** 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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning SEP 1 2022 and ending AUG 31 D Employer identification number Check if applicable: C Name of organization MAKE-A-WISH FOUNDATION OF ALASKA & Address change WASHINGTON Name change 91-1329433 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 206-623-5300 811 FIRST AVE 620 10,579,056. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SEATTLE, WA 98104 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MELISSA ARIAS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions AKWA.WISH.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1986 M State of legal domicile: WA Part I Summary TOGETHER WE CREATE Briefly describe the organization's mission or most significant activities: Activities & Governance LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 51 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 450 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 8,064,526. 7,270,902. Contributions and grants (Part VIII, line 1h) 8 Revenue 33,500. 6,200 Program service revenue (Part VIII, line 2g) 311,220 111,440. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -21,495 -41,987. 11 7 566 827 8,167,479. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,240,064 4,189,579. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,723,378. 3,297,300. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 12,661. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,507,991. 1,660,451. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,484,094. 9,147,330. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -979,851. 1,082,733. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 7,663,230 8,200,809. Total assets (Part X, line 16) 649,210, 2,070,276. 21 Total liabilities (Part X, line 26) 三年 7,014,020. 6,130,533. Net assets or fund balances. Subtract line 21 from line 20 ... Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration Declaration Oct Prepare has any knowledge. 7/15/2024 Signature of officer Date Sign 19F877131E68424.. MELISSA ARIAS, PRESIDENT & CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature MELISSA HANGSLEBEN MELISSA HANGSLEBEN 07/15/24 P02087031 Paid Firm's name CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's EIN 20 EAST THOMAS ROAD, SUITE 2300 Use Only Firm's address

No

Yes

Phone no. (602) 266-2248

PHOENIX, AZ 85012

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

MAKE-A-WISH FOUNDATION OF ALASKA &

| · u | | |
|----------------|---|-----------------------|
| | Art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | Т |
| 1 | Briefly describe the organization's mission: | <u></u> |
| • | MAKE-A-WISH FOUNDATION OF ALASKA AND WASHINGTON CREATES LIFE CHANGING | |
| | WISHES FOR CHILDREN WITH CRITICAL ILLNESSES. | |
| | | |
| | | _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe | nses. |
| - | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions | |
| | revenue, if any, for each program service reported. | , a |
| 4a | 6.450.610 | 33,500.) |
| | SEE SCHEDULE O. | |
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| 4b | O (Code:) (Expenses \$ including grants of \$) (Revenue \$) |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | M. Other program services (Describe on Schedule ○) | |
| 4d | | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 6,173,648. | |
| + € | | orm 990 (2022) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|------|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 17 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| _ | Schedule D, Part III | 8 | | <u>x</u> |
| 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? | | | v |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | х | |
| 44 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Λ | |
| 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | | 11a | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 1 Ia | | |
| b | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| • | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 1115 | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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, | | | ļ <u>.</u> . |
| | 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 | | 17 | |
| | 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? If "Yes," | | v | |
| | complete Schedule G, Part III | 19 | Х | |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u>x</u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | Х |

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| Pai | rt IV Checklist of Required Schedules _(continued) | | | |
|-------------|--|-----|-----|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | 1 |
| | , , | 23 | Х | 1 |
| 24.5 | Schedule J | 25 | | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 04- | | x |
| | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | 1 |
| | any tax-exempt bonds? | 24c | | \vdash |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | 1 |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | 1 |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | 1 |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | 1 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i> | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | L |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | Щ_ |

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

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х | | | | | | |
|-----|---|---------|---------|-----|--|--|--|--|--|--|
| 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 16 | | | | | | | | | |
| | 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 16 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| | more members of the governing body? | 7a | | Х | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | |
| | persons other than the governing body? | 7b | | Х | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | |
| а | The governing body? | 8a | Х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | |
| | on Schedule O how this was done | 12c | Х | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | | | | |
| b | Other officers or key employees of the organization | 15b | Х | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | |
| | taxable entity during the year? | 16a | | Х | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | |
| _ | exempt status with respect to such arrangements? | 16b | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | s only) | availal | ble | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website Another's website Vigor request Other (explain on Schedule O) | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finan | cial | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | |
| | MELISSA ARIAS - 206-623-5300 | | | | | | | | | |
| | 811 FIRST AVE, 620, SEATTLE, WA 98104 | | | | | | | | | |

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) | (B) | I | 11124 | | C) | ipoi | out | (D) | (E) | (F) |
|------------------------------------|--|--------------------------------|-----------------------|-----------------------|-------------------------|------------------------------|--------|---|---|--|
| Name and title | Average hours per week | box | not c , unle: | Pos heck ss per | ition more rson i | than o s both or/trus | an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) MELISSA ARIAS | 40.00 | 1 | | | | | | | _ | |
| PRESIDENT & CEO | 1 | | | Х | | _ | | 226,323. | 0. | 22,442. |
| (2) LAUREN MARTIN | 40.00 | 4 | | | | | | 145 560 | _ | 14 020 |
| DIRECTOR, ADVANCEMENT | 40.00 | | | | | Х | | 147,762. | 0. | 14,932. |
| (3) TRINA COTTINGHAM VP OF WISHES | 40.00 | | | | | x | | 118,846. | 0. | 10,639. |
| (4) JEANNETTE TARCHA | 40.00 | | | | | | | | • | 20,000. |
| VP OF COMMUNICATIONS & MARKETING | | 1 | | | | x | | 107,395. | 0. | 16,960. |
| (5) BRYAN ADAMS | 1.00 | | | | | | | , - | | , |
| CHAIR | | х | | х | | | | 0. | 0. | 0. |
| (6) JENNIFER BASINGER | 1.00 | | | | | | | | | |
| CHAIR (THRU 7/31/2023) | | х | | х | | | | 0. | 0. | 0. |
| (7) JENNIFER FALEY | 1.00 | | | | | | | | | |
| VICE CHAIR | | х | | х | | | | 0. | 0. | 0. |
| (8) TERI BARCLAY | 1.00 | | | | | | | | | |
| TREASURER | | х | | х | | | | 0. | 0. | 0. |
| (9) BARBARA CARR | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (10) ALEX RATNER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) AMANDA BIDDLE | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) CHRISTI KANG | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) CORTNEY ERIN | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) DANE LENAKER | 1.00 | 4 | | | | | | _ | _ | _ |
| DIRECTOR | 1 | Х | | | | _ | | 0. | 0. | 0. |
| (15) JILA JAVDANI | 1,00 | ł | | | | | | | | |
| DIRECTOR (16) MARTIN PAGE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (16) MARTY BASK | 1.00 | - | | | | | | | _ | _ |
| OIRECTOR (17) MIKE CONNELL | 1.00 | Х | - | | | - | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | 1 | Α. | | | | | | <u> </u> | <u> </u> | Form 990 (2022) |

