Form **990**

** 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) 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.

OMB No. 1545-0047 **Open to Public** Inspection

		of the Treasury enue Service		.gov/Form990 for instruc		-	•	•	Open to Public Inspection
			ar year, or tax year beginning				UG 31, 202	3	
_	Check if		organization			-	D Employe	r identific	ation number
	pplicab	le [.]	-WISH FOUNDATION OF OR	ANGE COUNTY					
	Addre	ess AND TH	E INLAND EMPIRE, INC.						
	Name	e ge Doing bi	usiness as				33-(036556	
	Initial returr	Number	and street (or P.O. box if mail is	not delivered to street addre	ss)	Room/suite	E Telephor	ne number	
	Final returr	√ 3230 E	L CAMINO REAL		,	100	-	73-9474	
	termi ated	n -	own, state or province, countr	y, and ZIP or foreign posta	al code		G Gross recei	ots \$	5,639,679.
	Amer returr	nded TRUTNE	, CA 92602	-			H(a) Is this	a group re	turn
	Appli tion	F Name a	nd address of principal officer:	KATIE ELLIS			for sub	ordinates	? Yes X No
	pend	ING SAME AS	C ABOVE				H(b) Are all su	bordinates ind	cluded? Yes No
11	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)) or 📃 527	If "No,	' attach a l	list. See instructions
	Nebsi		SH.ORG/OCIE				H(c) Group	exemptior	number
		f organization:	x Corporation 🗌 Trust [Association 0th	ier	L Year	of formation:	1983 M	State of legal domicile: CA
Pa	art I	Summary							
đ	1	Briefly describ	e the organization's mission o	r most significant activities	S: TOGETH	HER, WE CF	REATE		
Governance		LIFE-CHANG	ING WISHES FOR CHILDREN	N WITH CRITICAL ILL	NESSES.				
srna	2	Check this bo	if the organization	discontinued its operatio	ns or dispo	osed of more	than 25% of	its net ass	
Š	3		ing members of the governing						20
	4		ependent voting members of						20
es	5		of individuals employed in cale						32
Activities &	6		of volunteers (estimate if nece						404
Act			d business revenue from Part '						0.
	b	Net unrelated	business taxable income from	Form 990-T, Part I, line 1	1	<u></u>			0.
		_					Prior Yea		Current Year
e	8		and grants (Part VIII, line 1h)					15,556.	4,272,286.
/eni	9	•						12,550.	91,850.
Revenue	10		come (Part VIII, column (A), line					72,187.	74,387.
_	11		(Part VIII, column (A), lines 5,					24,672.	3,663.
	12		- add lines 8 through 11 (must					75,621.	4,442,186.
	13		nilar amounts paid (Part IX, co				1,5	90,031.	1,935,736.
	14		o or for members (Part IX, col				1 5	15,695.	1,816,306.
ses	15		compensation, employee ber				1,5	1,152.	1,010,300:
Expenses	168		undraising fees (Part IX, colum			,850.		1,152.	۰.
Ä			ng expenses (Part IX, column				1 0	95,939.	1,337,110.
_	17		es (Part IX, column (A), lines 11 s. Add lines 13-17 (must equal					02,817.	5,089,152.
	18 19		expenses. Subtract line 18 fro					72,804.	-646,966.
- Line	_	Nevenue less	expenses. Subtract line 10 iro				ginning of Cur		End of Year
ets c	20	Total assets (F	Part X line 16)					97,346.	4,012,194.
Net Assets or	21		(Part X, line 26)					16,360.	1,884,454.
Net.	22		fund balances. Subtract line 2	1 from line 20				30,986.	2,127,740.
	art II	Signature					,	,	, ,
Und	er pen	alties of perjury,	declare that I have examined this	return, including accompany	ing schedule	es and stateme	ents, and to the	best of my	knowledge and belief, it is
true	, corre	ct, and een sine te	veclaration of preparer (other that	n officer) is based on all info	rmation of w	/hich preparer			
		KATIF.	F1115				6	5/20/20	24
Sig	n	Signature of of	50000 11Cer 3F496				Date)	
Her			5, INTERIM PRESIDENT &	CEO					
_		Type or print n	ame and title						
		Print/Type prep	parer's name	Preparer's signature		[Date	Check	PTIN
Paid	I	MELISSA HAN		MELISSA HANGSL		0	6/19/24	if self-employe	d P02087031
Prep	arer	Firm's name	CLIFTONLARSONALLEN LI	ЪЪ			Firm	i's EIN 4	11-0746749
Use	Only	Firm's address	20 EAST THOMAS ROAD,	SUITE 2300					
			PHOENIX, AZ 85012				Pho	<u>ne no. (602</u>	2) 266-2248
May	/ the I	RS discuss this	return with the preparer show	vn above? See instruction	s				X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? See instructions

No

Form	MAKE-A-WISH FOUNDATION OF ORANGE COUNTY 990 (2022) AND THE INLAND EMPIRE, INC.	33-0036556	Page 2
-	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE		
	CREATES LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.		
	Did the exemination undertake any configent program arrived during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
4	If "Yes," describe these changes on Schedule O.	possured by exper	2000
4	Describe the organization's program service accomplishments for each of its three largest program services, as n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
4.5	revenue, if any, for each program service reported.		91 850
4a	(Code:) (Expenses \$ 3,219,801. including grants of \$ 1,935,736.) (Revenue SEE SCHEDULE O. 0.	e\$	91,050.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$	
4d	Other program services (Describe on Schedule O.)	۱. ۱	
	I Evenence C including grants of C)	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 3,219,801.		

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

	990 (2022) AND THE INLAND EMPIRE, INC. 33-00365	56	Р	age 3
Par	T IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	F		
0		6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
•		11e	x	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	A	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	<u> </u>		
13		19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u> </u>
b		20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	 (2022)
232003	3 12-13-22	⊢orm	330	12022)

