on Form	-				
				revenue statement and hale	naa ahaat i	worke	
18	e e	ected, as permitted under FASB ASC 95					
		sures, or other similar assets held for put				j	
L	· •	art XIII the text of the footnote to its finar			aboat world	io of	
D		ected, as permitted under FASB ASC 95 res, or other similar assets held for public					
		· ·	exhibition, education	i, or research in furtherance	or public s	ervice,	
		g amounts relating to these items: ed on Form 990, Part VIII, line 1			¢		
0	.,	in Form 990, Part X		ar assets for financial gain r			
2	e e	ts required to be reported under FASB A		•	JUVIUE		
~					¢		
	<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>b \$</li> <li>c S \$</li> <li>c S \$</li> <li>c S \$</li> </ul>						
-		luction Act Notice, see the Instructions				edule D (Form 990) 2021	
	1 10-28-21				0018		
10200	, , <u>0-20-2</u> I		26				

	MAKE-A-WISH	I FOUNDATION OF	GREATER BAY					
	AREA				94-295		Pa	age
Part III Organizations Ma	intaining C	ollections of Art	, Historical Tre	asures, or Othe	r Similar Assets	contin	nued)	
3 Using the organization's acqui	isition, accessio	on, and other records	, check any of the f	ollowing that make s	significant use of its			
collection items (check all that	: apply):							
<b>a</b> Public exhibition		d	Loan or exc	hange program				
<b>b</b> Scholarly research		е	Other					
c Preservation for future g	enerations							
4 Provide a description of the or	ganization's co	ellections and explain	how they further th	e organization's exe	mpt purpose in Part	XIII.		
5 During the year, did the organi	ization solicit o	r receive donations o	f art, historical treas	sures, or other simila	r assets	_		_
to be sold to raise funds rathe						Yes		N
Part IV Escrow and Cust			te if the organizatio	n answered "Yes" o	n Form 990, Part IV, I	ine 9, or		
reported an amount on	Form 990, Par	t X, line 21.						
<b>1a</b> Is the organization an agent, the	-					-		-
on Form 990, Part X?					L	Yes		N
<b>b</b> If "Yes," explain the arrangeme	ent in Part XIII a	and complete the foll	owing table:		[	<b>A</b>		
						Amoun	t	
d Additions during the year								
e Distributions during the year								
f Ending balance					<b>[ 1f ]</b>	7		1
2a Did the organization include a			•			Yes		] <b>N</b>
b If "Yes," explain the arrangeme Part V Endowment Fund								
								hac
		(a) Current vear	IDI Prior vear	(c) Two years back	(d) Three years back	(e) Fou	vears	
		(a) Current year	(b) Prior year 1 540 558.	(c) Two years back	(d) Three years back	. ,		
<b>1a</b> Beginning of year balance		2,244,757.	1,540,558.	1,383,157.	1,393,620.		329,	035
<ul> <li><b>1a</b> Beginning of year balance</li> <li><b>b</b> Contributions</li> </ul>		2,244,757. 61,483.	1,540,558. 306,275.	1,383,157. 7,351.	1,393,620. 9,292.		.329, 9,	035 744
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> </ul>	s, and losses	2,244,757.	1,540,558.	1,383,157.	1,393,620.		329,	03! 744
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> </ul>	s, and losses	2,244,757. 61,483.	1,540,558. 306,275.	1,383,157. 7,351.	1,393,620. 9,292.		.329, 9,	035 744
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie</li> </ul>	s, and losses	2,244,757. 61,483.	1,540,558. 306,275.	1,383,157. 7,351.	1,393,620. 9,292. -16,134.		329, 9, 112,	035 744 755
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie and programs</li> </ul>	s, and losses	2,244,757. 61,483.	1,540,558. 306,275.	1,383,157. 7,351.	1,393,620. 9,292.		.329, 9,	035 744 755
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie and programs</li> <li>f Administrative expenses</li> </ul>	s, and losses	2,244,757. 61,483. -310,429.	1,540,558. 306,275.	1,383,157. 7,351. 150,050.	1,393,620. 9,292. -16,134. 3,621.	1,	329, 9, 112, 57,	03 74 75 91
<ul> <li>Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie and programs</li> <li>f Administrative expenses</li> <li>g End of year balance</li> </ul>	s, and losses s	2,244,757. 61,483. -310,429. 1,995,811.	1,540,558. 306,275. 397,924. 2,244,757.	1,383,157. 7,351. 150,050. 1,540,558.	1,393,620. 9,292. -16,134. 3,621.	1,	329, 9, 112,	03 74 75 91
