** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2022 calendar year, or tax year beginning SI	EP 1, 2022 and	ending A	UG 31, 2023									
B c	heck if pplicable	MAKE-A-WISH FOUNDATION OF GREATER			D Employer ide	ntificati	on number							
	_Addres	VIRGINIA												
	Name change	Doing business as			54-14296	514								
	Initial return Final return/	Number and street (or P.O. box if mail is not del 2810 N PARHAM ROAD	,	Room/suite 302	E Telephone nur 804-217-9									
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		3,814,131	_						
	Ameno	, , , , , , , , , , , , , , , , , , , ,	oo.o.g poota. oodo		H(a) Is this a grou	ın retur		_						
F	Application	F Name and address of principal officer: SHERI	LAMBERT		for subordin	-		o						
	pendin	g SAME AS C ABOVE			H(b) Are all subordina									
	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ` ′		See instructions	•						
	Vebsit		(moore not) 10 11 (u)(1)	01 027	H(c) Group exem									
			sociation Other	I Year	of formation: 1987		ate of legal domicile: V	 A						
		Summary		= 1001	or rormanon,	1111 01	ate of logar definione,	_						
	_	Briefly describe the organization's mission or most	significant activities: TOGETH	ER, WE CF	REATE			_						
Se		LIFE-CHANGING WISHES FOR CHILDREN WIT						_						
Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Ver	l	Number of voting members of the governing body	· · · · · · · · · · · · · · · · · · ·			3		.5						
	I	Number of independent voting members of the gov				4	1	.5						
م د		Total number of individuals employed in calendar y				5	2	21						
ij		Total number of volunteers (estimate if necessary)				6	17	0						
Activities &		Total unrelated business revenue from Part VIII, co				7a	(٠.						
ď		Net unrelated business taxable income from Form				7b	(٠.						
			· · · · · ·		Prior Year		Current Year							
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			2,357,2	72.	3,385,757	· -						
Revenue	9	. (5 1)(11) 11 6)			60	00.	300							
eve	10	Investment income (Part VIII, column (A), lines 3, 4,			39,43	LO.	28,549							
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c		-6,20)7.	-14,931								
	1	Total revenue - add lines 8 through 11 (must equal			2,391,0	75.	3,399,675	,						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		863,39	7.	1,328,439	· .						
	l	Benefits paid to or for members (Part IX, column (A				0.	().						
ý	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		1,144,98	31.	1,127,951							
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		1,79	92.	1,126							
<u>p</u>	b	Total fundraising expenses (Part IX, column (D), line		772.										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		438,59	€3.	482,493	١.						
	18	Total expenses. Add lines 13-17 (must equal Part I)	X, column (A), line 25)		2,448,70	53.	2,940,009	١.						
	19	Revenue less expenses. Subtract line 18 from line	12		-57,68		459,666	í .						
Oces	20 21 22			Ве	ginning of Current Ye	ar	End of Year	_						
sets	20	Total assets (Part X, line 16)			1,298,49		1,801,002							
t As	21	Total liabilities (Part X, line 26)			229,5	21.	251,653	٠.						
홢	22	Net assets or fund balances. Subtract line 21 from	line 20		1,068,9	76.	1,549,349	١.						
Pa	art II	Signature Block						_						
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best o	of my kno	owledge and belief, it is							
true,	correc	(and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.	/2024		_						
		Sheri Cambert			3/ ±3	72024		_						
Sig		Signaturo of reflicates			Date									
Her	е	SHERI LAMBERT, PRESIDENT & CEO						_						
		Type or print name and title		- Ir	Doto La		DTIN	_						
_		Print/Type preparer's name	Preparer's signature		Date Chec		PTIN							
Paid -			MELISSA HANGSLEBEN	0			P02087031	_						
	arer	Firm's name CLIFTONLARSONALLEN LLP	7.0200		Firm's EIN	41-	0746749	_						
Use	Only	Firm's address 20 EAST THOMAS ROAD, SUITI	£ 2300			(600)	066 0040							
		PHOENIX, AZ 85012			Phone no.	(002)	266-2248	_						
IV/Iav	tne IF	RS discuss this return with the preparer shown abo	vez See instructions				X Yes N	^						

MAKE-A-WISH FOUNDATION OF GREATER

Form	1990 (2022) VIRGINIA	54-1429614	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
-	THE MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA 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?	L	Yes 🗓 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?	L	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	,	,
4a	(Code:) (Expenses \$ 2 ,022 ,249 . including grants of \$ 1 ,328 ,439 .) (Revenue		300.)
та	SEE SCHEDULE O.	е ф	
	one benefit e.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
40	/o.d.: \/5	- 0	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	e\$,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,022,249.		
		F	orm 990 (2022)
			(/

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	_ ا		,,
	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			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Part IA, Column (A), line 11 // "Yes." complete Schedule I, Parts I and II	41		L 43