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MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Part IV Checklist of Required Schedules (continued) Yes No. 22 Dut the organization report more than 55:000 of grants or other assistance to or for domestic individuals or Part IX. Bolth (N, Im 22) Yes No. 23 Dut the organization narver "Yes" to Part VII. Section A, Im 3, 4, or 5, about compensation of the organization is current and former offices, directors, trustees, key employees, and highest compensation of the organization is current and former offices, directors, trustees, the organization is the section book tase with an outstanding principle amount of more than 5100.000 as of the Schedule J. W 10: go to Im 29: 1000 the organization inset any proceeds of take earns thords beyind a temporery period exception? 24b 24b 24d <		990 (2022) AND THE INLAND EMPIRE, INC. 33-00365	56	Р	_{age} 4
22 Del the organization report more than \$5,000 of grante or other assistance to or for domestic individuals on Part X, Conduct & Card and M 22 X 23 Del the organization answer: "Ver" to Part VII, Section A, Ind 3, 4, or 5, aboxt compensation of the organization's current and former officens, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J, M" No, "to bine ZB 23 X 24 Del the organization answer in Yes" to Part VII, Section A, Ind 3, 4, or 5, aboxt compensation of the organization of the organization invest any proceeds of tax-exempt bonds 2002? If "Yes," complete Schedule J, M" No, "to bine ZB 24a X 25 Del the organization invest any proceeds of tax-exempt bonds beyond a lemporary period exception? 24a X 26 Del the organization and attain the adoptic (20) ergonizations. Do the organization gain in a vecase bond? 25a 25a 27 Z bit the organization avale that in endpaqori an access benefit transaction with a disqualified perion dung the year? If "Yes," complete Schedule L, Part I 25a X 26 Del the organization avale that in endpaqori an access benefit transaction with a disqualified perion dung the year? If "Yes," complete Schedule L, Part I 25b X 27 Do the organization avale that in endpaqori an access therefit transaction with a disqualified period any of the organization avale that in endpaqori an access benefit transachore of tromore finance organicase than a current or f	Par	TIV Checklist of Required Schedules (continued)			
Part K, column (A), line 2? (* res, * complete Schedule (Perst 1 and III. 22 X 23 Did the organization asset: ************************************				Yes	No
23 Did the organization asswer "Ver" to Fart IVI. Section A, line 3, 4, or 5, about compensation of the organization sourced and comer offerse, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule / IVI. Section 10 and the interval of the organization have at taxe some thore of the Stockule / IVI. Section 10 and 1	22				
and former officers, directors, trustees, key employees, and highest compensated employees? # 'Yes, "complete Schedule", 4 y 24a Dd the organization have a tax exempt bonds bound issue with an outstanding principal amount of more fina \$100,000 as of the list day of the yes, that was issued after December 31, 2002? # 'Yes, "complete Schedule K, 4' No," to the Sta Schedule K, 4' No," to the Sta Schedule K, 4' No," to the Sta and the segminization markatis an escore account other than a relunding escore at any time during the year? 24a 25 Do the organization markatis an escore account other than a relunding escore at any time during the year? 24d 26 Do the organization markatis an escore account other than a relunding escore at any time during the year? 24d 26 Do the organization markatis an escore account other than a relunding escore at any time during the year? 24d 27 Dia the organization markatis an escore account other than a relunding escore at any time during the year? 24d 28 Schedule L, Part 1 25a X 29 Dia the organization reports an any or the organization sprin Forms 000 POBE271 //Yes, 'complete Schedule L, Part 1 25a X 27 Did the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor or employee thereod, agrin or other assistance to any organize sprince the Schedule L, Part 1' 26a X 27 Dd the organization nervice a contribution or employee, cre	~~		22	X	
Schedule / 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K, III Yoo," go to line 25a. X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary parted exception? 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary parted exception? 24a X 25b Section 50(163), 501(40), and 501(20) group capazitations. Did the organization angle in an excess benefit transaction with a disqualified person during the year? 24d 24d 25b Section 50(163), 501(40), and 501(20) group capazitations. Did the organization angle in an excess benefit transaction is a not bear reported on any of the organization appet bit shore organization any of the serganization appet bit shore organization parts bits any organization. Part bits hor organization appet bits any organization. Part bits the organization or parables to any current or forme form, direct, rutuse, key employee, creator or founder, substantial contributor. or 55% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization proved is a paint or other assistance to any current or founder, substantial contributor. or 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Did the organization neares the apployee. Interest, a grant selection committee member, or to a 5% controlled entity (includ	23				
24a Diction organization have a tax exempt bend issue with an outstanding principal amount of more than \$100,000 as of the fast day of the yoar, that was issued after Dockmere 31, 2002? If "Yes," <i>nanxee lines 24b through 24d and complete Schedule I, Wes, " to be the enginetation mathem an escrow account of ther than articular server account of the organization area servers benefit transaction with a disqualified person than give yoar? If "Yes," <i>complete Schedule L, Part I</i> 25a X 25 Did the organization naveme that it engaged in an excess benefit transaction with a disqualified person than give yoar? If "Yes," <i>complete Schedule L, Part I</i> 25a X 26 Did the organization proved any of the seganization's prior Forms 990 or 990 E27 if "Yes," <i>complete Schedule L, Part I</i> 25a X 27 Did the organization proved ag and no often satistance to any current or forme officer, director, fustee, key employee, creator or founder, substantial contributor, or 393% controlled entity of number of any of these persons? If "Yes," <i>complete Schedule L, Part I</i> 25a X 28 Was the organization proved ag and or often satistance to any current or forme officer, director, fustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part I 25a X </i>			23	x	
at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete year year b De the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d d Did the organization maintain an encrow account ofher than a refunding scrow at any time during the year to detease any tax-exempt bonds? 24d d Did the organization and tax an "on behal of" issuer for bonds outstanding at any time during the year? 24d d Did the organization and tax an "on behal of" issuer for bonds outstanding at any time during the year? 24d d Did the organization and tax an "on behal of" issuer for bonds outstanding at any time during the year? 24d d Did the organization and tax an til engaged in an access benefit transaction with a disqualified perion of the organization ange in an excess therefit transaction is a not parent of norme and the organization ange in an excess therefit transaction is a not parent or forms officer, director, trustee, key employee, creator or founder, substantial contributor on 30% controlled or dity of tamin member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or offamily member of any of these persons? If "Yes," complete Schedule L, Part II 26a X 28 Was the organization report to a bonder statistic ontribution? If "Yes," complete Schedule L, Part II 26a X 29 Did the organization report to a more than 428/s	24a		25		
Schedule K. If 'We', 'go to fine 25a 24a X D Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b X C Did the organization maintain an escrow account ofher than a refunding escrow at any time during the year' 0 defease any tax evempt bonds? 24d X 25a Section 50 (tq(3), 501(q(4), and 501(q(2)a) organizations. Did the organization argues is an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 50 (tq(3), 501(q(4), and 501(q(2)a) organizations. Did the organization argues is an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a X b is the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction wanther of any of these person? If 'we's, 'complete Schedule L, Part I 25b X 27 Did the organization report any amount on Part X, line 5 or 22, for receivable former officer, director, trustee, key employee, creator or founder, substantial contributor or angloyee thereof, a grant selection commute member, or to a 55b controlled ettry for any immether of any of these person? If 'we's, 'complete Schedule L, Part I 26 X 28 Was the organization report beside and organizations described in line 28a or 280? If 'we's, 'complete Schedule L, Part I 26		· · · · · · · · · · · · · · · · · · ·			
b Def the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24e c Def the organization anisation an escrow account other than a refunding escrow at any time during the year? 24d d Def the organization axis an 'on behaft of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), 401(c)(4), and 501(c)(2) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person during the year? 14d b Is the organization aware that it engaged in an excess banefit transaction with a disqualified person during the year? 14d d Def the organization aware that it engaged in an excess banefit transaction with a disqualified person during the year? 14d 25b bdt (-, Rarl I) 260 Ddt the organization aware that it engaged in an excess banefit transaction with one common time members of any of these persons? If 'Yes,' complete Schedule L, Part II 26b X 270 Ddt the organization any of these persons? If 'Yes,' complete Schedule L, Part II 26b X 271 Ddt the organization active than accelus to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 27b X 272 Ddt the organization receive the reside to any individual described in line 28a? II 'Yes,' complete Schedule L, Part II </td <td></td> <td></td> <td>24a</td> <td></td> <td>x</td>			24a		x
any tax-exempt boods? 24c Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(e)(A), 501(e)(A), and 501(e)(2b) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // Yes,' complete Schedule L, Part I 25a X 25b Is the organization avere that lengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990 E27. // Yrs,' complete Schedule L, Part I 25a X 26D Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamily member of any of these persons? // Yes,' complete Schedule L, Part I 26 X 27 Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II). 27 X 28 Was the organization receive and thine 282, P "Yes,' complete Schedule L, Part II. 28 X 29 Did the organization receive more than 255,000 in non-cash contributions of an yib individual accretion in line 282, P "Yes,' complete Schedule L, Part II. 28 X 29 Did the organization receive more than 255,000 in non-cash contributions 7 II "Yes,' complete Schedule M. 28 X 20 Did the organization receive any p	b		24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 256 256 Section 501(c)(s), 501(c)(s), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (I 'Yes,' complete Schedule L, Part I 25a b is the organization. Paper Derovation is prior Power. 25b X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not power. 25b X controlled entity of comparization. Paper Derovations prior Power B90 or 99E/27: (I 'Yes,' complete Schedule L, Part I 25b X 27 Did the organization prior Derovation approximation. Paper Derovation, a distantial contributor or employee thereol, a grant selection committee member, or to a 30% controlled entity (including an employee thereol, a grant selection committee member, or to a 30% controlled entity (including an employee thereol, a grant selection committee member, or to a 30% controlled entity (including an employee thereol, a grant selection committee member, or to a 10% controlled entity (including an employee) thereol or appricie Schedule L, Part I 28b X 28 Was the organization provide a grant or other assistance to any current or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part N 28b X 28 Was the organization previde variable secons? If 'Yes,' complete Schedule L, Part N 28b X 29 Wis the organization receive orthoxinos of a deceeptons	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(29) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior forms 900 or 900-E27 /// *Yes,* complete Schedule L, Part // 25a X 26b Ub the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior FORM 900 r980-E27 /// *Yes,* complete Schedule L, Part // 25a X 26b Ub the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or 35% controlled entity or founder, substantial contributor, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part II 26 X 27 Did the organization applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // * 28a X 28 Was the organization applies Schedule L, Part IV 28a X 28a X 29 Was the organization receive more than \$25,000 in non-cash contributions? // *Yes,* complete Schedule N, Part I 30 X 29 Did the organization receive any to dissolve and cease operations? // *Yes,* complete Schedule N, Part I 31 X			24c		
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Free Yes," complete Schedule O 38 X 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12 1b 0 b			32		x
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			-		
(gambling) winnings to prize winners?		Enter the number of rollins w-2d included of line ra. Enter-o- in for applicable	4		
	С		10	x	
	232004				(2022)