<ul> <li>Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie and programs</li> <li>f Administrative expenses</li> <li>g End of year balance</li> <li>2 Provide the estimated percent</li> </ul>	s, and losses s age of the curr	2,244,757. 61,483. -310,429. 1,995,811.	1,540,558. 306,275. 397,924. 2,244,757. (line 1g, column (a)	1,383,157. 7,351. 150,050. 1,540,558.	1,393,620. 9,292. -16,134. 3,621.	1,	329, 9, 112, 57,	03 74 75 91
<ul> <li>Beginning of year balance</li> <li>Contributions</li> <li>Net investment earnings, gains</li> <li>Grants or scholarships</li> <li>Other expenditures for facilitie and programs</li> <li>Administrative expenses</li> <li>End of year balance</li> <li>Provide the estimated percent</li> <li>Board designated or quasi-end</li> </ul>	s, and losses s age of the curr	2,244,757. 61,483. -310,429. 1,995,811. ent year end balance .0000	1,540,558. 306,275. 397,924. 2,244,757.	1,383,157. 7,351. 150,050. 1,540,558.	1,393,620. 9,292. -16,134. 3,621.	1,	329, 9, 112, 57,	03 74 75 91
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie and programs</li> <li>f Administrative expenses</li> <li>g End of year balance</li> <li>2 Provide the estimated percent</li> <li>a Board designated or quasi-ence</li> <li>b Permanent endowment ▶</li> </ul>	s, and losses s age of the curr dowment ►	2,244,757. 61,483. -310,429. 1,995,811. ent year end balance .0000 %	1,540,558. 306,275. 397,924. 2,244,757. (line 1g, column (a)	1,383,157. 7,351. 150,050. 1,540,558.	1,393,620. 9,292. -16,134. 3,621.	1,	329, 9, 112, 57,	03 74 75 91
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie and programs</li> <li>f Administrative expenses</li> <li>g End of year balance</li> <li>2 Provide the estimated percent</li> <li>a Board designated or quasi-ence</li> <li>b Permanent endowment ▶</li> <li>c Term endowment ▶</li> </ul>	s, and losses s rage of the curr dowment ► 63.0000 37.0000	2,244,757. 61,483. -310,429. 1,995,811. ent year end balance .0000 %	1,540,558. 306,275. 397,924. 2,244,757. (line 1g, column (a)	1,383,157. 7,351. 150,050. 1,540,558.	1,393,620. 9,292. -16,134. 3,621.	1,	329, 9, 112, 57,	03 74 75 91
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie and programs</li> <li>f Administrative expenses</li> <li>g End of year balance</li> <li>2 Provide the estimated percent</li> <li>a Board designated or quasi-ence</li> <li>b Permanent endowment ▶</li> <li>c Term endowment ▶</li> <li>The percentages on lines 2a, 2</li> </ul>	s, and losses s rage of the curr dowment ► 63.0000 37.0000 2b, and 2c shou	2,244,757. 61,483. -310,429. 1,995,811. ent year end balance .0000 % % uld equal 100%.	1,540,558. 306,275. 397,924. 2,244,757. (line 1g, column (a) _%	1,383,157. 7,351. 150,050. 1,540,558. ) held as:	1,393,620. 9,292. -16,134. 3,621. 1,383,157.	1,	329, 9, 112, 57,	03 74 75 91
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie</li> <li>and programs</li> <li>f Administrative expenses</li> <li>g End of year balance</li> <li>2 Provide the estimated percent</li> <li>a Board designated or quasi-ence</li> <li>b Permanent endowment ▶</li> <li>c Term endowment ▶</li> <li>The percentages on lines 2a, 2</li> <li>3a Are there endowment funds not</li> </ul>	s, and losses s rage of the curr dowment ► 63.0000 37.0000 2b, and 2c shou	2,244,757. 61,483. -310,429. 1,995,811. ent year end balance .0000 % % uld equal 100%.	1,540,558. 306,275. 397,924. 2,244,757. (line 1g, column (a) _%	1,383,157. 7,351. 150,050. 1,540,558. ) held as:	1,393,620. 9,292. -16,134. 3,621. 1,383,157.	1,	329, 9, 112, 57,	039 744 759 914
<ul> <li>1a Beginning of year balance</li> <li>b Contributions</li> <li>c Net investment earnings, gains</li> <li>d Grants or scholarships</li> <li>e Other expenditures for facilitie and programs</li> <li>f Administrative expenses</li> <li>g End of year balance</li> <li>2 Provide the estimated percent</li> <li>a Board designated or quasi-end</li> <li>b Permanent endowment ▶</li> <li>c Term endowment ▶</li> </ul>	s, and losses s age of the curr dowment ► 63.0000 37.0000 2b, and 2c shou ot in the posses	2,244,757. 61,483. -310,429. 1,995,811. ent year end balance .0000 % % Juld equal 100%. ssion of the organizat	1,540,558. 306,275. 397,924. 2,244,757. (line 1g, column (a) _%	1,383,157. 7,351. 150,050. 1,540,558. ) held as:	1,393,620. 9,292. -16,134. 3,621. 1,383,157.	1,	.329, 9, 112, 57, .393,	03: 74. 75: 91. 62:

b If "Yes" on line 3a(ii).	are the related organizations	listed as required on Schedule R?	

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	<b>(a)</b> Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
	Leasehold improvements				
d	Equipment		261,380.	175,871.	85,509.
е	Other				
	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colun	nn (B), line 10c.)	<b>&gt;</b>	85,509.

Schedule D (Form 990) 2021

3b

	MAKE-A-WISH FOUND	DATION OF GREATER B.	AY		
	(Form 990) 2021 AREA			94-2958481	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	value
(1) Financia	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. ( Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	value
(1)	·				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>				<u> </u>	
	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)			
Part X			11. au 114 One Faure 200 Davi M. "	- 05	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11t. See Form 990, Part X, lin		
1.	(a) Description of liability			(b) Book	value
	leral income taxes				
(2) CAE	PITAL LEASE OBLIGATIONS				12,452.
(3) DUE	E TO NATIONAL				18,968.
(4) DUE	TO OTHER CHAPTERS				54,852.
(5) DEF	ERRED RENT				243,222.
(6)					
(7)					
(8)					
(9)					220 404
	mn (b) must equal Form 990, Part X, col. (B) line	,		F	329,494.
-	for uncertain tax positions. In Part XIII, provide		•	-	
organiza	ation's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has bee	n provided in Part X	III X

Schedule D (Form 990) 2021

<u>.</u>	MAKE-A-WISH FOUNDATION OF GREATER B	AI		04 0050401	
	AREA         AREA           t XI         Reconciliation of Revenue per Audited Financial State	monte With I	Dovonuo nor Do	94-2958481	Page 4
Fai			nevenue per ne	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			7 7 7 4 4 9 4
1				1	7,724,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 074 204		
а	Net unrealized gains (losses) on investments		-1,074,284.	-	
b	Donated services and use of facilities		923,804.	-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d	-28,824.	-	
е	Add lines 2a through 2d			2e	-179,304.
3	Subtract line <b>2e</b> from line <b>1</b>			3	7,903,788.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		29,598.		
b	Other (Describe in Part XIII.)	4b	-41,793.		
С	Add lines 4a and 4b			4c	-12,195.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,891,593.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	7,817,594.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	906,516.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d	41,793.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	948,309.
3	Subtract line 2e from line 1			3	6,869,285.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,598.		
b	Other (Describe in Part XIII.)		28,824.		
с	Add lines 4a and 4b			4c	58,422.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			5	6,927,707.
	t XIII Supplemental Information.	,			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