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Pai	rt 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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	, ,	23	х	1
240	Schedule J	20		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a	24a		
	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			1
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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		L
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		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a				
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
_	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	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	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	,		
a	Did the appropriate and appropriate and appropriate did the the time and appropriate and the 10000	9a		
b		9b		\vdash
	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		Щ
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		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves " complete Form 6060			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	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 reached at the			
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis Section B requests information about policies not required by the internal nevertie code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	on Schedule O how this was done	12c	х	
13		13	Х	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
				х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		160		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 18	Elot the states with which a copy of the form cod is required to be med	only	availal	hle
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)) for public inspection. Indicate how you made these available. Check all that apply.	orny)	avalidi	DI C
10	(lfinar	oiol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iman	Jiai	
00	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 books and records SHERI LAMBERT - 804-217-9474			
	2810 N DADHAM DOAD 302 DICHMOND VA 23294			

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)	l	iiiZu		C)	ipci	ioati	(D)	(E)	(F)
Name and title	Average hours per week	box	not c	Position not check more than one unless person is both an er and a director/trustee) Reportable Report compensation compense from re						Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SHERI LAMBERT	40.00	_								
PRESIDENT AND CEO				Х				199,012.	0.	25,779.
(2) BILL HOWARD	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) JAY DAVENPORT	2.00									
VICE CHAIR (THRU 2/23)		Х		Х				0.	0.	0.
(4) JULIA ANDERSON	2.00	-								
TREASURER (THRU 12/22)		Х		Х				0.	0.	0.
(5) SCOTT MERITHEW	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) MELISSA ALEXY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) SHANTELLE L. BROWN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(8) WILL CROPPER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) TAMMY CUMMINGS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) HUNTER ROSS GOTTWALD	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BARBARA MCCARTHY	1.00	1								
DIRECTOR		Х						0.	0.	0.
(12) JEFF MARKLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CORI PIPPINS	1.00									
DIRECTOR (THRU 11/22)		Х						0.	0.	0.
(14) KERRI CARTER, M.D.	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MICHAEL GALLAGHER	1.00	4								
DIRECTOR		Х						0.	0.	0.
(16) CATHY KEIGER	1.00	-								
DIRECTOR		Х						0.	0.	0.
(17) DONNA HILDEBRAND	1.00	-								_
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22 Form **990** (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest C						t C	, ,					
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average	(do		Posi		l than c	ne	Reportable	Reportable		Estimat	ed
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation		amount	of
	week	_	cer an	d a di	recto	r/trust	iee)	from	from related		other	
	(list any	ector						the	organizations	c	ompens	ation
	hours for	r dir				ted		organization	(W-2/1099-MISC/		from th	ne
	related	ste c	nste			ensa		(W-2/1099-MISC/	1099-NEC)	'	organiza	tion
	organizations	altrus	nal tr		oyee	comp		1099-NEC)		- 1	and rela	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			0	rganizat	ions
	line)	Indi	Inst	Officer	Key	High	Former					
(18) SHANNON SHOWALTER	1.00											
DIRECTOR		Х						0.	0	.		0.
(19) SEAN HICKS	1.00											
DIRECTOR	-	Х						0.	0			0.
DIRECTOR										+		••
		-										
										\bot		
		1										
										+		
		-										
										+		
		1										
										+		
		-										
										+		
1b Subtotal								199,012.	0	-	25	779.
c Total from continuation sheets to Part VI	I, Section A							0.	0			0.
d Total (add lines 1b and 1c)								199,012.	0	.	25	779.
2 Total number of individuals (including but n								ceived more than \$100.0	000 of reportable			
compensation from the organization						,		•	•			1
compensation nom the organization											Yes	No
O Did the every instinct list on a fewer or officer.	-II	1					اند : ما				1.00	110
3 Did the organization list any former officer,	,	ee, r	ey e	mpi	oye	e, or	nig	nest compensated empi	oyee on			1,7
line 1a? If "Yes," complete Schedule J for s										-3	3	X
4 For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization			
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual			ı X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com										5	5	Х
Section B. Independent Contractors	piete concaan	<i>5</i>	<i>51</i>	, LIO	2010	<u> </u>						
· · · · · · · · · · · · · · · · · · ·	mpopostod inc	lono	ndor	at oc	ntro	a otor	o th	act received more than ¢	100 000 of company	otion	from	
1 Complete this table for your five highest co										alion	HOIH	
the organization. Report compensation for	the calendar ye	ear e	ndır	ig w	ith c	or wi	thin T		ear.			
(A)								(B)		_	(C)	
Name and business	address	NO:	NE					Description of s	ervices	Com	pensatio	on
							\dashv					
		_										
2 Total number of independent contractors for	acludina but =	ot !:-	nitor	1+~ 4	than	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+~~	aboval who received	ero than			
2 Total number of independent contractors (in		טנ וור	ıııeC	ı tO 1	ıı iOS	า ก	ıeu	above) who received mo	ne ulali			
\$100,000 of compensation from the organization	zation				(J						