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		MAKE-A-WISH FOUNDATION OF ORANGE COUNTY					
Form	990 (2022) AND THE INLAND EMPIRE, INC.	33-00	36556	5	Р	_{age} 5
Par		Statements Regarding Other IRS Filings and Tax Compliance (continued)					<u> </u>
						Yes	No
2a	Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ſ			
		for the calendar year ending with or within the year covered by this return	2a	32			
b		least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	х	
3a	Did t	he organization have unrelated business gross income of \$1,000 or more during the year?		[3a		X
b	lf "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	[3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other a					
	finan	cial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		x
b	lf "Y€	es," enter the name of the foreign country					
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).				
5a	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did a	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X
с	lf "Ye	es" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit				
	any o	contributions that were not tax deductible as charitable contributions?			6a		X
b	lf "Y€	es," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were	not tax deductible?			6b		
7	Orga	anizations that may receive deductible contributions under section 170(c).					
		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pa	ayor?	7a	Х	
					7b	Х	
С	Did t	he organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required				
		e Form 8282?			7c		X
d		es," indicate the number of Forms 8282 filed during the year	7d				
е		he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		·····	7e		X
f		he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		····· F	7f		X
g		e organization received a contribution of qualified intellectual property, did the organization file Fo	-	F	7g		
-		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		-C?	7h		
8	•	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		-		
		soring organization have excess business holdings at any time during the year?		·····	8		
9	•	nsoring organizations maintaining donor advised funds.			•		
a				····· [9a		
b				·····	9b		
10		tion 501(c)(7) organizations. Enter:	10-				
		tion fees and capital contributions included on Part VIII, line 12	10a				
		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11			11a				
		s income from members or shareholders					
D		unts due or received from them.)	11b				
12a		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
		es," enter the amount of tax-exempt interest received or accrued during the year	12b	ł	120		
13		tion 501(c)(29) qualified nonprofit health insurance issuers.	12.5				
		e organization licensed to issue qualified health plans in more than one state?		ľ	13a		
		See the instructions for additional information the organization must report on Schedule O.		·····	104		
b		r the amount of reserves the organization is required to maintain by the states in which the					
		nization is licensed to issue qualified health plans	13b				
с		r the amount of reserves on hand	13c	-			
14a			• • • • • • • • • • • • • • • • • • •		14a		x
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		F	14b		
		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		·····			
		ss parachute payment(s) during the year?			15		x
		es," see the instructions and file Form 4720, Schedule N.					
16		e organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		x
		es," complete Form 4720, Schedule O.					
17	Sect	ion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities				
	that	would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
		es." complete Form 6069.					

232005 12-13-22

11340619 131839 A202475

Form **990** (2022)

⁵ 2022.06000 MAKE-A-WISH FOUNDATION OF A2024751

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Form	990 (2022) AND THE INLAND EMPIRE, INC.		33-003655		P	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	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	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, 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			-	v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Rev			9		
	This Section B requests information about policies not required by the internal Rev	enue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	110
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
			,,	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		C C			
12a				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	əs," de	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			40		v
	taxable entity during the year?			16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements?			16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			y/		
	Own website Another's website X Upon request Other (explain	on Sr	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	l records			
	KATIE ELLIS - 714-573-9474					
	3230 EL CAMINO REAL, 100, IRVINE, CA 92602					
232006	12-13-22			Form	990	(2022)
	6					

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Form 990 (2	022) AND THE INLAND EMPIRE, INC.	33-0036556	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per meters weeks (Bit any four field organization below bine) Peoptable meters weeks (Bit any four field organization below bine) Reportable meters weeks (Bit any four field organization (W2/1098/MSC) Reportable compensation from the organization (W2/1098/MSC) Estimated and presentation (W2/1098/MSC) (1) GLORIA JETTER CROCKET 40.0 x 215,231 0. 9,053. (2) MARK SAWVER 40.0 x 120,887. 0. 9,053. (3) MELISSA GALLAGER 40.00 x x 120,887. 0. 9,053. (3) MELISSA GALLAGER 40.00 x x 120,887. 0. 9,735. (4) MIT BATCHELOR 5.00 x x x 0. 0. 0. (5) LORDES AIN 3.00 x x x 0. 0. 0. (6) JESE CEMAN 3.00 x x 0. 0. 0. 0. (2) JESE CEMAN 3.00 x X 0. 0. 0. <t< th=""><th>(A)</th><th>(B)</th><th></th><th></th><th>(0</th><th>C)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></t<>	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veck week (list any bours for related organizations below by line) Desc. unsergreents between indicated and the second performed attention and the second performed attenting attention and the second performed at			(do		Pos	itior					
Weight any burns for statest (ist any hours for related organization related organization related organization (W-2/1094-MISC/ 1099-MISC) Inom transmission (W-2/1094-MISC/ 1099-MISC) Compensation from the organization organization (W-2/1094-MISC/ 1099-MISC) Compensation and related organization and related organization and related organization and related organization the formation and related organization and related organizations Compensation (W-2/1094-MISC/ 1099-MISC) Compensation and related organization and related organizations (1) GLORIA JETTER CROCKET 40.00 X 215,231 0. 9,053. (2) MAR SAWTER 40.00 X 120,687. 0. 9,053. (3) MELISSA GALLADER 40.00 X X 106,075. 0. 9,735. (4) MIT BEAUGER 5.00 X X X 0. 0. 0. (5) LOURDES ANN 3.00 X X X 0. 0. 0. 0. (6) JESES CHANG 3.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		hours per	box,	, unles	ss pei	rson i	s both	n an	compensation	-	amount of
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232007 12-13-22

Form 990 (2022)

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2022.06000 MAKE-A-WISH FOUNDATION OF A2024751

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Form 990 (2022) AND THE INLAN							-		33-003	36556	5	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss pe	rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	ו	an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om th anizat d relat anizati	ie tion ted
(18) KRIS THEILER	1.00												
DIRECTOR		х						0.		٥.			0.
(19) KRISTEN LIPTON	1.00												
DIRECTOR		х						0.		0.			0.
(20) MARK CARLOS	1.00												_
DIRECTOR	1.00	Х						0.		0.			0.
(21) MIKE COLONNA	1.00												
DIRECTOR	1 00	Х						0.		0.			0.
(22) RJ MAYER DIRECTOR	1.00												•
(23) SHARI SIMMONS	1.00	Х				-		0.		0.			0.
DIRECTOR	1.00	х						0.		٥.			0.
(24) MIKE ZEMETRA	1.00	л				-		•.		<u> </u>			<u> </u>
DIRECTOR		x						0.		٥.			٥.
(25) JOHN CAIN	1.00					\vdash							
DIRECTOR (THRU 2/11/23)		х						0.		٥.			Ο.
(26) KIMBERLEY LAYTON	1.00												
DIRECTOR (THRU 1/31/23)		х						0.		٥.			Ο.
1b Subtotal								442,193.		٥.		27,	776.
c Total from continuation sheets to Part VI								0.		٥.			٥.
d Total (add lines 1b and 1c)								442,193.		٥.		27,	776.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization												-	3
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated empl	oyee on	_			
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										····	4	Х	
5 Did any person listed on line 1a receive or a	-				-			-		- 1	-		x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or si	ich j	oers	on .					5		_ <u>^</u>
1 Complete this table for your five highest con	moonsated ind	lono	ndo	ot co	ontre	actor	re th	at received more than \$	100 000 of comp	oncati	ion fre		
the organization. Report compensation for t										chisat			
(A)	ne calendar ye		, i i dii	ig w		<u> </u>		(B)			(0	2)	
Name and business	address	NO	NE					Description of s	ervices	Co		nsatio	n
							\neg						