29

PART V, LINE 4:

THE PURPOSE OF THIS FUND IS TO FURTHER THE CHARITABLE PURPOSES OF THE

MAKE-A-WISH FOUNDATION OF GREATER BAY AREA (THE "FOUNDATION") BY PROVIDING

FUNDS TO BE USED FOR THE FOUNDATION'S OPERATIONS, OVERHEAD EXPENSES, AND

WISH MAKING PROGRAMS WITHIN THE FOUNDATION'S OPERATING AREA, WHICH IS

DEFINED AS THE FOLLOWING CALIFORNIA COUNTIES - ALAMEDA, CONTRA COSTA, DEL

NORTE, HUMBOLDT, LAKE MARIN, MENDOCINO, MONTEREY, NAPA, SAN BENITO, SAN

FRANCISCO, SAN MATEO, SANTA CLARA, SANTA CRUZ, SISKIYOU, SOLANO, AND

SONOMA. ALL CONTRIBUTIONS TO THE FUND AND ALL DISTRIBUTIONS FROM THE FUND,

SHALL BE RESTRICTED TO USE WITHIN THE FOUNDATION'S OPERATING AREA AS

DEFINED ABOVE.

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Part XIII Supplemental Information (continued)

MAKE-A-WISH FOUNDATION OF GREATER BAY

AREA

PART X, LINE 2:

Schedule D (Form 990) 2021

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

CALIFORNIA TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE (IRC)

SECTION 501(C)(3) AND SECTION 65 OF THE CALIFORNIA REVISED STATUTES.

HOWEVER, THE FOUNDATION REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME

THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN

FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME

TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY

UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL

TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

FOUNDATION AT AUGUST 31, 2022 AND 2021. THE FOUNDATION FILES INCOME TAX

RETURNS IN THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE

JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MISCELLANEOUS EXPENSE MOVED FROM THE STATEMENT OF REVENUE TO THE

STATEMENT OF FUNCTIONAL EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT

TO THE STATEMENT OF REVENUE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT

TO THE STATEMENT OF REVENUE

Schedule D (Form 990) 2021

132055 10-28-21

-28,824.

-41,793.

41,793.

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MAKE-A-WISH FOUNDATION OI Schedule D (Form 990) 2021 AREA		94-2958481	Page 5
Chedule D (Form 990) 2021 AREA Part XIII Supplemental Information (continued)			Page
ART XII, LINE 4B - OTHER ADJUSTMENTS:			
ISCELLANEOUS EXPENSE MOVED FROM THE STATEMENT OF REVEN	NUE TO THE		
TATEMENT OF FUNCTIONAL EXPENSES	28,824.		
	,		
ART V, ENDOWMENT FUNDS			
OLUMN (B) WAS UPDATED TO REFLECT THE ACTIVITY AND YEAR	R END BALANCE AS OF		
New 21 0001			
UGUST 31, 2021.			
		Schedule D (Forn	000\ 000
32055 10-28-21			200

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021
	C C	Attach to Form 990						Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization								lentification number
	AREA						94-2958	
	ing Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
		ed funds through any of the followin	g activ	ities.	Check all that apply.			
a 📃 Mail solicitat	0		•		overnment grants			
<b>b</b> Internet and	email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solici		g Special	fundra	lising	events			
d In-person so			(:		George diverteur turre			
		or oral agreement with any individual art VII) or entity in connection with p				lees,		es 🗌 No
		viduals or entities (fundraisers) pursu			-	ne fur		
compensated at le	ast \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	(iii) fundr have c or cor	aiser ustody	(iv) Gross receipts from activity	tò (c	or retained by fundraiser	) to (or retained by)
or entity (func	iraiser)		or con contrib	trol of utions?	ITOIT ACTIVITY		ted in col. (i)	organization
			Yes	No				
Total			<u></u>					
	ch the organizatio	n is registered or licensed to solicit of	contrib	utions	or has been notified	it is e	exempt from	registration
or licensing.								
		an and the location of the set of the	00	000 -	-7		0-1 1	- O (Farma 000) 0001
LHA For Paperwork Re	eauction Act Noti	ce, see the Instructions for Form §	90 or	990-E	۲ <b>۲</b> .		Schedu	ıle G (Form 990) 2021
132081 10-21-21								