Form **990** (2022)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 16,163. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 430,036. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 2,939,558 1f 670,184 g Noncash contributions included in lines 1a-1f 3,385,757. h Total. Add lines 1a-1f **Business Code** 2 a WISH ASSIST FEE 900099 300. 300. Program Service Revenue b f All other program service revenue 300 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 16,651 16,651 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 382,636. assets other than inventory 7a **b** Less: cost or other basis 370,615. 123 Other Revenue and sales expenses 7b 7с -123, c Gain or (loss) 12,021. 11,898. 11,898. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 430,036. of contributions reported on line 1c). See Part IV, line 18 28,787. 43,718. **b** Less: direct expenses -14,931 -14,931 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 3,399,675. 300 13,618. 12 Total revenue. See instructions

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Form **990** (2022)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,328,439 1,328,439 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 246,649 106,060. 51,796 88,793. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 735,605. 316,311. 154,477. 264,817. 7 Pension plan accruals and contributions (include 13,079. section 401(k) and 403(b) employer contributions) 36,331 15,622. 7,630 39,056 16,794. 8,202 14,060. Other employee benefits 9 70,310. 30,233 14,765 25,312. 10 Payroll taxes Fees for services (nonemployees): Management а Legal 65,894, 65,894 Accounting Lobbying 1,126. 1,126. Professional fundraising services. See Part IV, line 17 1,000 Investment management fees 1,000. Other. (If line 11g amount exceeds 10% of line 25, 31 366 4.995 10,192 16,179. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 60,070. 28,078. 23,439 8,553 13 Office expenses 21,268 6,794 3,202 11,272. 14 Information technology Royalties 15 69,981 30,092 14,696 25,193. 16 Occupancy 14,266 1,008. 6,681 6,577. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,520 8,607 Conferences, conventions, and meetings 526 4,561. 19 862. 371 181 310. 20 Payments to affiliates 21 5,885 2,530 1,236 2,119. 22 Depreciation, depletion, and amortization 120 120. 23 Other expenses. Itemize expenses not covered 24 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 O.) NATIONAL DUES 197,855. 138,498. 27,700 31,657. 2,314. BAD DEBT 2,314 MERCHANT FEES 1,590. 1,590. С MEMBERSHIP DUES 1,415. 537. 263 615. All other expenses е 379,988 537,772. Total functional expenses. Add lines 1 through 24e 2,940,009 2,022,249 25

Form 990 (2022)

Check here

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

VTRGTNTA 54-1429614

Page **11** Form 990 (2022) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 268,334. 1 0. Cash - non-interest-bearing 111,783. 187,964. Savings and temporary cash investments 2 Pledges and grants receivable, net 258,625. 860,550. 3 3 551. 135. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7,510. 51 621. Inventories for sale or use 8 Prepaid expenses and deferred charges 61,086. 9 94,049. 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 9,168. 19,628. b Less: accumulated depreciation 10b 10c 487,056. 407,626. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 189,889. 83,924. Other assets. See Part IV, line 11 15 15 1,298,497. 1,801,002. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 98,643. 157,582. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,000. 51,124. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 70,939. 25 101,886. of Schedule D 229,521. 251,653. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 765,110. 766,767. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 303,866. 782,582. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

1,801,002. Form 990 (2022)

1,549,349.

30

31

32

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,068,976.

1,298,497.

30

31

32

33

MAKE-A-WISH FOUNDATION OF GREATER

Form	990 (2022) VIRGINIA	54-142961	4	Pa	ge 🔼
Pa	t 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	3	,399,	675.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,940,	009.
3	Revenue less expenses. Subtract line 2 from line 1	3		459,	666.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1		976.
5	Net unrealized gains (losses) on investments	5		-2,	724.
6	Donated services and use of facilities	6		23,	431.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,549,	349.
Pa	t 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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ſ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

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Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

54-1429614

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

MAKE-A-WISH FOUNDATION OF GREATER

VIRGINIA

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990) 2022

VIRGINIA

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,456,207.	2,185,619.	2,118,846.	2,357,272.	3,385,757.	12,503,701.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,456,207.	2,185,619.	2,118,846.	2,357,272.	3,385,757.	12,503,701.
	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)						337,567.
6	Public support. Subtract line 5 from line 4.						12,166,134.
	ction B. Total Support						· · ·
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2,456,207.	2,185,619.	2,118,846.	2,357,272.	3,385,757.	12,503,701.
	Gross income from interest,	, ,	, ,	, ,		, ,	· · · · · ·
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18,779.	15,476.	13,158.	14,222.	16,651.	78,286.
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.)	26,910.	46,179.	13,063.	29,168.	28,787.	144,107.
11	Total support. Add lines 7 through 10	,	, -	, .	, -	, -	12,726,094.
	Gross receipts from related activities,	etc. (see instructio	I ns)			12	3,050.
	First 5 years. If the Form 990 is for th	•	,	ourth or fifth tax v			
	organization, check this box and stop					. , . ,	
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		14	95.60 %
	Public support percentage from 2021					15	98.13 %
	33 1/3% support test - 2022. If the c					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		~				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	ū	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio		-				
	and organization			,,, 01 170	,		(Farm 000) 2000