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

232008 12-13-22

11340619 131839 A202475

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Form 990 AND THE 1	SH FOUNDATION								33-00365	556
Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization
27) MARK TAYLOR	1.00	v						0.	0.	
IRECTOR (THRU 4/7/23)		x						0.	0.	
		-								
		1								
	I	1	I		1		1			

232201 04-01-22

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

AND THE INLAND EMPIRE, INC. 33-0036556 Page 9 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) (D) (A) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 662. Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues 1,122,035. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,149,589 similar amounts not included above 1f 521,881 g Noncash contributions included in lines 1a-1f 1g |\$ 4,272,286. h Total. Add lines 1a-1f **Business Code** 2 a WISH ASSIST FEES 91,850, 900099 91,850. Program Service Revenue b С d f All other program service revenue 91,850, g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 47,492 47,492 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses 6c **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 802,608. assets other than inventory 7a b Less: cost or other basis 773,883. 1,830 Other Revenue and sales expenses 7b 7c 28,725. -1,830 c Gain or (loss) 26,895. 26,895. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,122,035. of contributions reported on line 1c). See Part IV, line 18 415,545. 8a **b** Less: direct expenses 421,780. 8b -6,235 -6,235 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 9,880 Part IV, line 19 9a Ο. **b** Less: direct expenses 9b 9,880 9,880. 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 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a OTHER INCOME 900099 18. 18 Revenue b С d All other revenue 18 e Total. Add lines 11a-11d 4,442,186. 91,850 Ο. 78,050. 12 Total revenue. See instructions Form 990 (2022)

232009 12-13-22

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MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

orm 990 (2022) AND THE INLAND EMI Part IX Statement of Functional Expense			33-003	6556 Page 1
ection 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must corr	nplete column (A).	
Check if Schedule O contains a respons	(1)		<u> </u>	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,935,736.	1,935,736.		
 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	235,486.	92,210.	71,900.	71,376
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				· · · ·
7 Other salaries and wages	1,319,828.	516,793.	402,991.	400,044
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	27,404.	10,727.	8,370.	8,307
9 Other employee benefits	97,611.	38,260.	29,774.	29,577
0 Payroll taxes	135,977.	53,227.	41,531.	41,219
Fees for services (nonemployees): Management				,
b Legal				
c Accounting	83,388.	39.	83,327.	22
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,560.		20,560.	
	_ ,			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	117,764.	23,077.	76,850.	17,837
	216.	61.	,0,000.	155
Advertising and promotion	-		24 456	
3 Office expenses	129,790.	66,985.	24,456.	38,349
4 Information technology	38,093.	17,172.	9,250.	11,671
5 Royalties	425.060	150.051	420.040	120.055
6 Occupancy	435,869.	170,861.	132,940.	132,068
7 Travel	15,854.	4,515.	6,937.	4,402
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	48,892.	10,597.	12,067.	26,228
0 Interest	16,257.	6,376.	4,956.	4,925
Payments to affiliates				
2 Depreciation, depletion, and amortization	34,902.	13,682.	10,645.	10,575
3 Insurance				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a CHAPTER DUES	370,690.	259,483.	51,897.	59,310
b MERCHANT FEES	24,318.			24,318
c MEMBERSHIP DUES	417.		50.	367
d BAD DEBT	100.			100
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	5,089,152.	3,219,801.	988,501.	880,850
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

11

232010 12-13-22

Form **990** (2022)

		MAKE-A-WISH FOUNDATIC	ON OF ORANGE	E COUNTY			
Form	n 990 (i	2022) AND THE INLAND EMPIRE	E, INC.			33-0	036556 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in t	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	472,836.	1	281,977		
	2	Savings and temporary cash investments			163,598.	2	145,863
	3	Pledges and grants receivable, net			274,775.	3	283,710
	4	Accounts receivable, net			10,161.	4	0
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	or, or 35%				
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
Ś	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	136,212.	8	71,161		
As	9				143,884.	9	142,617.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	401,166.			
	b	Less: accumulated depreciation	88,854.	10c	30,481.		
	11	Investments - publicly traded securities		1,534,704.	11	1,379,585	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		472,322.	15	1,676,800	
	16	Total assets. Add lines 1 through 15 (must equa			3,297,346.	16	4,012,194.
	17	Accounts payable and accrued expenses		346,763.	17	375,429.	
	18	Grants payable			18		
	19	Deferred revenue			2,317.	19	36,013.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	Part IV of Scheo	dule D		21	
S	22	Loans and other payables to any current or form	er officer, direc	tor,			
Liabilities		trustee, key employee, creator or founder, subst	antial contribut	or, or 35%			
iabi		controlled entity or family member of any of thes	e persons			22	
	23	Secured mortgages and notes payable to unrela	ted third parties	s		23	
	24	Unsecured notes and loans payable to unrelated	I third parties	······ -		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Comple	ete Part X			
		of Schedule D		······	367,280.	25	1,473,012.
	26	Total liabilities. Add lines 17 through 25			716,360.	26	1,884,454.
s		Organizations that follow FASB ASC 958, che	ck here	x			
JCe		and complete lines 27, 28, 32, and 33.			2 004 790		1 752 067
alaı	27			·····	2,004,780.	27	1,752,067.
ЧB	28	Net assets with donor restrictions			576,206.	28	375,673.
۲.		Organizations that do not follow FASB ASC 9	58, check here	· L			
orF		and complete lines 29 through 33.				00	
sts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq		<i>.</i> .		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			2,580,986.	31	2,127,740.
ž	32	Total net assets or fund balances			3,297,346.	32	4,012,194.
	33	Total liabilities and net assets/fund balances			5,257,540.	33	4,012,194.

Form 990 (2022)

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ISIgn	Envelope ID: 0EE2F266-DA15-4391-A467-F96528F847C1				
	MAKE-A-WISH FOUNDATION OF ORANGE COUNTY				
	1990 (2022) AND THE INLAND EMPIRE, INC.	33-003655	6	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,442,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,089,	
3	Revenue less expenses. Subtract line 2 from line 1	3		-646,	966.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,580,	986.
5	Net unrealized gains (losses) on investments	5		59,	695.
6	Donated services and use of facilities	6		-76,	794.
7	Investment expenses	7			
8	Prior period adjustments	8			025.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		14,	794.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2	,127,	740.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	, 5				
	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 Sch	edule O.			
3a	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2022)

SCHEDULE A (Form 990) Department of the Treasury	c	omplete if the organ 494	rity Status an nization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo	(c)(3) orga ritable tru	anization st.			OMB No. 1545-0047
Internal Revenue Service		Go to www.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.		Inspection
Name of the organiza	tion MAKE-A	A-WISH FOUNDATIO	N OF ORANGE COUNTY				Employer	identification number
		HE INLAND EMPIRE						33-0036556
Part I Reason	tor Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The organization is no	a private found	dation because it is: (l	For lines 1 through 12, cl	neck only	one box.)			
			on of churches described		n 170(b)(⁻	I)(A)(i).		
			Attach Schedule E (Form					
	-		anization described in se			-		
	-	zation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and st								
			llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		Complete Part II.)						
		-	nental unit described in s					e de la contra da la contra
		Complete Part II.)	ntial part of its support fr	om a gove	ernmental		le general j	Sublic described in
		• •	(1)(A)(vi). (Complete Part	• 11 \				
	-		in section 170(b)(1)(A)(i	-	ad in coniu	unction with a	land-grant	college
		-	ulture (see instructions).		-		-	-
university:	y of a normana ;	grant conege of agrie			lame, eny	, and state of	the conege	
	ation that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
			t to certain exceptions; a					
income and	l unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
See sectio	n 509(a)(2). (Co	mplete Part III.)						
11 🗌 An organiza	ation organized	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).		
12 🗌 An organiza	ation organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
more public	cly supported or	rganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
lines 12a th	rough 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
		-	upervised, or controlled I	• • • •	-			
	-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		complete Part IV, Se						
			or controlled in connect			-		•
	-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	ported
<u> </u>	()	st complete Part IV,	g organization operated i	in connoct	ion with	and functional	lu intograto	ad with
). You must complete F				iy integrate	a with,
	0		orting organization oper				ted organiz	zation(s)
			ation generally must sati				Ŭ,	
			nplete Part IV, Sections					
			written determination from				II, Type III	
functiona	lly integrated, o	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f Enter the number								
		n about the supporte						
(i) Name of su	•	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
organizat	011		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
		1						
								<u> </u>
Total								