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

Page 8 WASHINGTON 91-1329433 Form 990 (2022)

| (A) (B) (C) (D) Name and title Average Position Reportable Rep | (E) [´] | | (F) | | | |
|---|------------------|----------|--------------------|------|--|--|
| | | | | | | |
| (do not chook more than one 10portable 10p | portable | Es | timate | ed | | |
| | pensation | an | nount | of | | |
| | n related | | other | | | |
| (list any টু the orga | inizations | I . | pensa | | | |
| hours for କ୍ରି organization (W-2/1 | 099-MISC/ | l | om th | | | |
| related 발생 생 (W-2/1099-MISC/ 109 organizations 발생 발생 (W-2/1099-NFC) | 99-NEC) | ı - | anizat | | | |
| organizations si final | | l | d relat Inizati | | | |
| (list any hours for related organizations below line) | | Orga | ııızatı | 0113 | | |
| (18) NATALIE WRIGHT 1.00 | | | | | | |
| DIRECTOR X 0. | 0. | | | 0. | | |
| (19) PETER KRAWIEC 1.00 | | | | | | |
| DIRECTOR X 0. | 0. | | | 0. | | |
| (20) TRAVIS GELBRICH 1.00 | | | | | | |
| DIRECTOR X 0. | 0. | | | 0. | | |
| (21) EILEEN KLEIN 1.00 | | | | | | |
| DIRECTOR X 0. | 0. | | | 0. | | |
| (22) CYNTHIA JUST 1.00 | | | | | | |
| DIRECTOR (THRU 7/31/2023) X 0. | 0. | | | 0. | | |
| (23) JOHN WILSON 1.00 | | | | | | |
| DIRECTOR (THRU 7/31/2023) X 0. | 0. | | | 0. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1b Subtotal 600,326. | 0. | | 64,973. | | | |
| c Total from continuation sheets to Part VII, Section A | 0. | | 0. | | | |
| d Total (add lines 1b and 1c) 600,326. | 0. | | 64, | 973. | | |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of re | portable | | | | | |
| compensation from the organization | | | | 4 | | |
| | | | Yes | No | | |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on | | | | | | |
| line 1a? If "Yes," complete Schedule J for such individual | | 3 | | Х | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organ | ization | | | | | |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | 4 | Х | | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for s | ervices | | | | | |
| rendered to the organization? If "Yes," complete Schedule J for such person | | 5 | | Х | | |
| Section B. Independent Contractors | | | | | | |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 | of compensa | tion fro | m | | | |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | |
| (A) (B) Name and business address NONE Description of services | | O) | | n | | |
| Name and business address NONE Description of services | | comper | isalio | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | |
| \$100,000 of compensation from the organization | | | | | | |

WASHINGTON 91-1329433 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) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 13,909 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 2,139,303. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 5,911,314 1f 2,362,074 g Noncash contributions included in lines 1a-1f 8,064,526. h Total. Add lines 1a-1f **Business Code** 33,500, 2 a WISH ASSIST FEE 900099 33,500. Program Service Revenue b f All other program service revenue 33,500 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 256,779 256,779 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,680,417. assets other than inventory **b** Less: cost or other basis 1,825,756. Other Revenue and sales expenses 7с -145,339. c Gain or (loss) -145,339. -145,339. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 2,139,303. of contributions reported on line 1c). See Part IV, line 18 505,697 **b** Less: direct expenses 585,821, -80,124 -80,124. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 31,160 Part IV, line 19 **b** Less: direct expenses 9b 31,160 31,160. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 900099 6.977 6,977. b

12 To

Form 990 (2022)

69,453.

6,977.

8,167,479.

e Total. Add lines 11a-11d

Total revenue. See instructions

d All other revenue

33,500

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respons | e or note to any line in t | his Part IX(B) | (C) | |
|----------|---|----------------------------|---|---------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 4,189,579. | 4,189,579. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 255,387. | 97,047. | 120,032. | 38,308 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,463,058. | 935,962. | 1,157,637. | 369,459 |
| 8 | Pension plan accruals and contributions (include | =,200,000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | =,20,,00. | 225, 135 |
| - | section 401(k) and 403(b) employer contributions) | 68,602. | 26,069. | 32,243. | 10,290 |
| 9 | Other employee benefits | 285,800. | 108,604. | 134,326. | 42,870 |
| 10 | Payroll taxes | 224,453. | 85,292. | 105,493. | 33,668 |
| 11 | Fees for services (nonemployees): | , | , | , | • |
| а | Management | 25,731. | 578. | 24,925. | 228 |
| b | Legal | , | | , | |
| c | Accounting | 85,561. | | 85,561. | |
| d | Lobbying | , | | , | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 23,614. | | 23,614. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| J | column (A), amount, list line 11g expenses on Sch 0.) | 16,180. | 4,137. | 11,928. | 115 |
| 12 | Advertising and promotion | 38,150. | 4,047. | 4,700. | 29,403 |
| 13 | Office expenses | 282,972. | 128,867. | 95,616. | 58,489 |
| 14 | Information technology | 56,729. | 12,131. | 40,731. | 3,867 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 314,119. | 119,721. | 147,347. | 47,051 |
| 17 | Travel | 40,057. | 7,419. | 26,929. | 5,709 |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 76,288. | 6,261. | 62,494. | 7,533 |
| 19 | Conferences, conventions, and meetings | 2,273. | 864. | 1,068. | 341 |
| 20 | Interest | 2,275. | 004. | 1,000. | 341 |
| 21 | Payments to affiliates | 82,283. | 31,267. | 38,673. | 12,343 |
| 22 23 | Insurance | 02,203. | 31,207. | 30,073. | 12,343 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | CHAPTER DUES | 589,223. | 412,456. | 82,491. | 94,276 |
| b | MEMBERSHIP DUES | 11,555. | 3,347. | 5,414. | 2,794 |
| С | BAD DEBT EXPENSE | 11,247. | | | 11,247 |
| d | MERCHANT FEES | 3,020. | | | 3,020 |
| е | All other expenses | 1,449. | | | 1,449 |
| 25 | Total functional expenses. Add lines 1 through 24e | 9,147,330. | 6,173,648. | 2,201,222. | 772,460 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (202 |