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

VIRGINIA

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

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

qualify under the tests listed b	pelow, please comp	plete Part II.)				
Section A. Public Support	T		1		1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	<u> </u>					
6 Total. Add lines 1 through 5	<u> </u>	1		 		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received	<u> </u>			+		
from other than disqualified 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.) Section B. Total Support						
• • • • • • • • • • • • • • • • • • • •	T (-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(f) T-1-1
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
, , , , , , , , , , , , , , , , , , ,						
c Add lines 10a and 10b						
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.)		1		1		
14 First 5 years. If the Form 990 is for t	he organization's f	iret eacond third	fourth or fifth tax	Vear as a section F	- -	l n
	J				. , . , .	,,,
Section C. Computation of Publ	ic Support Per					
15 Public support percentage for 2022 (column (f))		15	%
16 Public support percentage from 202		•			16	%
Section D. Computation of Inves					1.01	
17 Investment income percentage for 2			ne 13. column (f))		17	%
18 Investment income percentage from			, (.,,		18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization		· ·	-		-	

232023 12-09-22

Schedule A (Form 990) 2022

54-1429614

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
35		
3с		
4a		
-+a		
4b		
4c		
5 -		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
54		
9b		
9c		
40		
10a		
10b		
ıle A (Forn	n 990)	2022

VTRGTNTA 54-1429614 Schedule A (Form 990) 2022 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes 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. 2a 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 2b these activities but for the organization's involvement. 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. За 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.

2025 12-09-22 Schedule A (Form 990) 2022

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA 54-1429614 Schedule A (Form 990) 2022 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions).

1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organ	nization (see

<u>5</u>

7

8

Schedule A (Form 990) 2022

Current Year

6

7

Multiply line 5 by 0.035.

Section C - Distributable Amount

instructions)

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

VIRGINIA 54-1429614 Schedule A (Form 990) 2022 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

MAKE-A-WISH FOUNDATION OF GREATER

VIRGINIA 54-1429614 Schedule A (Form 990) 2022 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: GROSS FUNDRAISING REVENUE 2018 AMOUNT: \$ 23,674. 2019 AMOUNT: \$ 41,550. 2020 AMOUNT: \$ 12,107. 2021 AMOUNT: \$ 28,672. 2022 AMOUNT: \$ 28,787. OTHER REVENUE 2018 AMOUNT: \$ 3,236. 2019 AMOUNT: \$ 2,369. 2020 AMOUNT: \$ 956. 2021 AMOUNT: \$ 496. 2022 AMOUNT: \$ 0. GROSS GAMING REVENUE 2018 AMOUNT: \$ 2019 AMOUNT: \$ 2,260. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0.

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

MAKE-A-WISH FOUNDATION OF GREATER

VIRGINIA

Employer identification number

54-1429614

Organization type	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-E2	Z X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not 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							
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	nanization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 5 contributo	panization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 109(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; in 990-EZ, line 1. Complete Parts I and II.							
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 the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
year, cont is checked purpose. I	panization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year							
answer "No" on Pa	zation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must rt 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 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.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Constant B (Form 500) (ESEE)	1 ago
Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF GREATER	
VIRGINIA	54-1429614

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) (d) Total contributions Type of contribu	ıtion				
1		Person X Payroll Noncash (Complete Part II fo					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ıtion				
2		Person Payroll Noncash X (Complete Part II fo]]] r				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ıtion				
3		Person X Payroll Noncash (Complete Part II fo]]] r				
(a)	(b)	(c) (d)					
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions Type of contributions Person X Payroll Noncash (Complete Part II for noncash contribution)]]] r				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ıtion				
5		Person X Payroll Noncash (Complete Part II fo					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	ıtion				
6_		Person X Payroll Noncash (Complete Part II fo					

223452 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **3**

Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF GREATER	
VIRGINIA	54-1429614

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	-				
2		-				
		\$\$ 489,915.	08/31/23			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		_ \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		_				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		- \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		_				

Schedule B (Form 990) (2022)

Employer identification number Name of organization MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA 54-1429614 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2022 Open to Public

Open to Public Inspection

MAKE-A-WISH FOUNDATION OF GREATER Name of the organization **Employer identification number** VTRGTNTA 54-1429614 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 VIRGINIA					54-142		Pa	age 2
Par	t III Organizations Maintaining C	Collections of Art	i, Historical Tre	asures, or Othe	er Sir	nilar Asset	s (contir		
3	Using the organization's acquisition, access	on, and other records	s, check any of the f	ollowing that make	signific	cant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	how they further th	e organization's exe	mpt p	urpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical treas	sures, or other simila	r asse	ets	_		_
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Forn	n 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributions	s or other assets not	includ	ded	_		_
	on Form 990, Part X?					L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		_				
					<u>_</u>		Amoun	<u>t</u>	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year				-	1e			
f	Ending balance				L				
	Did the organization include an amount on F				•		Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete					broo yeara baak	(a) Four		hook
		(a) Current year	(b) Prior year	(c) Two years back	(a) 1	hree years back	(e) Four		
1a	Beginning of year balance	108,353.	100,667.	83,867.	-	74,857.		12,	976.
b	Contributions	8,986.	35,000. -18,469.	16 900	-	0 010			881.
С	Net investment earnings, gains, and losses	0,960.	-10,409.	16,800.		9,010.			501.
d	Grants or scholarships								
е	Other expenditures for facilities	6,051.	8,845.						
	and programs	0,031.	0,043.						
τ	Administrative expenses	111,288.	108,353.	100,667.		83,867.		7/ 1	857.
g	End of year balance					03,007.		/=,0	
2	Provide the estimated percentage of the cur	rent year end balance) neid as:					
a	Board designated or quasi-endowment Permanent endowment 76.3200	%	_%						
D		% %							
C	The percentages on lines 2a, 2b, and 2c sho	-^ -							
32	Are there endowment funds not in the posse		tion that are held ar	nd administered for t	ho				
oa	organization by:	331011 Of the organiza	tion that are note ar	ia administered for t	110		ſ	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations							$\overline{}$	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?				3b	\neg	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 1	10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accum	nulated	(d) Boo	k value	
		basis (investm	, ,	' '	epreci		(-,		
1a	Land								
	Buildings								
	Leasehold improvements			5,255.		5,255.			0.
	Equipment			69,131.		59,963.		9,:	168.
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)				9,1	168.