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Sch	edule A (Form 990) 2022 At	ND THE INLAND				33-00365	i ugo 🗖
	IT II Support Schedule for	-		•			
	(Complete only if you checked fails to qualify under the tests				failed to qualify u	nder Part III. If the	organization
Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		(1) =		(, === :		()
	membership fees received. (Do not						
	include any "unusual grants.")	4,224,901.	3,763,197.	3,337,783.	4,415,556.	4,272,286.	20,013,723.
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	4,224,901.	3,763,197.	3,337,783.	4,415,556.	4,272,286.	20,013,723.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						20,013,723.
	ction B. Total Support					I	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4,224,901.	3,763,197.	3,337,783.	4,415,556.	4,272,286.	20,013,723.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	62,025.	38,567.	32,198.	47,593.	47,492.	227,875.
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	205 044	204 440			105 111	
	assets (Explain in Part VI.)	395,044.	394,418.	211,471.	481,670.	425,441.	1,908,044.
11	Total support. Add lines 7 through 10		-				22,149,642.
12	Gross receipts from related activities,	-				12	376,921.
13	First 5 years. If the Form 990 is for th		st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
80	organization, check this box and stor		oontago				
	ction C. Computation of Publi			(1)			90.36 %
	Public support percentage for 2022 (I		-			14	,,,
15	Public support percentage from 2021					15	/0
108	33 1/3% support test - 2022. If the c						T
	stop here. The organization qualifies		-			or more obsolv this	
r.	33 1/3% support test - 2021. If the c	•					
47-	and stop here. The organization qual						
1/8	1 10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	vi now the organiza	
	meets the facts-and-circumstances te	-				7a and line 15 is 1	
ſ	10% -facts-and-circumstances test more and if the organization meets the	-					070 UI
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
		and not oncord a		, 100, 170, 01 170,			Form 990) 2022

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MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

33-0036556 Page 3

Schedule A	(Form 990)	2022	AND	THE	INLAND	EMPIRE,	INC.	
Part III	Support	Schedule for	or Org	ganiz	zations	Describ	ed in S	Section 509(a)(2)

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

Sec	ction A. Public Support			-	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
				<u></u>			
Sec	ction C. Computation of Public	ic Support Per	centage				
15	Public support percentage for 2022 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021	1	1			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20					17 18	%
	Investment income percentage from			an line 14 and lin			%
198	33 1/3% support tests - 2022. If the	-					
	more than 33 1/3%, check this box at 22 1/2% even out tooto 2001. If the	-					/20/ and
b	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check t	his box and see ins		
23202	3 12-09-22		16	5		SCHE	dule A (Form 990) 2022

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MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

AND THE INLAND EMPIRE, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990) 2022 AND T 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.)

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MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

 Schedule A (Form 990) 2022
 AND THE INLAND EMPIRE, INC.
 33-0036556
 Page 5

 Part IV
 Supporting Organizations (continued)
 Yes
 No

11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
	11c below, the governing body of a supported organization?	11a
b	A family member of a person described on line 11a above?	11b

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
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,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	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 exercise (a)	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the or	rganization used to satisfy	the Integral Part Test durin	a the year (see instructions
•	Check the box heat to the method that the of	yanizalion useu lo salisiy	the integral i alt i est during	

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	---	---

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

11c

1

2

Yes No

11340619 131839 A202475

2022.06000 MAKE-A-WISH FOUNDATION OF A2024751

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MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Sche	dule A (Form 990) 2022 AND THE INLAND EMPIRE, INC.			33-0036556 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	Faye
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu			, -
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

232026 12-09-22

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

	MARE-A-WISH FOUNDAI	ION OF ORANGE COUNTI			
	dule A (Form 990) 2022 AND THE INLAND EMPI	1			33-0036556 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set aside amounts (prior IRS approval required pr	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8 9	
9	Distributable amount for 2022 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	(i)	(;;)	10	(;;;)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able 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				
	Applied to 2022 distributable amount				
<u> i</u>	Carryover from 2017 not applied (see instructions)				
	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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
<u>م</u>	Excess from 2022				

Schedule A (Form 990) 2022

MAKE-A-WISH	FOUNDATION	OF	ORANGE	COUNTY	

	MAKE-A-WISH FOU	NDATION O	F ORANGE COUNTY		
Schedule A (Form 990) 2022	AND THE INLAND	,		33-0036556	Page 8
Part IV, Section A, lines line 1; Part IV, Section E	; 1, 2, 3b, 3c, 4b, 4c, 5a, D, lines 2 and 3; Part IV,	6, 9a, 9b, 9c Section E, lir	c, 11a, 11b, and 11c; Part IV, 5 nes 1c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Sectio rt V, line 1; Part V, Section B, line 1e; P rt for any additional information.	n C, art V,
SCHEDULE A, PART II, LINE 1	0, EXPLANATION FOR	R OTHER IN	ICOME :		
GROSS FUNDRAISING REVENUE					
2018 AMOUNT: \$ 374,789.					
2019 AMOUNT: \$ 385,698.					
2020 AMOUNT: \$ 198,746.					
2021 AMOUNT: \$ 469,070.					
2022 AMOUNT: \$ 415,543.					
GROSS GAMING REVENUE					
2018 AMOUNT: \$ 17,765.					
2019 AMOUNT: \$ 7,800.					
2020 AMOUNT: \$ 7,175.					
2021 AMOUNT: \$ 12,600.					
2022 AMOUNT: \$ 9,880.					
OTHER INCOME					
2018 AMOUNT: \$ 2,490.					
2019 AMOUNT: \$ 920.					
2020 AMOUNT: \$ 5,550.					
2021 AMOUNT: \$ 0.					
2022 AMOUNT: \$ 18.					
232028 12-09-22				Schedule A (Form	9901 2024
40610 121020 x2024		_	21		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the org	ganization	Employer identification num
	MAKE-A-WISH FOUNDATION OF ORANGE COUNTY	
	AND THE INLAND EMPIRE, INC.	33-0036556
Organization ty	/pe (check one):	
Filers of:	Section:	

Form 990 or 990-EZ	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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(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 contributor, 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; or (ii) Form 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.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule I	3 (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
	ISH FOUNDATION OF ORANGE COUNTY		22.0026556
AND THE	INLAND EMPIRE, INC.		33-0036556
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	
1		\$799	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
2		\$207	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$376	,535. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
4		\$110	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
5		\$100	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$100	,000. (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

23 2022.06000 MAKE-A-WISH FOUNDATION OF A2024751

11340619 131839 A202475

Schedule	B (Form 990) (2022)		Page 2
	rganization		Employer identification number
	VISH FOUNDATION OF ORANGE COUNTY		33-0036556
	INLAND EMPIRE, INC.		33-0030330
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
7		\$100,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributio	ns Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributio	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributio	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

24 2022.06000 MAKE-A-WISH FOUNDATION OF A2024751

11340619 131839 A202475

	B (Form 990) (2022)			Page 3
	rganization		Emplo	yer identification number
	IISH FOUNDATION OF ORANGE COUNTY			
AND THE	INLAND EMPIRE, INC.		33	3-0036556
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	TRAVEL, M&E, SUPPLIES			
1				
		\$1,	,000.	08/31/23
(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		\$205,	988.	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
		\$		

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Schedule B (Form 990) (2022)

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2022.06000 MAKE-A-WISH FOUNDATION OF A2024751

Page 3

	B (Form 990) (2022)		Page 4			
	rganization		Employer identification number			
	VISH FOUNDATION OF ORANGE COUNTY INLAND EMPIRE, INC.		33-0036556			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entry. I charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee			

Schedule B (Form 990) (2022)