Sch	edu	le G (Form 990) 2021 AREA	SH FOUNDATION OF GR			2958481 Page <b>2</b>
Pa	art l					
		of fundraising event contributions and gr	ross income on Form 990 (a) Event #1	-EZ, lines 1 and 6b. List e (b) Event #2	events with gross receipt (c) Other events	s greater than \$5,000. (d) Total events
			ANNUAL GALA	WISHES ON THE VINE	10	(add col. <b>(a)</b> through
đ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	533,839.	80,695.	85,042.	699,576.
	2	Less: Contributions	344,073.	80,695.	61,695.	486,463.
	3	Gross income (line 1 minus line 2)	189,766.		23,347.	213,113.
	4	Cash prizes	-19.		37.	18.
ß	5	Noncash prizes	6,723.	0.	2,402.	9,125.
Sense	6	Rent/facility costs	132,224.		3,130.	135,354.
Direct Expenses	7	Food and beverages	11,918.		10,882.	22,800.
ā	8	Entertainment	2,375.		450.	2,825.
	9	Other direct expenses	67,479.		17,305.	84,784.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	254,906.
D	11					-41,793.
Pá	art I	• • • • • • • • • • • • • • • • •	answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(I.) Dull tabe/instant		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				singe/progreeeive singe		
Вe	1	Gross revenue				
	<u> </u>					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
Ľ	<b>)</b> IT "	No," explain:				
		ere any of the organization's gaming licenses r			vear?	Yes No
k	) It "	Yes," explain:				
	_					
1320	82 10	0-21-21			Sche	dule G (Form 990) 2021

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MAKE-A-WISH	FOUNDATION	OF	GREATER	BAY

	MARE A WISH FOUNDATION OF GREATER BAT		
_		94-2958481	
	Does the organization conduct gaming activities with nonmembers?	L Y	′es 🔄 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	🗀 Y	′es 🔄 No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
k	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Y	'es 🗌 No
	<ul> <li>If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$</li> <li>If "Yes," enter name and address of the third party:</li> </ul>		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Description of services provided		
	Director/officer  Employee  Independent contractor		
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	'es 🗌 No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, line	s 9, 9b, 10b,
1320	83 10-21-21 Sc	hedule G (F	orm 990) 2021

Schedule G	G (Form 990)	AREA	9	94-2958481	Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)			
				Schedule G (	Form 990)

132084 11-18-21

SCHEDULI (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047	
Department of t Internal Revenu			Go to www.ir	Attach to For rs.gov/Form990 fo		nation.		Open to Public Inspection	
Name of the	e organization MAKE-A-WISH F AREA	OUNDATION OF G	REATER BAY					Employer identification number 94-2958481	er
Part I	General Information on Grants a	nd Assistance							
criter	the organization maintain records ia used to award the grants or assis ribe in Part IV the organization's pro	stance?							10
Part II	Grants and Other Assistance to recipient that received more than	Domestic Organiz	ations and Domestic	<b>Governments.</b> (	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
<b>1 (a)</b> Na	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
	total number of section 501(c)(3) a total number of other organization								_

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

Schedule I (Form 990) 202	1 AREA		94-2958481	Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IISHES GRANTED	274	223,924.	2,000,366.	DM17	TRAVEL, M&E AND SUPPLIES
ISRES GRANIED	2/4	223,324.	2,000,300.	r mv	IRAVEL, MAE AND SUPPLIES
Part IV Supplemental Information. Provide the information re	l equired in Part I, lin	l le 2; Part III, column	(b); and any other ac	l dditional information.	
ART I, LINE 2:					
OR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A F	ILE IS ESTABLI	ISHED IN			
CCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURES	. THE CHILD I	IS			
NTERVIEWED BY THE WISH GRANTING STAFF TO UNDERST	AND THE CHILD'	S WISH			