Schedule D (Form 990) 2022

MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA 54-1429614 Page 3 Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" 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 or end-of-year market value (1) (2)(3) (4)(5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value DUE FROM NATIONAL 126,271. (1) DUE FROM OTHER CHAPTERS 2,279. SECURITY DEPOSIT 5,425. (3)RIGHT-OF-USE ASSETS 55,914. (4)(5) (6) (7) (8) (9) 189,889. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes (1) DUE TO NATIONAL 15,778. DUE TO OTHER CHAPTERS 27,998. (3)LEASE LIABILITY 58,110. (4)(5) (6)(7)(8)(9)101,886. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 VIRGINIA			54-142	9614 Page 4
Par	T XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			3,845,945.
1				1	3,045,945.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-2,724.		
a	Net unrealized gains (losses) on investments		435,063.	-	
b			433,003.	-	
c d				-	
	Add lines 2a through 2d			2e	432,339.
3	Subtract line 2e from line 1			3	3,413,606.
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	4a	1,000.		
b	Other (Describe in Part XIII.)		-14,931.		
	Add lines 4a and 4b			4c	-13,931.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,399,675.
Pai	rt XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses 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	3,365,572.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	411,632.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	,		14,931.		
е	Add lines 2a through 2d			2e	426,563.
3	Subtract line 2e from line 1			3	2,939,009.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	1 000		
	Investment expenses not included on Form 990, Part VIII, line 7b		1,000.	-	
	Other (Describe in Part XIII.)	·		-	1 000
	Add lines 4a and 4b			4c	1,000.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	2,940,009.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	•		; Part X, Iir	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	tion.		
PART	V, LINE 4:				
	. ,				
THE	INTENDED USE OF THE ENDOWMENT FUND IS TO PROVIDE RESOURCES	TO GRANT			
THE	WISHES OF CHILDREN WITH CRITICAL ILLNESS.				
PART	X, LINE 2:				
THE	FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL	INCOME AND			
VIRG	SINIA TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SI	ECTION			
501(C)(3) AND SECTION 58.1 OF THE VIRGINIA CODE. HOWEVER, THE 1	FOUNDATION			
REMA	AINS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIV	VED FROM A			
WD 2 2	DE OD DIJGINDGG DEGIJI ADI V GADDIDD ON AND NOW IN DUDOUS NOS	OE MITE			
TRAL	DE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE	Of THE			
ם מווק	POSE FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROV	TSTON HAS			
LOKE	ODE TOW WHICH IT WAS GRANTED EXEMPTION, NO INCOME THA PROV.	IDION HAD			
BEEN	RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRA	ADE OR			
	4 09-01-22			Schedule	D (Form 990) 2022
	· ·				_ (

MAKE-A-WISH FOUNDATION OF GREATER

Schedule D (Form 990) 2022 VIRGINIA	54-1429614	Page 5
Part XIII Supplemental Information (continued)		
BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL		
STATEMENTS TAKEN AS A WHOLE.		
TIMENTO TIMENTO IT WHOLE.		
MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE		
FOUNDATION AT AUGUST 31, 2023 AND 2022. THE FOUNDATION FILES INCOME TAX		
RETURNS IN THE U.S. FEDERAL JURISDICTION AND APPLICABLE STATE		
THE TOTAL CONTONS		
JURISDICTIONS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO		
THE STATEMENT OF REVENUE -14.931.		
THE STATEMENT OF REVENUE -14,931.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
		-
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO		
THE STATEMENT OF REVENUE 14,931.		
11,501.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization MAKE-A-WISI VIRGINIA	H FOUNDATION OF GREATER					Employer ide 54-142961	ntification number 4
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re	gistration
3							
						-	