| Part X | Balance Shee | t |
|------------|--------------|-----|
| Form 990 (| (2022) | WAS |

| Pai | t X | Balance Sheet | | | | | |
|-----------------------------|----------------------|---|------------|---------------------------------------|---------------------------------|-------|---------------------------|
| | | Check if Schedule O contains a response or r | note to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,057,233. | 1 | 76,345. |
| | 2 | Savings and temporary cash investments | | | 1,026,095. | 2 | 286,792. |
| | 3 | Pledges and grants receivable, net | 917,075. | 3 | 897,343 | | |
| | 4 | Accounts receivable, net | 1,982. | 4 | 16,641 | | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sul | | | | | |
| | | controlled entity or family member of any of the | nese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | ed in sec | tion 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 35,432. | 8 | 103,852 |
| A | 9 | | | | 110,015. | 9 | 170,810 |
| | 10a | Land, buildings, and equipment: cost or other | ı | | | | |
| | | basis. Complete Part VI of Schedule D | | | | | |
| | b | Less: accumulated depreciation | | 404,197. | 379,296. | | 274,355 |
| | 11 | Investments - publicly traded securities | 3,962,630. | 11 | 4,625,717 | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, lin | | 13 | | | |
| | 14 | Intangible assets | 452 452 | 14 | 4 540 054 | | |
| | 15 | Other assets. See Part IV, line 11 | | l l | 173,472. | 15 | 1,748,954 |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 7,663,230. | 16 | 8,200,809 |
| | 17 | Accounts payable and accrued expenses | | l l | 404,609. | 17 | 337,783 |
| | 18 | Grants payable | | 4,615. | 18 | 2 160 | |
| | 19 | Deferred revenue | | | 4,015. | 19 | 3,168 |
| | 20 | Tax-exempt bond liabilities | | - (O - I I - I - D | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| ies | 22 | Loans and other payables to any current or fo | | | | | |
| bilit | | trustee, key employee, creator or founder, sul | | | | 22 | |
| Liabilities | 00 | controlled entity or family member of any of the | - | ····· | | 23 | |
| | 23 24 | Secured mortgages and notes payable to unr | | · · · · · · · · · · · · · · · · · · · | | 24 | |
| | 2 4 25 | Unsecured notes and loans payable to unrela Other liabilities (including federal income tax, | | Г | | 24 | |
| | 23 | parties, and other liabilities not included on lir | | | | | |
| | | of Schedule D | | · | 239,986. | 25 | 1,729,325 |
| | 26 | | | | 649,210. | 26 | 2,070,276 |
| | | Organizations that follow FASB ASC 958, c | | | , | | , , |
| es | | and complete lines 27, 28, 32, and 33. | | _ | | | |
| anc | 27 | Net assets without donor restrictions | | | 6,207,746. | 27 | 4,635,907 |
| Bal | 28 | Net assets with donor restrictions | | | 806,274. | 28 | 1,494,626 |
| pu | | Organizations that do not follow FASB ASC | | | | | |
| Fu | | and complete lines 29 through 33. | | | | | |
| o. | 29 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 7,014,020. | 32 | 6,130,533 |
| | 33 | Total liabilities and net assets/fund balances | | | 7,663,230. | 33 | 8,200,809 |