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	SCHEDULE D Supplemental Financial Statements			ŀ	OMB No. 1545-0047
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
Nam	e of the organizati				identification number
Dec		AND THE INLAND EMPIRE, INC.			33-0036556
Par	_	-	d Funds or Other Similar Funds or Ad	counts. (Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(b) Europe and	
			(a) Donor advised funds	(b) Funds and	other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4 5		t end of year	kriting that the assets held in donor advised fund	de.	
5	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
Ŭ	•	u	r donor advisor, or for any other purpose confer	2	
	impermissible priv			0	Yes No
Par			ganization answered "Yes" on Form 990, Part IV		
1		servation easements held by the organization		,	
		n of land for public use (for example, recrea		orically import	ant land area
	Protection o	of natural habitat	Preservation of a cert	• •	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation ea	sement on the last
	day of the tax year	r.		Held a	t the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
С	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d		vation easements included in (c) acquired a			
				2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization during	the tax
	year				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per			
•	,	orcement of the conservation easements it			
6	Stall and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	neasements	during the year
7	Amount of expons		lling of violations, and enforcing conservation ea	somonts durir	a the year
'	Amount of expens	es incurred in monitoring, inspecting, nanc	ning of violations, and enforcing conservation ea		ig the year
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
Ŭ	and section 170(h)				Yes No
9			on easements in its revenue and expense statem		
-		•	note to the organization's financial statements th		he
		ounting for conservation easements.			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar Ass	ets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet wo	orks
	of art, historical tre	easures, or other similar assets held for put	lic exhibition, education, or research in furthera	nce of public	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet works	of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public ser	vice,
	-	ing amounts relating to these items:			
	. ,				
2	-		asures, or other similar assets for financial gain,	provide	
	•	unts required to be reported under FASB A	C C	•	
	-	eduction Act Notice, see the Instructions	5 TOR FORM 990.	Sched	lule D (Form 990) 2022
232051	09-01-22		27		
			<u> </u>		

		I FOUNDATION OF								-
		AND EMPIRE, INC			her C		33-003			age 2
	t III Organizations Maintaining C							(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that ma	ke signi	ificant us	se of its			
	collection items (check all that apply):		—].							
a	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sir	nilar as	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes	on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets	not incl	luded		_		_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?		Yes		No
	If "Yes," explain the arrangement in Part XIII.				-					Ī
Par										
		(a) Current year	(b) Prior year	(c) Two years ba		Three ye	ars back	(e) Four	vears	back
1a	Beginning of year balance	117,226.	123,366.				9,945.	. ,		013.
	Contributions					-	,			
	Net investment earnings, gains, and losses	4,280.	-6,140.	15,02	22		8,399.			-68.
с с		-,2001	•,==•				•,••••			
	Grants or scholarships									
е	Other expenditures for facilities								5	000
-	and programs							5,000.		000.
	Administrative expenses	101 506	117 226	102.26	. c	1.0	0 244	. 99,945		045
g	End of year balance	121,506.	117,226.	, ,		10	8,344.		⁹⁹ ,	945.
2	Provide the estimated percentage of the curr)) held as:						
а	Board designated or quasi-endowment	11.3000	_%							
b	Permanent endowment 67.9000	%								
С	Term endowment 20.8000	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered f	or the			r		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	rt X, line	e 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	c) Accı	umulated	4	(d) Book	valu	ie
		basis (investm	nent) basis	(other)	depre	ciation		.,		
1 a	Land									
	Buildings									
	Leasehold improvements			82,170.		79,2	15.		2	955.
	Equipment			318,996.		291,4				526.
						,			_·,	
	Other								30	481.
Tota	Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part)	<u>х, coiumn (В), line 1</u>	UC.)				D (Form		
						5	cneaule	U IFORM	330	12022

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

AND THE INLAND EMPIRE, INC.

Schedu	le D (Form 990) 2022 AND THE INLAND EI	MPIRE, INC.	3	3-0036556	Page 3
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.		
(a) De	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
(1) Fina	ancial derivatives				
(2) Clo	sely held equity interests				
(3) Oth					
(A)					
(B)					
(C)					
(O) (D)					
(E)					
(E) (F)					
(F) (G)					
				-	
(H)) - L / h) much a such Farma 000. Don't M. and / D) line 10.)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.) VIII Investments - Program Related.				
rart	Complete if the organization answered "Yes"	on Form 000 Dort IV/ line	110 Soo Form 000 Dort V line 12		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part	IX Other Assets.	L			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	-	Description		(b) Book v	/alue
(1)	DUE FROM NATIONAL				L14,524.
	DUE FROM OTHER CHAPTERS				L95,335.
	SECURITY DEPOSITS				21,365.
	SPLIT-INTEREST AGREEMENTS				283,848.
					,
	RIGHT OF USE ASSETS			1,0	061,728.
(6)					
(7)					
(8)					
(9)					
	Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		1,6	576,800.
Part					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j	
1.	(a) Description of liability			(b) Book v	alue
(1)	Federal income taxes				
(2)	DUE TO NATIONAL			2	204,269.
(3)	DUE TO OTHER CHAPTERS				66,866.
(4)	SPLIT-INTEREST AGREEMENTS			1	LO3,629.
	LEASE LIABILITY				98,248.
(6)				<u>,</u>	
(7)				1	
(8)				1	
				+	
(9) Tatal (1 /	173,012.
	Column (b) must equal Form 990, Part X, col. (B) line	,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	pility for uncertain tax positions. In Part XIII, provide		-	-	
org	anization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere it the text of the footnote has been pr	ovided in Part XI	II X

Schedule D (Form 990) 2022

232053 09-01-22

	MAKE-A-WISH FOUNDATION OF ORANGE COUNT	Y			
Sche	dule D (Form 990) 2022 AND THE INLAND EMPIRE, INC.			33-0036	5556 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	5,044,240.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	59,695.		
b	Donated services and use of facilities	2b	541,890.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	14,794.		
е	Add lines 2a through 2d			2e	616,379.
3	Subtract line 2e from line 1			3	4,427,861.
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	20,560.		
b	Other (Describe in Part XIII.)	4b	-6,235.		
с	Add lines 4a and 4b			4c	14,325.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,442,186.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	5,693,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	618,684.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	6,235.		
е	Add lines 2a through 2d			2e	624,919.
3	Subtract line 2e from line 1			3	5,068,592.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	20,560.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	20,560.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,089,152.
Pa	rt XIII Supplemental Information.				

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

30

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO GRANT WISHES IN PERPETUITY.

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

CALIFORNIA INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE

(IRC) SECTION 501(C)(3) AND SECTION 23701D OF THE CALIFORNIA REVENUE AND

TAXATION CODE. HOWEVER, THE FOUNDATION REMAINS SUBJECT TO INCOME TAXES ON

ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED

ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED

EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF

ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT,

232054 09-01-22

Schedule D (Form 990) 2022

Sign Envelope ID: 0EE2F266-DA15-4391-A467-F	96528F847C1			
MAKE-A-	WISH FOUNDATION OF ORANGE COU	NTY		
Schedule D (Form 990) 2022 AND THE	INLAND EMPIRE, INC.		33-0036556	Page
Part XIII Supplemental Information (d	continued)			
IS NOT MATERIAL TO THE FINANCIAL STAT	EMENTS TAKEN AS A WHOLE.			
MANAGEMENT BELIEVES THAT NO UNCERTAIN	TAX POSITIONS EXIST FOR THE			
FOUNDATION AT AUGUST 31, 2023 AND 202	2. THE FOUNDATION FILES INCOM	IE TAX		
RETURNS IN THE U.S. FEDERAL JURISDICT	ION, AND APPLICABLE STATE			
JURISDICTIONS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
CHANGE IN SPLIT INTEREST AGREEMENTS		14,794.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
SFECTAL EVENT EXPENSES MOVED FROM THE				
STATEMENT OF REVENUE		-6,235.		
PART XII, LINE 2D - OTHER ADJUSTMENTS		TO THE		
STATEMENT OF REVENUE		6,235.		
		0,200.		

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties o	MB No. 1545-0047					
(Form 990)		e organization answered "Yes" on				r 19 , d	or if the	2022					
	C	organization entered more than \$15 Attach to Form 990 c											
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruct				ı.		Open to Public Inspection					
Name of the organization		MAKE-A-WISH FOUNDATION OF ORANGE COUNTY Employer identification num											
		LAND EMPIRE, INC.					33-003655						
Part I Fundrais required to	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ne 17	. Form 990-EZ	filers are not					
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 													
b If "Yes," list the 10 compensated at le	•		ant to	agreer	ments under which th	ie fun	draiser is to be)					
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have co or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization					
			Yes	No									
Total 3 List all states in whi	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration					
or licensing.													