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 VIRGINIA 54-1429614 Page 2

Pa	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
		of fundraising event contributions and gro				s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			WISH BALL 24	WALK FOR WISHES 23	8	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
ine			(event type)	(CVCIII type)	(total namber)				
Revenue	1	Gross receipts	177,880.	135,197.	145,746.	458,823.			
	2	Less: Contributions	177,880.	130,707.	121,449.	430,036.			
	3	Gross income (line 1 minus line 2)		4,490.	24,297.	28,787.			
	4	Cash prizes							
	5	Noncash prizes		3,392.	650.	4,042.			
Direct Expenses	6	Rent/facility costs			11,774.	11,774.			
t Exp	7	Food and hoverages		221.	10,030.	10 251			
)irec	′	Food and beverages		221.	20,000.	10,251.			
	8	Entertainment		877.		877.			
	9	Other direct expenses	241.	6,943.	9,590.	16,774.			
	10	Direct expense summary. Add lines 4 through	9 in column (d)			43,718.			
		Net income summary. Subtract line 10 from li				-14,931.			
Ра	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than				
		\$15,000 on Form 990-EZ, line 6a.	Ι	(In) Dull toba/instant		(d) Total coming (add			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue				zgo, progressive zgo					
Re	1	Gross revenue							
Se	2	Cash prizes							
ense	3	Noncash prizes							
irect Expenses	3	Noncasii piizes							
	4	Rent/facility costs							
D	5	Other direct expenses							
		Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2 through	r 5 iir coluiriir (a)						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
		ter the state(s) in which the organization condu	_						
		he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No			
b	If "	No," explain:							
	_								
100	\//-	ere any of the organization's gaming licenses re	wokod suspended exte	rminated during the tax v	oar?	Yes No			
		ere any or the organization's gaming licenses re Yes," explain:	woneu, suspeniueu, or te	minated during the tax y	Gai :	1 es 140			
	_								
	_								

Schedule G (Form 990) 2022

232082 10-27-22

MAKE-A-WISH FOUNDATION OF GREATER

Sch	nedule G (Form 990) 2022 VIRGINIA 5-	4-1429614	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	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?	Yes	No
13			
	a The organization's facility	13a	%
	o An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100]	
17	Effici the fiame and address of the person who prepares the organization's gaining/special events books and records.		
	Name		
	Name		
	Address		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
,	c If "Yes," enter name and address of the third party:		
•	on res, enter hame and address of the till party.		
	Nama		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
ŀ	5 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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lines 0 (2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Tartin, intes 5,	50, 100,
_	130, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			

MAKE-A-WISH FOUNDATION OF GREATER

Schedule G	(Form 990) VIRGINIA	54-1429614	Page 4
Part IV	(Form 990) VIRGINIA Supplemental Information (continued)		
	·		

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

MAKE-A-WISH FOUNDATION OF GREATER Name of the organization **Employer identification number** VIRGINIA 54-1429614 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

VIRGINIA 54-1429614 Schedule I (Form 990) 2022 Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 1,081,145.FMV WISHES GRANTED 167 247,294. TRAVEL, M&E, SUPPLIES Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: FOR EACH CHILD WHO MEET ELIGIBILITY CRITERIA. A FILE IS ESTABLISHED IN ACCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURES. THE CHILD IS INTERVIEWED BY THE WISH GRANTING STAFF TO UNDERSTAND THE CHILD'S WISH REQUEST. A WISH BUDGET IS CREATED BY WISH STAFF AND APPROVED BY 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.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

MAKE-A-WISH FOUNDATION OF GREATER

VIRGINIA

Employer identification number 54-1429614

Pá	art I Questions Regarding Compensation					
			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
	Receive a severance payment or change-of-control payment?	<u>4a</u>		X		
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X		
С	c Participate in or receive payment from an equity-based compensation arrangement?			Х		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:			х		
	The organization?	5a		X		
a	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b				
6						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
_		6-		х		
	The organization?	6a		X		
a	Any related organization?	6b				
7	If "Yes" on line 6a or 6b, describe in Part III.					
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
0		8		х		
9		-				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9				
	Regulations section 53.4958-6(c)?	J				

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

Schedule J (Form 990) 2022

MAKE-A-WISH FOUNDATION OF GREATER

Schedule J (Form 990) 2022 VIRGINIA 54-1429614 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SHERI LAMBERT	(i)	176,682.	22,330.	0.	10,656.	15,123.	224,791.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
_	(ii)								
	(i)								
	(ii)								

MAKE-A-WISH FOUNDATION OF GREATER

VIRGINIA 54-1429614 Schedule J (Form 990) 2022 Page 3 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 7: INCENTIVE AMOUNTS BASED ON MET CRITERIA OF THE PLAN ARE PRESENTED TO THE BOARD CHAIR AND EXECUTIVE COMMITTEE, WHO THEN MADE RECOMMENDATIONS AND APPROVAL FOR INCENTIVE COMPENSATION, AS REFLECTED IN OUR MINUTES.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