MANAGEMENT. WISH EXPENSES ARE GENERATED BY WISH FULFILLMENT STAFF AND

REVIEWED AND APPROVED BY WISH MANAGEMENT TO ENSURE THAT COSTS ALIGN WITH

THE WISH BUDGET. ONCE THE WISH HAS BEEN GRANTED AND ALL EXPENSES PAID, THE

WISH FILE IS CLOSED.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		-	<b>202</b> <sup>-</sup>		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			20		1
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio	N MAKE-A-WISH FOUNDATION OF GREATER BAY	Employer	identificatio	on nui	mber
		AREA	94-2	2958481		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	·	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
	_	ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chef)			
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41		
•	•			<u>1b</u>		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of c		ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
					Х	<u> </u>
	Any related organiz	ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x
0				8		
9		id the organization also follow the rebuttable presumption procedure described in		9		
	Regulations section					1 2004
гпа	FOI Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	1 990	, 202 I

132111 11-02-21

Schedule J (Form 990) 2021

AREA

MAKE-A-WISH FOUNDATION OF GREATER BAY

94-2958481

Page **2** 

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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHARLOTTE BIERN	(i)	255,931.	22,080.	0.	11,120.	12,066.	301,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENNIS SCHRAG	(i)	175,675.	2,673.	0.	7,134.	6,690.	192,172.	0.
SENIOR DIRECTOR OF INDIVIDUAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNNE DURIE	(i)	149,271.	2,235.	0.	6,060.	10,299.	167,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALLIE REYNOLDS	(i)	146,631.	2,173.	0.	5,952.	7,407.	162,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 AREA 94-2958481	Page 3
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#### Part III Supplemental Information

Provide the information, explanation, 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.

PART I, LINE 5:

ALL STAFF INCENTIVE BONUSES ARE BASED ON BUDGETED GOALS OF THE FISCAL YEAR:

STAFF INCENTIVE PLAN THAT WILL PROVIDE BONUSES AT TWO LEVELS BASED ON

ANNUAL SALARY - 1.5% BONUS IF THE ORGANIZATION MEETS ITS BUDGETED REVENUE

GOAL FOR THE YEAR, AND ANOTHER 1.5% AFTER THE FUNDRAISING IS MET IF THE

TOTAL NUMBER OF WISHES GRANTED IS ACHIEVED.

			Nonc	ash Contri	butions		OMB No.	1545-004	47
Department of the Treasury Attach to Form 990.		ganizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ).					2021 Open to Publi		
Internal Revenue Service Go to www.irs.gov/			/Form990 fo	r instructions and	the latest information.		Inspe	ection	
Name of	the organizati	ON MAKE-A-WISH FOUND.	ATION OF G	REATER BAY		E	mployer identificati	on nui	mber
		AREA					94-295848	81	
Part I	Types of	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nc	(d) Method of determin ncash contribution a	0	ts
1 Art	- Works of art	:			· · · · · · · · ·				
<b>2</b> Art	- Historical tre	easures							
		terests							
		cations							
		sehold goods							
		ehicles							
		S							
		erty							
		cly traded	Х	3	16,806.	FMV			
		ely held stock							
		nership, LLC, or							
trus	st interests	••••							
12 Sec		ellaneous							
		vation contribution -							
His	storic structure	es							
<b>14</b> Qu	alified conserv	vation contribution - Other							
		idential							
		nmercial							
		er							
		al supplies							
		S							
		iens							
	cheological art	ifacte							
	-	NISH RELATED )	X	212	661,220.	FMV			
		SPECIAL EVENT	X	2	2,430.	-			
	her 🕨 (	) \			_,				
	her ► (	) \							
		s 8283 received by the organ	ization during	the tax year for co	ontributions				
		anization completed Form 82	-					0	
101	which the org		.00, i ait v, b	once Acknowledge				Yes	No
30a Du	ring the year	did the organization receive b	ov contributio	n any property rep	orted in Part L lines 1 throug	nh 28 th	nat it	100	
		least three years from the dat							
		s for the entire holding period			·		30a		x
		e the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •						
		ation have a gift acceptance	policy that re	auires the review o	of any nonstandard contribut	tions?	31	x	
	÷	ation hire or use third parties		-					$\vdash$
	ntributions?	auon nire or use third parties		•			32a		x
	Yes," describe								
		n didn't report an amount in d	column (c) for	r a type of property	for which column (a) is cha	cked			
	scribe in Part					chou,			
		Reduction Act Notice, see	Ale e 1				Schedule M (For		