MAKE-A-WISH FOUNDATION OF ALASKA &

| Form | 990 (2022) WASHINGTON | 91-1329433 | 3 | Pa | ge 12 |
|------|---|------------|---------|-------|--------------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,167, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9 | ,147, | 330. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -979, | 851. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7 | ,014, | 020. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 706. |
| 6 | Donated services and use of facilities | 6 | | -27, | 342. |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 6 | ,130, | 533. |
| 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 | o. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | Г | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| IVali | ie oi i | ine organization | MAKE-A | -WISH FOUNDATIO | ON OF ALASKA & | | | | | identification | number |
|----------|--------------|---|---------------|---------------------------------------|--|--------------------|------------------|-------------------------------|---------------|-------------------------------------|-------------|
| _ | | D | WASHIN | | | | | | | 91-1329433 | |
| Pa | rt I | Reason for | Public C | narity Status. | (All organizations must o | omplete th | nis part.) S | ee instruction | IS. | | |
| The | organ | • | | | (For lines 1 through 12, c | • | - | | | | |
| 1 | Ш | | | | on of churches described | | n 170(b)(1 |)(A)(i). | | | |
| 2 | Н | | | | (Attach Schedule E (Forn | | | _ | | | |
| 3 | Ш | • | • | | anization described in se | | | - | | | |
| 4 | | | ch organiza | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's n | ame, |
| | | city, and state: | | | | | | | | | |
| 5 | | | | | ollege or university owner | or operat | ed by a go | vernmental u | nit describe | ed in | |
| | | section 170(b)(1 | | | | | | | | | |
| 6 | | | • | • | mental unit described in | | | • • | | | |
| 7 | Х | - | | - | antial part of its support for | rom a gove | ernmental i | unit or from th | ne general p | oublic described | d in |
| | | section 170(b)(1) | | - | | | | | | | |
| 8 | \mathbb{H} | • | | | (1)(A)(vi). (Complete Par | | | | | | |
| 9 | | - | - | | l in section 170(b)(1)(A)(| | - | | - | - | |
| | | • | non-land-g | rant college of agric | culture (see instructions). | Enter the i | name, city | , and state of | the college | or | |
| 40 | | university: | | | H 00 4 /00/ - 5 H | | | | :- . | 1 | f |
| 10 | | - | | • | than 33 1/3% of its supp | | | | • | - | |
| | | | | • | ct to certain exceptions; | | | | | - | |
| | | | | | e (less section 511 tax) fro | om busines | sses acquii | red by the org | janization a | iter June 30, 18 | 113. |
| 11 | | See section 509(| | • | sively to test for public sa | foty Soo | soction FC | 10/21/41 | | | |
| 12 | H | - | - | • | sively for the benefit of, to | • | | | rny out the | nurnoses of one | e or |
| 12 | ш | - | - | • | ed in section 509(a)(1) o | • | | | • | · · · · · · | |
| | | | | | of supporting organization | | | | | THOOK THE BOX C | |
| а | | ¬ - | | * * | supervised, or controlled | | - | | - | aivina | |
| _ | | | | · · · · · · · · · · · · · · · · · · · | egularly appoint or elect a | • | - | | | | |
| | | | - | omplete Part IV, S | | ,, - | | | | 9 | |
| b | | ¬ ` | | - | d or controlled in connect | tion with its | s supporte | d organizatio | n(s), by hay | ina | |
| | | | | • | anization vested in the sa | | | - | • | - | |
| | | | - | | Sections A and C. | • | | · | | | |
| С | | ¬ • • • • • • • • • • • • • • • • • • • | | | ng organization operated | in connect | tion with, a | and functional | ly integrate | d with, | |
| | | its supported or | rganizatior | n(s) (see instructions | s). You must complete I | Part IV, Se | ections A, | D, and E. | | | |
| d | | Type III non-fu | nctionally | integrated. A sup | porting organization oper | ated in co | nnection w | ith its suppor | ted organiz | ation(s) | |
| | | that is not funct | tionally into | egrated. The organi | zation generally must sat | isfy a distr | ibution rec | uirement and | l an attentiv | reness | |
| | | requirement (se | e instructi | ons). You must co | mplete Part IV, Sections | A and D, | and Part | V. | | | |
| е | | Check this box | if the orga | nization received a | written determination fro | m the IRS | that it is a | Type I, Type | II, Type III | | |
| | | functionally inte | egrated, or | Type III non-function | onally integrated supporti | ng organiz | ation. | | | | |
| f | Ente | er the number of su | ipported o | rganizations | | | | | | | |
| <u>g</u> | | | | about the support | ed organization(s). | I (iv) Is the ora: | anization listed | (-) (| f | (vi) Amazonat a | f a4la a :: |
| | (| i) Name of supported organization | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ing document? | (v) Amount of support (see in | - | (vi) Amount of support (see inst | |
| | | - Organization | | | above (see instructions)) | Yes | No | Support (See II | iotractions) | заррог (осс то | |
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|-----------------------|------------------------|---------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 8,678,230. | 5,820,266. | 7,026,481. | 7,270,902. | 8,064,526. | 36,860,405. |
| 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 | 8,678,230. | 5,820,266. | 7,026,481. | 7,270,902. | 8,064,526. | 36,860,405. |
| 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) | | | | | | 144,694. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 36,715,711. |
| Sec | ction B. Total Support | | | | | | |
| 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 | 8,678,230. | 5,820,266. | 7,026,481. | 7,270,902. | 8,064,526. | 36,860,405. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 282,420. | 211,715. | 152,787. | 292,199. | 256,779. | 1,195,900. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 377,168. | 174,666. | 145,320. | 385,642. | 543,834. | 1,626,630. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 39,682,935. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 | 73,600. |
| 13 | First 5 years. If the Form 990 is for th | e organization's fire | st, second, third, fo | ourth, or fifth tax ye | ear as a section 50 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | c Support Perc | centage | | | | |
| | Public support percentage for 2022 (li | , (,, | , | (, , | | 14 | 92.52 % |
| | Public support percentage from 2021 | | | | | 15 | 90.82 % |
| 16a | 33 1/3% support test - 2022. If the o | | | | | | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X |
| b | 33 1/3% support test - 2021. If the o | • | | • | | • | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the orga | anization did not ch | neck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| | and if the organization meets the facts | | | - | = | /I how the organiz | ation |
| | meets the facts-and-circumstances te | • | • | , | | | |
| b | 10% -facts-and-circumstances test | ū | | | | • | 10% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the facts-and-circu | | - | • | • • | | |
| 18 | Private foundation. If the organization | n did not check a b | ox on line 13, 16a | , 16b, 17a, or 17b, | check this box ar | nd see instructions | |

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

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

| qualify under the tests listed b Section A. Public Support | elow, please com | plete Part II.) | | | | |
|--|----------------------------|-----------------------|----------------------|-------------------|------------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 Gifts, grants, contributions, and | . , | | , , | | | , |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 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 | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 Amounts from line 6 | (a) 2010 | (6) 2019 | (6) 2020 | (4) 2021 | (6) 2022 | (i) iotai |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organization | on, |
| check this box and stop here | | | | | | |
| Section C. Computation of Publi | ic Support Pe | rcentage | | | | |
| 15 Public support percentage for 2022 (| ine 8, column (f), d | divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2021 | | <u> </u> | | | 16 | % |
| Section D. Computation of Inves | stment Income | e Percentage | | | | |
| 17 Investment income percentage for 20 |)22 (line 10c, colu | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | 2021 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2022. If the | | | | | | 7 is not |
| more than 33 1/3%, check this box at | nd stop here. The | e organization quali | fies as a publicly s | supported organiz | ation | |
| b 33 1/3% support tests - 2021. If the | | | | | | |
| line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization | | | | | | |

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
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| ule | A (Forn | n 990) | 2022 |

WASHINGTON 91-1329433 Schedule A (Form 990) 2022 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| | All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | |
|------|---|-------------|-----------------------------|--------------------------------|--|--|
| 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 | | | | |
| | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | |
| a | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other factors | | | | | |
| | (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | |
| | see instructions). | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionall | y integrate | ed Type III supporting orga | nization (see | | |
| | instructions). | | | · | | |

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10 Line 8 amount divided by line 9 amount

MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON 91-1329433 Schedule A (Form 990) 2022 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6

| Section I | E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|--------------|---|-----------------------------|--|---|
| 1 Dis | stributable amount for 2022 from Section C, line 6 | | | |
| 2 Un | nderdistributions, if any, for years prior to 2022 (reason- | | | |
| abl | le cause required - explain in Part VI). See instructions. | | | |
| 3 Exc | cess distributions carryover, if any, to 2022 | | | |
| a Fro | om 2017 | | | |
| b Fro | om 2018 | | | |
| c Fro | om 2019 | | | |
| d Fro | om 2020 | | | |
| e Fro | om 2021 | | | |
| _ f To | otal of lines 3a through 3e | | | |
| g Ap | pplied to underdistributions of prior years | | | |
| h Ap | pplied to 2022 distributable amount | | | |
| _ i Ca | arryover from 2017 not applied (see instructions) | | | |
| j Rei | emainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Dis | stributions for 2022 from Section D, | | | |
| line | e 7: \$ | | | |
| a Ap | plied to underdistributions of prior years | | | |
| b Ap | pplied to 2022 distributable amount | | | |
| c Rei | emainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Rei | emaining underdistributions for years prior to 2022, if | | | |
| any | y. Subtract lines 3g and 4a from line 2. For result greater | | | |
| tha | an zero, explain in Part VI. See instructions. | | | |
| 6 Rei | emaining underdistributions for 2022. Subtract lines 3h | | | |
| and | d 4b from line 1. For result greater than zero, explain in | | | |
| Pai | rt VI. See instructions. | | | |
| 7 Ex | cess distributions carryover to 2023. Add lines 3j | | | |
| and | d 4c. | | | |
| 8 Bre | eakdown of line 7: | | | |
| a Exc | cess from 2018 | | | |
| b Exc | cess from 2019 | | | |
| c Exc | cess from 2020 | | | |
| d Exc | cess from 2021 | | | |
| | cess from 2022 | | | |

Schedule A (Form 990) 2022

10

MAKE-A-WISH FOUNDATION OF ALASKA &

WASHINGTON

Schedule A (Form 990) 2022 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: GROSS FUNDRAISING REVENUE 2018 AMOUNT: \$ 377,162. 2019 AMOUNT: \$ 148,510. 2020 AMOUNT: \$ 145,320. 2021 AMOUNT: \$ 372,833. 2022 AMOUNT: \$ 505,697. GROSS GAMING REVENUE 2018 AMOUNT: \$ 0. 2019 AMOUNT: \$ 0. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 31,160. OTHER INCOME 2018 AMOUNT: \$ 2019 AMOUNT: \$ 26,156. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 12,809. 2022 AMOUNT: \$ 6,977.

Schedule A (Form 990) 2022

91-1329433

Schedule B

(Form 990)

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

2022

Department of the Treasury Internal Revenue Service

Name of the organization

MAKE-A-WISH FOUNDATION OF ALASKA &
WASHINGTON

Employer identification number

91-1329433

| Organization type (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 | | | | |
| | y a section 501(c)(7 | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special R | ules | | | | | |
| s | 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. | | | | | |
| c li | 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. | | | | | |
| y is p | 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\$ | | | | | |
| | | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 | | | | |

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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

| | <u> </u> |
|------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| MAKE-A-WISH FOUNDATION OF ALASKA & | |
| WASHINGTON | 91-1329433 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Name, address, and ZIP + 4 | \$ 932,465. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | * \$ \$ 500,750. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 276,550. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization

MAKE-A-WISH FOUNDATION OF ALASKA &

WASHINGTON

Employer identification number

91-1329433

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed. | |
|------------------------------|--|---|--------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | TRAVEL, M&E, SUPPLIES | _ | |
| 1 | | _ | |
| | | \$24,846. | 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 | | | 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 |
| | | _ | |
| | | _ | |
| | | <u> </u> | Calcadada D (Farra 200) (2000) |

Schedule B (Form 990) (2022)

Employer identification number Name of organization MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON 91-1329433 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

MAKE-A-WISH FOUNDATION OF ALASKA & Name of the organization WASHINGTON

Employer identification number 91-1329433

| Par | | | or Accounts. Complete if the |
|--------|--|---|--------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. (a) Donor advised funds | (b) Funds and other accounts |
| | Takel assessed as and of season | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 3 | Aggregate value of contributions to (during year) Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | eed funds |
| J | are the organization's property, subject to the organization's | _ | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor o | | |
| | | | |
| Par | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | tion or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| | Total number of conservation easements | | l l |
| | | | I I |
| | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included in (c) acquired a | • | |
| • | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the | e organization during the tax |
| 4 | year Number of states where property subject to conservation eas | coment is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| Ŭ | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| | | | , |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | tion easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2(d) abov | e satisfy the requirements of section 170 | (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense | statement and |
| | balance sheet, and include, if applicable, the text of the footn | note to the organization's financial statem | ents that describes the |
| Dos | organization's accounting for conservation easements. | i Aut Historiaal Trassures or Of | thay Cimilay Assats |
| Par | t III Organizations Maintaining Collections of | | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| па | If the organization elected, as permitted under FASB ASC 95 | • | |
| | of art, historical treasures, or other similar assets held for pub | , , | ' |
| h | service, provide in Part XIII the text of the footnote to its finar | | |
| D | If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items: | exhibition, education, or research in full | lerance of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | • |
| 2 | If the organization received or held works of art, historical trea | | |
| _ | the following amounts required to be reported under FASB A | | J , F |
| а | Revenue included on Form 990, Part VIII, line 1 | · | \$ |
| | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2022 |