MAKE-A-WISH FOUNDATION OF GREATER Name of the organization

VIRGINIA

Employer identification number 54-1429614

Par	t I Ty	pes of Property					•			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) Method of de noncash contribu		_	s
1	Δrt - Work	s of art		Items contributed	r om ood, r are vin, inte	19				
2		rical treasures								
3		onal interests								
4		publications								
5		nd household goods								
6		other vehicles								
7		planes								
8	Intellectua		1							
9		- Publicly traded		2	57,74	4.	FMV			
10		- Closely held stock			, , , ,	Ť				
11		- Partnership, LLC, or								
••	trust intere									
12		- Miscellaneous								
13		conservation contribution -								
	Historic st									
14		conservation contribution - Other								
15		e - Residential								
16										
17		e - Other								
18		s								
19		ntory								
20		medical supplies								
21			1							
22		artifacts								
23		specimens								
24		ical artifacts								
25	Other	(WISH-RELATED)	Х	236	561,59	0.	FMV			
26	Other	(SPECIAL EVENTS)	Х	29	36,21	4.	FMV			
27	Other	OTHER	Х	19	14,63	6.	FMV			
28	Other	· · · · · · · · · · · · · · · · · · ·			·					
29		Forms 8283 received by the organ	nization during	the tax year for c	ontributions					
		the organization completed Form 8							0	
			, ,	J					Yes	No
30a	During the	year, did the organization receive	by contributio	n any property rep	orted in Part I, lines 1 thro	oug	n 28, that it			
		for at least 3 years from the date o								
	exempt purposes for the entire holding period?							Х		
b										
31							31	Х		
32a										
							Х			
b										
33	3 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
	describe in	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 VIRGINIA	54-1429614	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information.	33, and whether the organizembination of both. Also cor	zation nplete
<u> </u>		
SCHEDULE M, PART I, COLUMN (B):		
THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS		
RECEIVED.		

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF GREATER

VIRGINIA

Employer identification number 54-1429614

PART III LINE 4A, DESCRIPTION OF PROGRAM SERVICE: IT IS THE FOUNDING PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY ELIGIBLE CHILD, BETWEEN 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. STRIVE TO BRING A SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY DIFFICULT TIMES AND DELIVER A JOYFUL, LIFE-CHANGING EXPERIENCE, WHETHER THE WISH IS A PRINCESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS OTHER POSSIBILITIES DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA GRANTED 167 LIFE-CHANGING WISHES IN THE FISCAL YEAR ENDING AUGUST 31, 2023. THE TOTAL COST OF WISHES GRANTED FOR THE FISCAL YEAR WAS \$2,261,524. OF THIS AMOUNT \$239,275 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND CONTRIBUTIONS SUCH AS TRAVEL AND TRAVEL SERVICES. TRANSPORTATION AND OTHER SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S LODGING WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER THE IRS REQUIRES THIS AMOUNT BE EXCLUDED FROM BOTH REVENUE AND EXPENSE. IN DECEMBER 2019, AN OUTBREAK OF A NOVEL STRAIN OF CORONAVIRUS (COVID-19) BEGAN. ON MARCH 10, 2020, IN CONJUNCTION WITH THE MAKE-A-WISH AMERICA NATIONAL MEDICAL ADVISORY COUNCIL (NMAC) MAKE-A-WISH AMERICA ISSUED INSTRUCTIONS TO PAUSE TRAVEL AND LARGE GATHERING WISHES UNTIL DEEMED MEDICALLY SAFE FOR OUR VULNERABLE POPULATION AND THEIR FAMILIES. ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION CHARACTERIZED COVID-19 AS A PANDEMIC.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA	Employer identification number 54-1429614
AS OF SEPTEMBER 15, 2021, IN CONSULTATION WITH THE NMAC, THE PAUSE ON	
DOMESTIC TRAVEL TO LARGE GATHERINGS WAS LIFTED, IF TRAVEL OCCURRED BY	
AUTOMOBILE. THE PAUSE ON AIRLINE TRAVEL WAS LIFTED DECEMBER 1, 2021	
WITH A GRADUATED APPROACH WITH FULL DOMESTIC TRAVEL RESUMING JUNE OF	
2022. INTERNATIONAL AND CRUISE WISH TRAVEL IS STILL PAUSED AS OF	
AUGUST 31, 2023. PRIOR TO FISCAL YEAR 2020, TRAVEL WISHES HAVE BEEN	
APPROXIMATELY 84% OF WISHES GRANTED AND THE NUMBER OF GRANTED WISHES	
AVERAGED APPROXIMATELY 182. THE NUMBER OF WISHES GRANTED DURING THE	
YEARS ENDED AUGUST 31, 2023 AND 2022 WAS 167 AND 150, RESPECTIVELY.	
THE FOUNDATION CONTINUES TO EVALUATE ALL EXPENSES AND FUNDRAISING	
EFFORTS IN LIGHT OF THE IMPACT OF COVID-19.	
FORM 990, PART VI, SECTION A, LINE 1A:	
EXECUTIVE COMMITTEE: THE PURPOSE OF THE EXECUTIVE COMMITTEE IS TO LEAD THE	
BOARD OF DIRECTORS OF MAKE-A-WISH GREATER VIRGINIA IN THE ORDERLY AND FAIR	
GOVERNANCE OF MAKE-A-WISH GREATER VIRGINIA BY, AMONG OTHER THINGS, ACTING	
ON BEHALF OF THE BOARD WITHIN THE SCOPE OF THE COMMITTEE'S AUTHORITY AND	
OVERSEEING THE FUNCTIONS, OPERATIONS, AND ACTIVITIES OF THE BOARD AND ITS	
COMMITTEES.	
THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE BOARD CHAIR, THE	
VICE-CHAIR(S), THE IMMEDIATE PAST-CHAIR, THE SECRETARY AND TREASURER OF THE	
CORPORATION. THE BOARD MAY ALSO APPOINT ONE OR MORE ADDITIONAL DIRECTORS TO	
SERVE AS AT-LARGE MEMBERS OF THE EXECUTIVE COMMITTEE IN ITS DISCRETION AND	
FOR SUCH TERM OR TERMS AS THE BOARD SHALL DEEM APPROPRIATE. THE	