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MAKE-A-WISH FOUNDATION OF GREATER BAY	
Schedule M (Form 990) 2021 AREA	94-2958481 Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, is reporting in Part I, column (b), the number of contributions, the number of items receive this part for any additional information.	32b, and 33, and whether the organization ed, or a combination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.	
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SCHEDULE O	Supplemental Information to Form 990 or 990	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organizatio	N MAKE-A-WISH FOUNDATION OF GREATER BAY AREA	Employer identification number 94-2958481
FORM 990, PART III	, LINE 4A	
IT IS THE FOUNDING	PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY	
ELIGIBLE CHILD, BE	TWEEN THE AGES OF 2 1/2 AND 18. FOR WISH KIDS, JUST	
THE ACT OF MAKING	THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO	
COMPLY WITH THEIR	MEDICAL TREATMENTS. WITH OUR WISH MAKING PROCESS WE	
STRIVE TO BRING A	SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY	
DIFFICULT TIMES AN	D DELIVER A JOYFUL LIFE CHANGING EXPERIENCE WHETHER	
THE WISH IS A PRIN	CESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS	
OTHER POSSIBILITIE	S DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE	
MAKE-A-WISH FOUNDA	TION OF GREATER BAY AREA GRANTED 274 LIFE CHANGING	
WISHES IN THE FISC	AL YEAR ENDING AUGUST 31, 2022. THE TOTAL COST OF	
WISHES GRANTED FOR	THE FISCAL YEAR WAS \$4,583,116 OF THIS AMOUNT	
\$676,451 WAS CONTR	IBUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND	
CONTRIBUTIONS SUCH	AS TRAVEL AND TRAVEL SERVICES, TRANSPORTATION,	
LODGING, AND OTHER	SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S	
WISH. FOR FINANCI	AL STATEMENT PURPOSES, THESE AMOUNTS ARE INCLUDED AS	
CONTRIBUTION REVEN	UE AND GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER,	
THE IRS REQUIRES 1	HIS AMOUNT BE EXCLUDED FROM BOTH REVENUE AND EXPENSE.	
IN RESPONSE TO THE	CORONAVIRUS PANDEMIC, ON MARCH 10, 2020, IN	
CONJUNCTION WITH T	HE MAKE-A-WISH NATIONAL MEDICAL ADVISORY COUNCIL,	
MAKE-A-WISH FOUNDA	TION OF AMERICA ISSUED INSTRUCTIONS TO PAUSE TRAVEL	
AND LARGE GATHERIN	G WISHES UNTIL IT WAS DEEMED MEDICALLY SAFE FOR OUR	
VULNERABLE POPULAT	ION AND THEIR FAMILIES. PRIOR TO FISCAL 2020,	
TRAVEL WISHES HAD	BEEN 81% OF THE WISHES GRANTED AND THE NUMBER OF	
GRANTED WISHES AVE	RAGED APPROXIMATELY 377. IN ADDITION, THE PROGRAM	
	IMPACTED DUE TO THE FOUNDATION'S INABILITY TO GRANT	Sabadula O (Farma 000) 0004
LHA For Paperwork H	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization MAKE-A-WISH FOUNDATION OF GREATER BAY	Page 2
AREA	94-2958481
TRAVEL WISHES. THE PROGRAM EXPENSE RATIO WAS 76% IN THE PRE-PANDEMIC	
FISCAL YEAR ENDING AUGUST 31, 2019. TOWARD THE END OF FISCAL YEAR	
2022, THE FOUNDATION BEGAN TO EMERGE FROM PANDEMIC OPERATING CONDITIONS	
AND NATIONAL WISH TRAVEL WAS RESUMED. NATIONAL EFFORTS ARE UNDERWAY TO	
RETURN TO PRE-PANDEMIC WISH GRANTING AND FUNDRAISING EFFORTS.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRPERSON, WHO WILL BE THE	
CHAIRPERSON OF THE COMMITTEE, CHAIRPERSON-ELECT, VICE-CHAIR, BOARD	
TREASURER, BOARD SECRETARY AND THE IMMEDIATE PAST CHAIRPERSON, PROVIDED HIS	
OR HER BOARD TERM HAS NOT EXPIRED. THE CHAIRS OF THE OTHER COMMITTEES, IF	
NOT ONE OF THE PREVIOUSLY NAMED OFFICERS, MAY SERVE AS ADDITIONAL OFFICERS	
OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF	
THE FOUNDATION FOR ITS DAY-TO-DAY BUSINESS OPERATIONS WHEN THE BOARD IS NOT	
IN SESSION. HOWEVER, THE EXECUTIVE COMMITTEE SHALL NOT HAVE ANY OF THE	
FOLLOWING POWERS:	
- ADOPTING OR AMENDING OR REPEALING PROVISIONS IN THE ARTICLES OF	
INCORPORATION OR BYLAWS.	
- FILLING VACANCIES ON THE BOARD OF DIRECTORS.	
- CHANGING THE MEMBERSHIP OF, FILLING VACANCIES ON, OR CHANGING THE NUMBER	
OF MEMBERS OF THE EXECUTIVE COMMITTEE.	
- AMENDING OR REPEALING ANY RESOLUTION OF THE BOARD OF DIRECTORS.	
- APPROVING A SELF-DEALING TRANSACTION AS DEFINED IN THE CALIFORNIA	