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

Schedule G (Form 990) 2022

232081 10-27-22

DocuSign Envelope ID: 0EE2F266-DA15-4391-A467-F96528F847C1 MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC. 33-0036556 Schedule G (Form 990) 2022 Page 2 Part II 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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GALA IT'S IN THE BAG 8 col. (c)) (event type) (total number) (event type) Revenue 793,213 303,250. 441,117 1,537,580. Gross receipts 1 651,838 244,756 225,441 1,122,035. 2 Less: Contributions Gross income (line 1 minus line 2) 141,375 58,494. 215,676 415,545. 3 Cash prizes 4 Noncash prizes 68 68. 5 Direct Expense: 90,674. 15,000. 30,380. 136,054. Rent/facility costs 6 11,763, 41,883, 53,646. 7 Food and beverages 9,619 16,516, 9,397 35,532. Entertainment 8 41,082. 15,215. 140,183 196,480. Other direct expenses 9 421,780. 10 Direct expense summary. Add lines 4 through 9 in column (d) -6,235. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes % Yes % Yes 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 7 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY		
Schedule G (Form 990) 2022 AND THE INLAND EMPIRE, INC. 33	8-0036556	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 Indicate the percentage of gaming activity conducted in:		
a The organization's facility		%
b An outside facility	. 13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15.0 Deep the examination have a contract with a third party from whom the examination receives doming revenue?	Yes	No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ies	
b If "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:		
Name		
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
b 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 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		0001 0000
232083 10-27-22 Sch 34	edule G (Form	1 990) 2022

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5		MAKE-A-WISH FOUNDATION OF ORANGE COUNTY		
Schedule G (Form 990) Part IV Supplemental Infor			33-0036556	Daga
Part IV	Supplemental Inf	ormation (continued)	33 0030330	Page 4

Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organizati	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.										
	AND THE INLAND EMPIRE, INC.										
	formation on Grants a										
criteria used to a	zation maintain records t ward the grants or assis	stance?									
	IV the organization's pro										
	d Other Assistance to hat received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and ac	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 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

Part III

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Schedule I (Form 990) 2022 AND THE INLAND EMPIRE, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WISHES GRANTED	240	335,274.	1,600,462.	FMV	TRAVEL, M&E AND SUPPLIES
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	·
PART I, LINE 2:					
FOR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A FII	LE IS ESTABLI	SHED 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.

33-0036556

Page 2

sc	HEDULE J	Compensation Information		OMB No.	1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
	rtment of the Treasury	Attach to Form 990.		Open to Public Inspection				
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information. MAKE-A-WISH FOUNDATION OF ORANGE COUNTY	Employer id					
INALI	ne of the organizatior			36556	Jii nui	nper		
Pa	rt I Question	AND THE INLAND EMPIRE, INC. s Regarding Compensation	33-00	30330				
	ducotion.				Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		163			
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c		nal use					
	Travel for com	, i i i i i i i i i i i i i i i i i i i						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee						
		spending account Personal services (such as maid, chauffer	ur, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
_								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		ompensation consultant						
	X Form 990 of o	ther organizations	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-	e payment or change-of-control payment?		4a		x		
		eive payment from a supplemental nonqualified retirement plan?				x		
		eive payment from an equity-based compensation arrangement?				x		
_		les 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 of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the re	evenues of:						
а	The organization?			. 5a		X		
		ation?				X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n	-						
						X		
b		ation?		. <u>6</u> b		X		
_		r 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v		
~		ies 5 and 6? If "Yes," describe in Part III		. 7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the prime described in Part III.				x		
0				8				
9		id the organization also follow the rebuttable presumption procedure described in		. 9				
ЦЦЛ		: 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ile J (Forr	n 900)	1 2022		
			Juneau		. 550)			

232111 10-18-22

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Schedule J (Form 990) 2022 AND THE INLAND EMPIRE, INC.

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.

33-0036556

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) GLORIA JETTER CROCKET	(i)	215,231.	0.	0.	8,609.	444.	224,284.	0.	
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
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	(ii)							 	

Schedule J (Form 990) 2022

Page 2

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Schedule J (Form 990) 2022 AND THE INLAND EMPIRE, INC.

33-0036556

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.

Schedule J (Form 990) 2022

SC	HEDULE M	1	Nonc	ash Contri	butions		OMB No. 1	545-004	17
(Fo	rm 990)						20	7 7)
		Complete if the org	ganizations	answered "Yes" o	20				
	ment of the Treasury I Revenue Service		/=	Attach to Form 9		Open to Inspe		ic	
	e of the organizat				s and the latest information		r identificatio		mbor
INAILIG	e or the organizat	AND THE INLAND EMP				Employe	33-003655		nber
Par		of Property	TKE, INC.	•			32-002022	0	
I UI	i i i jpee		(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	d of determin ontribution ar		S
1	Art - Works of ar	t							
2		easures							
3		nterests							
4		ications							
5		usehold goods							
6	Cars and other v	vehicles							
7	Boats and plane	S							
8	Intellectual prop	erty							
9	Securities - Publ	icly traded	X	2	15,636.	FMV			
10	Securities - Clos	ely held stock							
11	Securities - Parti trust interests	nership, LLC, or							
12		ellaneous							
13		vation contribution -							
	Historic structur	es							
14	Qualified conser	vation contribution - Other							
15	Real estate - Res	sidential							
16	Real estate - Co	mmercial							
17	Real estate - Oth	ner							
18	Collectibles								
19	Food inventory								
20	Drugs and medi	cal supplies							
21	Taxidermy								
22		ts							
23	Scientific specin	nens							
24	Archeological ar								
25	(H RELATED)	X	386	480,725.				
26	· · · · · · · · · · · · · · · · · · ·	CIAL EVENTS)	X	169	25,520.	F'MV			
27	Other ()							
28	Other ()	<u> </u>						
29		is 8283 received by the organiz		5 5				1	
	for which the org	ganization completed Form 82	83, Part V, L	Donee Acknowledge	ement 29			1	
20-					autodia Daut I. Kasa 4 dausu			Yes	No
30a		did the organization receive by							
		least 3 years from the date of	•				200		x
h		es for the entire holding period'	۲				<u>30a</u>		
ь 31		e the arrangement in Part II. zation have a gift acceptance r	nolicy that re	auires the review o	of any nonstandard contribu	tions?	31	х	
32a	-	zation hire or use third parties	-	-	•				<u> </u>
JZa	contributions?			-			32a		x
b	If "Yes," describ								
33		on didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked.			
	describe in Part					,			
LHA		rk Reduction Act Notice, see	the Instruc	tions for Form 990).	Sche	dule M (Forn	n 990)	2022
	-							,	

232141 09-09-22

	MAKE-A-WISH FOUNDATION OF ORANGE COUNTY	
Schedule M	I (Form 990) 2022 AND THE INLAND EMPIRE, INC.	33-0036556 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organization nation of both. Also complete
SCHEDULE	M, PART I, COLUMN (B):	
THE MOIN	TH TN COLINNY (P) DEPEND NO THE NUMBER OF COMPTENDING	
THE AMOUN	NT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS	
RECEIVED.		
232142 09-09-2	22	Schedule M (Form 990) 2022