Schedule O (Form 990) 2022	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA	Employer identification number 54-1429614
PRESIDENT/CEO SHALL BE A NON-VOTING EX OFFICIO MEMBER OF THE COMMITTEE, AND	·
SHALL BE INVITED TO ATTEND ALL COMMITTEE MEETINGS EXCEPT THOSE WHERE	
HER/HIS POSITION OR COMPENSATION IS UNDER DISCUSSION. THE BOARD CHAIR SHALL	
SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE. WHEN THE FULL BOARD IS NOT	
IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE POWER AND	
AUTHORITY OF THE BOARD TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION,	
SUBJECT TO ANY PRIOR LIMITATIONS IMPOSED BY THE BOARD, THE ARTICLES OF	
INCORPORATION, THESE BYLAWS, OR APPLICABLE LAW.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM	
ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE	
ACCOUNTING FIRM WAS REVIEWED AND APPROVED BY THE FOUNDATION'S	
PRESIDENT/CEO. THE RETURN WAS THEN PRESENTED TO THE EXECUTIVE COMMITTEE OF	
THE BOARD, COMPOSED OF FINANCIAL PROFESSIONALS, FOR THEIR REVIEW.	
SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FORM 990 WAS	
PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING WITH THE	
INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION ADOPTED A "STATEMENT OF VALUES, CODE OF ETHICS AND	
CONFLICT OF INTEREST POLICY" WITH WHICH ALL OFFICERS, DIRECTORS, EMPLOYEES	
AND VOLUNTEERS ARE REQUIRED TO COMPLY AND ACKNOWLEDGE BY SIGNING, UPON	
THEIR INITIAL INVOLVEMENT WITH THE ORGANIZATION AND ANNUALLY THEREAFTER, AN	
"ANNUAL CONFLICT OF INTEREST AND ETHICS ASSURANCE STATEMENT" (THE "COI	
STATEMENT"). THE COI STATEMENT REQUIRES OFFICERS, DIRECTORS AND KEY	
EMPLOYEES TO DISCLOSE THE EXISTENCE OF ANY FAMILY AND/OR BUSINESS	
RELATIONSHIPS THEY MAY HAVE WITH OTHER OFFICERS, DIRECTORS OR KEY EMPLOYEES	-
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Schedule O (Form 990) 2022	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA	Employer identification number 54-1429614
OF THE ORGANIZATION. THE SECRETARY OF THE BOARD IS CHARGED WITH ENSURING	-
THE COI STATEMENT AND ADDENDUM ARE SIGNED EACH YEAR BY DIRECTORS, WHILE THE	
ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IS CHARGED WITH ENSURING THOSE	
DOCUMENTS ARE SIGNED BY OFFICERS AND KEY EMPLOYEES. IF ANY COVERED PERSON	
DISCLOSES A POTENTIAL OR ACTUAL CONFLICT, THE FOLLOWING PROCEDURE IS	
FOLLOWED (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, (2)	
THE COVERED PERSON RESPONDS TO ANY FACTUAL QUESTIONS FROM THE BOARD RELATED	
TO THE DISCLOSED CONFLICT, AND (3) THE BOARD, WITHOUT THE COVERED PERSON,	
DISCUSSES THE CONFLICT AND APPROVES OR DISAPPROVES THE PROPOSED	
TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PRESIDENT/CEO'S COMPENSATION WAS DETERMINED BY THE EXECUTIVE COMMITTEE,	
CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED AGAINST NATIONAL	
BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS BY MAKE-A-WISH	
FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED BY STATE	
ORGANIZATIONS AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE DISCUSSIONS	
AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED. DOCUMENTATION INCLUDES THE	
TERMS OF THE TRANSACTION AND THE DATE IT WAS APPROVED, THE MEMBERS PRESENT	
DURING DELIBERATIONS AND THOSE WHO VOTED ON IT, AND THE COMPARABILITY DATA	
RELIED UPON AND HOW IT WAS OBTAINED.	
FORM 990, PART VI, SECTION B, LINE 15B	
THE FOUNDATION DOES NOT HAVE OTHER OFFICERS WHO ARE COMPENSATED AND HAS NO	
EMPLOYEES WHO MEET THE DEFINITION OF KEY EMPLOYEES BESIDES THE PRESIDENT &	
CEO.	
EODW 000 DADW VI CECUTON C. LINE 10	
FORM 990, PART VI, SECTION C, LINE 19:	

Schedule O (Form 990) 2022	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA	Employer identification number 54-1429614
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST P	OLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	

232212 10-28-22 Schedule O (Form 990) 2022