NONPROFIT CORPORATION LAW.

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

THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM

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Schedule O (Form 990) 2021 Name of the organization MAKE-A-WISH FOUNDATION OF GREATER BAY	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF GREATER BAY AREA	Employer identification number 94-2958481
ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY THE	
ACCOUNTING FIRM AND THEN REVIEWED BY THE CEO, THE COO AND THE FINANCE	
COMMITTEE. A COMPLETE COPY OF THE FINAL FORM 990 IS PROVIDED TO ALL VOTING	
MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER MANAGER IF THEY ARE FROM VOLUNTEERS, AND THE	
PRESIDENT/CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS	
MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICT	
OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE INCLUDES, BUT ARE NOT	
LIMITED TO, THE FOLLOWING (1) DETERMINING THE NATURE OF THE CONFLICT VIA	
VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON (2) FULLY	
DISCLOSING CONFLICTING INTERESTS TO THE BOARD (3) THE CONFLICTED PERSON	
RECUSES HIMSELF-HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE	
TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT	
AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CEO'S COMPLENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE BOARD	
CAN AUTHORIZE THE EXECUTIVE COMMITTEE TO ACT ON ITS BEHALF. COMPENSATION	
IS REVIEWED AGAINST NATIONAL BENCHMARKING SALARY SURVEYS, SURVEYS DONE	
EVERY FEW YEARS BY MAKE-A-WISH FOUNDATION OF AMERICA AND LOCAL SALARY	
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SURVEYS. DOCUMENTATION INCLUDES VOTE AND APPROVAL OF COMPENSATION, MEMBERS

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Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization MAKE-A-WISH FOUNDATION OF GREATER BAY	Page Employer identification numbe
AREA	94-2958481
RESENT DURING THE VOTE AND REFERENCES DATA SOURCES USED.	
OR OTHER STAFF, THE SAME DATA INSTRUMENTS ARE USED. THE BOARD OF	
DIRECTORS APPROVES AS PART OF THE BUDGET COMPENSATION FOR ALL STAFF.	
ALARIES FOR STAFF OTHER THAN THE CEO ARE DECIDED BY THE CEO, COO AND IN	
CONSULTATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD AS NEEDED USING THE	
APPROVED BUDGET AND METRICS FROM PERFORMANCE REVIEWS.	
THESE PROCESSES LAST TOOK PLACE IN 2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
INANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
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