232051 09-01-22

| Sche | dule D (Form 990) 2022 WASHINGTON | | | | | 91-13 | 29433 | P | age 2 |
|--------|---|-----------------------|-------------------------|-----------------------|-----------|----------------|-------------|---------|-------------|
| Par | t III Organizations Maintaining C | ollections of Art | t, Historical Tre | asures, or Othe | r Sim | ilar Asset | s (contir | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that make | significa | ant use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition d Loan or exchange program | | | | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | • | • | • | | • | XIII. | | |
| 5 | During the year, did the organization solicit o | | , | * | | | _ | _ | _ |
| Davi | to be sold to raise funds rather than to be ma | | | | | | Yes | | <u>No</u> |
| Par | t IV Escrow and Custodial Arrang | | ete if the organization | n answered "Yes" o | n Form | 990, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | • | | | _ | ¬ | | ٦ |
| | on Form 990, Part X? | | | | | L | Yes | | 」 No |
| D | If "Yes," explain the arrangement in Part XIII | and complete the foll | lowing table: | | Г | 1 | Amoun | | |
| _ | Paginning halange | | | | ├. | lo l | Amoun | | |
| | Beginning balance | | | | | lc ld | | | |
| | Additions during the year Distributions during the year | | | | | le | | | |
| f | Ending balance | | | | I | 1f | | | |
| | Did the organization include an amount on Fo | | | | | <u> </u> | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | | | | j |
| Par | | | | | | | | | |
| | • | (a) Current year | (b) Prior year | (c) Two years back | | ree years back | (e) Four | years | back |
| 1a | Beginning of year balance | 38,806. | 46,237. | 38,148. | | 38,148. | | 38, | 148. |
| | Contributions | 500,000. | | | | | | | |
| | Net investment earnings, gains, and losses | 7,544. | -7,431. | 8,089. | | | | | |
| d | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 546,350. | 38,806. | 46,237. | | 38,148. | | 38, | 148. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g, column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | .0000 | _% | | | | | | |
| b | Permanent endowment 98.0000 | % | | | | | | | |
| С | Term endowment 2.0000 | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | tion that are held an | id administered for t | he | | ſ | Vaa | Na |
| | organization by: | | | | | | 0.0 | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | - | X |
| | (ii) Related organizations | | | | | | 3a(ii) | | |
| ь 4 | If "Yes" on line 3a(ii), are the related organiza | | | | | | . 3b | | |
| | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | willent fulfus. | | | | | | |
| 1 0.1 | Complete if the organization answered | | . Part IV. line 11a. S | ee Form 990. Part X | . line 10 |) . | | | |
| | Description of property | (a) Cost or o | | | Accumi | | (d) Boo | k valu | |
| | Becomption of property | basis (investm | , , | 1 ' ' | eprecia | | (4) 500 | it valu | • |
| 1a | Land | <u> </u> | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | 426,027. | 1 | 98,000. | | 228, | 027. |
| | Equipment | I | | 252,525. | 2 | 06,197. | | 46, | 328. |
| | Other | | | | | | | | |
| | . Add lines 1a through 1e. <i>(Column (d) must</i> e | | X. column (B). line 10 | Oc.) | | | | 274, | 355. |

Schedule D (Form 990) 2022

MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON 91-1329433 Page 3 Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4)(5)(6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value DUE FROM NATIONAL 118,355. (1) DUE FROM OTHER CHAPTERS 101,579. SECURITY DEPOSITS 22,676. RIGHT-OF-USE ASSETS FINANCE 89,810. RIGHT-OF-USE ASSETS OPERATING 1,416,534. (5) (6) (7) (8) (9) 1,748,954. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes (1) DUE TO NATIONAL 4,960. DUE TO OTHER CHAPTERS 113,463. LEASE LIABILITY - OPERATING 1,520,916. LEASE LIABILITY - FINANCING 89,986. (5)(6)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

1,729,325.

(7)(8)(9)

Schedule D (Form 990) 2022

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

MAKE-A-WISH FOUNDATION OF ALASKA &

| Schedule D (Form 990) 2022 WASHINGTON | 91-1329433 | Page 5 |
|---|------------|--------|
| Part XIII Supplemental Information (continued) | | |
| TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. | | |
| | | |
| | | |
| MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE | | |
| EQUINDAMION AM AUGUSM 21 2022 MUR EQUINDAMION ETTES TAXONE MAY DEMUND TH | | |
| FOUNDATION AT AUGUST 31, 2023. THE FOUNDATION FILES INCOME TAX RETURNS IN | | |
| THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE JURISDICTIONS. | | |
| | | |
| | | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | | |
| SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE | | |
| STATEMENT OF REVENUE -80,124. | | |
| | | |
| | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | |
| SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE | | |
| | | |
| STATEMENT OF REVENUE 80,124. | | |
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name of the organization MAKE-A-WISH FOUNDATION OF ALASKA & | | | | | | Employer identification number | |
|---|---------------|---|--|-----------------------------------|---------|---|---|
| WASHINGTON | | | | | | 91-132943 | 3 |
| Part I Fundraising Activities. required to complete this part | | | | | | | |
| required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants 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? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have cr or con contribu | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
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| otal | | | | | | | |
| List all states in which the organizatio or licensing. | | | utions | or has been notified | it is e | exempt from req | gistration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 WASHINGTON 91-1329433 Page 2