SCHEDULE O	Supplemental Information to Form 990 or	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questio Form 990 or 990-EZ or to provide any additional information.	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	 Open to Public Inspection
Name of the organization	MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.	 r identification number 036556
FORM 990, PART III	, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	
IT IS THE FOUNDING	PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY	
ELIGIBLE CHILD, BE	TWEEN THE AGES OF 2 1/2 AND 18. FOR WISH KIDS, JUST	
THE ACT OF MAKING	THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO	
COMPLY WITH THEIR	MEDICAL TREATMENTS. WITH OUR WISH MAKING PROCESS, WE	
STRIVE TO BRING A	SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY	
DIFFICULT TIMES AN	D DELIVER A JOYFUL LIFE-CHANGING EXPERIENCE WHETHER	
THE WISH IS A PRIN	CESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS	
OTHER POSSIBILITIE	S DREAMED UP BY THE MAGICAL MIND OF A CHILD.	
MAKE-A-WISH FOUNDA	TION OF ORANGE COUNTY AND THE INLAND EMPIRE GRANTED	
240 LIFE-CHANGING	WISHES IN THE FISCAL YEAR ENDING AUGUST 31, 2023. THE	
TOTAL COST OF WISH	ES GRANTED FOR THE FISCAL YEAR WAS \$3,781,920. OF	
THIS AMOUNT, \$562,	119 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED	
IN-KIND CONTRIBUTI	ONS SUCH AS TRAVEL AND TRAVEL SERVICES,	
TRANSPORTATION, LO	DGING, AND OTHER SERVICES AND USE OF FACILITIES TO	
FULFILL A CHILD'S	WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE AMOUNTS	
ARE INCLUDED AS CO	NTRIBUTION REVENUE AND GRANTED WISH EXPENSE. FOR FORM	
990, HOWEVER, THE	IRS REQUIRES THIS AMOUNT BE EXCLUDED FROM BOTH	
REVENUE AND EXPENS	E. FOR THE FISCAL YEAR ENDING AUGUST 31, 2023, 404	
VOLUNTEERS PROVIDE	D MORE THAN 6,300 HOURS, WHOSE FINANCIAL IMPACT WOULD	
BE MORE THAN \$243,	224 OF DONATED TIME BASED ON THE VALUE OF VOLUNTEER	
TIME AS CALCULATED	BY THE INDEPENDENT SECTOR	
(HTTPS://INDEPENDE	NTSECTOR.ORG). THE CONTRIBUTED VOLUNTEER TIME IS	
EXCLUDED FROM IN-K	IND DONATIONS AS VOLUNTEER HOURS WOULD MATERIALLY	
IMPACT THE PROGRAM	RATIO.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 43

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Schedule O (Form 990) 20 Name of the organization	ZZ MAKE-A-WISH FOUNDATION OF ORANGE COUNTY	Page Employer identification number
Name of the organization	AND THE INLAND EMPIRE, INC.	33-0036556
IN DECEMBER 2019, AN	N OUTBREAK OF A NOVEL STRAIN OF CORONAVIRUS	
(COVID-19) BEGAN. ON	N 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 UNT	TIL DEEMED MEDICALLY SAFE FOR OUR VULNERABLE	
POPULATION AND THEIF	R FAMILIES. ON MARCH 11, 2020, THE WORLD HEALTH	
ORGANIZATION CHARACT	TERIZED COVID-19 AS A PANDEMIC.	
AS OF SEPTEMBER 15,	2021, IN CONSULTATION WITH THE NMAC, THE PAUSE ON	
DOMESTIC TRAVEL TO I	LARGE GATHERINGS WAS LIFTED, IF TRAVEL OCCURRED BY	
AUTOMOBILE. THE PAUS	SE ON AIRLINE TRAVEL WAS LIFTED DECEMBER 1, 2021	
WITH A GRADUATED APP	PROACH WITH FULL DOMESTIC TRAVEL RESUMING JUNE OF	
2022. INTERNATIONAL	AND CRUISE WISH TRAVEL IS STILL PAUSED AS OF AUGUST	
31, 2023. PRIOR TO H	FISCAL YEAR 2020, TRAVEL WISHES HAVE BEEN	
APPROXIMATELY 71% OF	F WISHES GRANTED AND THE NUMBER OF GRANTED WISHES	
AVERAGED APPROXIMATI	ELY 342. THE NUMBER OF WISHES GRANTED DURING THE	
YEARS ENDED AUGUST	31, 2023 AND 2022 WAS 240 AND 247, RESPECTIVELY.	
THE FOUNDATION CONT	INUES TO EVALUATE ALL EXPENSES AND FUNDRAISING	
EFFORTS IN LIGHT OF	THE IMPACT OF COVID-19.	
FORM 990, PART VI, S	SECTION A, LINE 1A:	
THERE SHALL BE AN EX	XECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE	
EXECUTIVE COMMITTEE	SHALL HAVE AND MAY EXERCISE BETWEEN MEETINGS OF THE	
BOARD OF DIRECTORS A	ALL OF THE DELEGABLE POWERS OF THE BOARD OF DIRECTORS BY	
STANDING RESOLUTION	OF THE BOARD OF DIRECTORS, EXCEPT FOR THE FOLLOWING:	

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AMENDMENT TO ARTICLES OF INCORPORATION, AMENDMENT BY BYLAWS, APPROVAL OF

2022.06000 MAKE-A-WISH FOUNDATION OF A2024751

Schedule O (Form 990) 2022

Name of the organization MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.	Employer identification number 33-0036556
THE ANNUAL BUDGET, AND ACTIONS EXPRESSLY PROHIBITED BY LAW OR BY RESOLUTION	
OF THE BOARD OF DIRECTORS. ANY EXPENDITURE IN EXCESS OF \$25,000 AUTHORIZED	
BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD OF DIRECTORS AT	
ITS NEXT SCHEDULED MEETING. THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF	
THE THEN SERVING AND ACTING CHAIRPERSON, SECRETARY, TREASURER, VICE	
CHAIRPERSON AND ANY COMMITTEE CHAIRS DESIGNATED BY THE CHAIRPERSON OR VICE	
CHAIRPERSON, AND AN AT-LARGE DIRECTOR IF ONE IS NEEDED AND APPROVED BY THE	
BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED	
ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS	
REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING. ONCE	
THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO	
THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS FOR THEIR REVIEW AND	
COMMENTS PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
EVIEWED BY THE DIRECTOR OF VOLUNTEER SERVICES IF THEY ARE FROM VOLUNTEERS,	
ND THE PRESIDENT & CEO IF THEY ARE FROM STAFF AND BOARD MEMBERS. REVIEW OF	
THE STATEMENTS IS MONITORED BY THE PRESIDENT & CEO. THE PROCEDURES FOR	
ADDRESSING ANY CONFLICTS OF INTEREST OF WHICH THE PRESIDENT & CEO BECOMES	
AWARE INCLUDES BUT ARE NOT LIMITED TO THE FOLLOWING (1) DETERMINING THE	

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Schedule O (Form 990) 2022 Name of the organization MAKE-A-WISH FOUNDATION OF ORANGE COUNTY	Page 2 Employer identification number
AND THE INLAND EMPIRE, INC.	33-0036556
NATURE OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE	
INTERESTED PERSON, (2) FULLY DISCLOSING CONFLICTING INTERESTS TO THE BOARD,	
(3) THE CONFLICTED PERSON RECUSES HIMSELF/HERSELF FROM DELIBERATIONS AND	
DECISIONS REGARDING THE TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS	
WARRANTED BY THE CONFLICT AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING	
TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
FOR 2023 COMPENSATION, THE PRESIDENT & CEO'S COMPENSATION WAS DETERMINED BY	
THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED	
AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS	
BY THE MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS	
CONDUCTED BY STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING	
ORGANIZATIONS. THE BOARD'S DISCUSSION 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.	
THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER STAFF MEMBERS, USING THE	
SAME INSTRUMENTS. SALARIES FOR STAFF, OTHER THAN THE PRESIDENT & CEO, ARE	
DECIDED BY THE PRESIDENT & CEO IN CONSULTATION WITH THE EMPLOYEE'S	
IMMEDIATE SUPERVISOR WITHIN LIMITS SET BY THE BOARD-APPROVED BUDGET. ALL	
SALARY INCREASES ARE BASED ON METRICS FROM PERFORMANCE REVIEWS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	

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<u>Schedule O (Form 990) 20</u> Name of the organization	22 MAKE-A-WISH FOUNDATION OF ORANGE COUNTY	Pag Employer identification numb
ame of the organization	AND THE INLAND EMPIRE, INC.	33-0036556
	· · · · · · · · · · · · · · · · · · ·	
ORM 990, PART XI, I	INE 9, CHANGES IN NET ASSETS:	
HANGE IN SPLIT INTH	EREST AGREEMENTS 14,	794.
ART XI LINE 8 - PE	RIOR PERIOD ADJUSTMENT	
	CLOR PERIOD ADJUSTMENT	
ONTRIBUTIONS RECEIV	VABLE WERE UNDERSTATED DUE TO A RECEIVABLE RELATED	
O THE EMPLOYER RETE	ENTION CREDIT WHICH HAD NOT BEEN RECORDED. AS A	
ESULT, THERE WAS AN	I INCREASE TO THE CHANGE IN THE NET ASSETS,	
196,025.		