| Pa | rt I | Fundraising Events. Complete if th | e organization answered | "Yes" on Form 990, Par | t IV, line 18, or reported | more than \$15,000 | |
|-----------------|---|--|------------------------------|--|----------------------------|--|--|
| | | of fundraising event contributions and gro | | | | s greater than \$5,000. | |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
| | | | | | | (add col. (a) through | |
| | | | FUND A WISH | WISH NIGHT GALA | 5 | col. (c)) | |
| e | | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 1,312,803. | 987,800. | 344,397. | 2,645,000. | |
| | 2 | Less: Contributions | 1,312,803. | 573,300. | 253,200. | 2,139,303. | |
| | 3 | Gross income (line 1 minus line 2) | | 414,500. | 91,197. | 505,697. | |
| | 4 | Cash prizes | | | | | |
| S | 5 | Noncash prizes | | 2,234. | | 2,234. | |
| pense | 6 | Rent/facility costs | | 590. | 64,127. | 64,717. | |
| Direct Expenses | 7 | Food and beverages | | 216,285. | 5,268. | 221,553. | |
| Dir | 8 | Entertainment | | 23,280. | 250. | 23,530. | |
| | 9 | Other direct expenses | 182. | 233,505. | 40,100. | 273,787. | |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d) | | | 585,821. | |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | | | |
| Pa | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or | reported more than | | |
| | | \$15,000 on Form 990-EZ, line 6a. | Т | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
| Rev | 1 | Gross revenue | | | 31,160. | 31,160. | |
| S | 2 | Cash prizes | | | | | |
| pense | 3 | Noncash prizes | | | | | |
| Direct Expenses | | Rent/facility costs | | | | | |
| ⊡ | 5 | Other direct expenses | | | | | |
| | 3 | Other direct expenses | Yes % | Yes % | Yes % | | |
| | 6 | Volunteer labor | No No | No No | X No | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | 31,160. | |
| | | | | | | | |
| | | ter the state(s) in which the organization condu | - | | | | |
| | | he organization licensed to conduct gaming ac No," explain: | ctivities in each of these s | states? | | X Yes No | |
| | _ | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | voked, suspended, or te | rminated during the tax y | /ear? | Yes X No | |
| | | | | | | | |

Schedule G (Form 990) 2022

232082 10-27-22

MAKE-A-WISH FOUNDATION OF ALASKA &

| Schedule G (Form 990) 2022 WASHINGTON | 91-1329433 Page 3 |
|--|--------------------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes X 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? | |
| 13 Indicate the percentage of gaming activity conducted in: | |
| a The organization's facility | 13a .00 % |
| | |
| b An outside facility | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco | oras: |
| Name MELISSA ARIAS | |
| Address 811 1ST AVE, #620 - SEATTLE, WA 98104 | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes X No |
| 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: | |
| The state of the s | |
| Name | |
| Name | |
| | |
| Address | |
| | |
| 16 Gaming manager information: | |
| | |
| Name JESSICA QUIJADA, SENIOR EVENTS COORDINATOR | |
| | |
| Gaming manager compensation \$576. | |
| | |
| Description of services provided APPLIED FOR STATE LICENSE, SUBMITTED QUARTERLY | |
| REPORTS, PAID TAXES, TRAINED VOLUNTEERS ON RAFFLE SALES | |
| | |
| | |
| | |
| Director/officer X 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 X No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper | nt 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. | , , , , , |
| 102, 100, 10, and 112, at approximation flow promise any additional information of mentioned | |
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MAKE-A-WISH FOUNDATION OF ALASKA &

| Schedule G | G (Form 990) Supplemental Infor | WASHINGTON | 91-1329433 | Page 4 |
|------------|----------------------------------|--------------------|------------|--------|
| Part IV | Supplemental Infor | mation (continued) | | |
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232084 04-01-22

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. MAKE-A-WISH FOUNDATION OF ALASKA &

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| WASHINGTON | | | | | | | 91-1329433 |
|--|---------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| 1 Does the organization maintain records | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selection | |
| criteria used to award the grants or assis | | | | | | | Yes No |
| 2 Describe in Part IV the organization's pro | | | | | | | |
| Part II Grants and Other Assistance to | | | | | anization answered "Y | es" on Form 990, Part I | V, line 21, for any |
| recipient that received more than | | 1 | | | (f) Method of | T T | |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | nd government ord | ganizations listed in th | e line 1 table | ı | | | |
| 3 Enter total number of other organization | | | | | | | |

WASHINGTON 91-1329433 Schedule I (Form 990) 2022 Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 3,665,215.FMV WISHES GRANTED 406 524,364. TRAVEL, M&E, SUPPLIES Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: FOR EACH CHILD WHO MEET ELIGIBILITY CRITERIA. A FILE IS ESTABLISHED IN ACCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURES. THE CHILD IS INTERVIEWED BY THE WISH GRANTING STAFF TO UNDERSTAND THE CHILD'S WISH REQUEST. A WISH BUDGET IS CREATED BY WISH STAFF AND APPROVED BY WISH MANAGEMENT. WISH EXPENSES ARE GENERATED BY WISH FULFILLMENT STAFF AND REVIEWED AND APPROVED BY WISH MANAGEMENT TO ENSURE THAT COSTS ALIGN WITH

WISH FILE IS CLOSED.

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

WASHINGTON

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047
2022

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

MAKE-A-WISH FOUNDATION OF ALASKA &

Employer identification number 91-1329433

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

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

......9 | 9 Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022 WASHINGTON 91-1329433 Page **2**

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

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

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

| (A) Name and Title | | (B) Breakdown of W | V-2 and/or 1099-MISO 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) MELISSA ARIAS | (i) | 226,323. | 0. | 0. | 8,399. | 14,043. | 248,765. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LAUREN MARTIN | (i) | 147,762. | 0. | 0. | 6,154. | 8,778. | 162,694. | 0. |
| DIRECTOR, ADVANCEMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

MAKE-A-WISH FOUNDATION OF ALASKA &

Schedule J (Form 990) 2022 WASHINGTON 91-1329433 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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON

Employer identification number 91-1329433

| Par | tl T | ypes of Property | | | | | | |
|-----|-----------------------|--|-------------------------------|---|---|---|------|-----|
| | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of det noncash contribut | | nts |
| 1 | Art - Wor | ks of art | | | | | | |
| 2 | | orical treasures | | | | | | |
| 3 | | tional interests | I | | | | | |
| 4 | | nd publications | I | | | | | |
| 5 | | and household goods | | | | | | |
| 6 | | other vehicles | | | | | | |
| 7 | | d planes | | | | | | |
| 8 | | ial property | 1 | | | | | |
| 9 | Securitie | s - Publicly traded | | 6 | 95,978. | FMV | | |
| 10 | | s - Closely held stock | | | | | | |
| 11 | | s - Partnership, LLC, or | | | | | | |
| | trust inte | | | | | | | |
| 12 | Securitie | s - Miscellaneous | | | | | | |
| 13 | Qualified | conservation contribution - | | | | | | |
| | Historic s | structures | | | | | | |
| 14 | Qualified | conservation contribution - Other | r | | | | | |
| 15 | Real esta | te - Residential | | | | | | |
| 16 | Real esta | ate - Commercial | | | | | | |
| 17 | Real esta | te - Other | | | | | | |
| 18 | | les | I | | | | | |
| 19 | | entory | | | | | | |
| 20 | | d medical supplies | | | | | | |
| 21 | Taxiderm | ny | | | | | | |
| 22 | Historica | l artifacts | | | | | | |
| 23 | Scientific | specimens | | | | | | |
| 24 | Archeolo | gical artifacts | | | | | | |
| 25 | Other | (WISH RELATED |) X | 1,448 | 2,237,985. | FMV | | |
| 26 | Other | (SPECIAL EVENTS |) X | 25 | 26,169. | <u> </u> | | |
| 27 | Other | (OTHER |) X | 6 | 1,942. | FMV | | |
| 28 | Other | (|) | | | | | |
| 29 | | of Forms 8283 received by the or | - | | | | | |
| | for which | the organization completed Forn | n 8283, Part V, D | onee Acknowledg | ement 29 | | | 0 |
| | | | | | | 1 | Yes | No_ |
| 30a | | ne year, did the organization recei | | | | | | |
| | | d for at least 3 years from the dat | | ntribution, and whi | ch isn't required to be used | for | | |
| | | ourposes for the entire holding pe | | | | | 30a | X |
| b | , | describe the arrangement in Part | | | | | | |
| 31 | | organization have a gift acceptar | | | | ions? | 31 X | + |
| 32a | Does the contribut | organization hire or use third par ions? | | _ | cit, process, or sell noncash | | 32a | х |
| b | If "Yes," | describe in Part II. | | | | | | |
| 33 | If the org | anization didn't report an amount | in column (c) for | r a type of property | for which column (a) is chec | cked, | | |
| | describe | in Part II. | | | | | | |
| | | | | | | | | |

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

| Schedule M | M (Form 990) 2022 WASHINGTON | 91-1329433 | 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 conthis part for any additional information. | 3, and whether the organiz nbination of both. Also cor | zation |
| SCHEDULE | M, PART I, COLUMN (B): | | |
| THE AMOUN | NT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS | | |
| RECEIVED | | | |
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Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service MAKE-A-WISH FOUNDATION OF ALASKA & Name of the organization **Employer identification number** WASHINGTON 91-1329433 PART III LINE 4A, DESCRIPTION OF PROGRAM SERVICE: IT IS THE FOUNDING PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY ELIGIBLE CHILD, BETWEEN THE AGES OF 2 1/2 AND 18, FOR WISH KIDS, JUST THE ACT OF MAKING THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO COMPLY WITH THEIR MEDICAL TREATMENTS. WITH OUR WISH MAKING PROCESS. STRIVE TO BRING A SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY DIFFICULT TIMES AND DELIVER A JOYFUL LIFE CHANGING EXPERIENCE WHETHER THE WISH IS A PRINCESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS OTHER POSSIBILITIES DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON GRANTED 406 LIFE CHANGING WISHES IN THE FISCAL YEAR ENDING AUGUST 31, 2023. THE TOTAL COST OF WISHES GRANTED FOR THE FISCAL YEAR WAS \$7,676,074. OF THIS AMOUNT \$1.502.427 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED INKIND CONTRIBUTIONS SUCH AS TRAVEL AND TRAVEL SERVICES. TRANSPORTATION AND OTHER SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S LODGING WISH. FOR FINANCIAL STATEMENT PURPOSES. THESE AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER THE IRS REQUIRES THIS AMOUNT BE EXCLUDED FROM BOTH REVENUE AND EXPENSE. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE SHALL, AT A MINIMUM, CONSIST OF THE BOARD CHAIR WHO SHALL BE ITS CHAIR, VICE CHAIR(S), TREASURER AND SECRETARY. THE IMMEDIATE PAST BOARD CHAIR AND IMMEDIATE PAST TREASURER SHALL SERVE AS EX-OFFICIO MEMBERS OF THE EXECUTIVE COMMITTEE FOR THE YEAR FOLLOWING THEIR

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

BOARD CHAIRPERSON-SHIP AND TREASURER-SHIP, PROVIDED THEY ARE BOTH STILL

Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| Name of the organization MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON | Employer identification number 91-1329433 |
| MEMBERS OF THE BOARD. THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE | |
| FOUNDATION IN DAY-TO-DAY BUSINESS OPERATIONS WHEN THE BOARD IS NOT IN | |
| SESSION, REPORTING ACTIONS TO THE BOARD AT THE NEXT SUCCEEDING BOARD | |
| MEETING FOR RATIFICATION. THE EXECUTIVE COMMITTEE SHALL BE CHARGED WITH | |
| SUBMITTING TO THE BOARD FOR CONSIDERATION RESOLUTIONS CONCERNING UNUSUAL OR | _ |
| EXTRAORDINARY MATTERS AFFECTING THE OPERATION OF THE FOUNDATION. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM | |
| ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE | |
| ACCOUNTING FIRM WAS REVIEWED BY THE FOUNDATION'S PRESIDENT AND CEO. THE | |
| DRAFT WAS THEN PRESENTED TO THE FINANCE COMMITTEE FOR THEIR REVIEW. | |
| SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FINAL FORM | |
| 990 WAS PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO FILING WITH THE IRS. | |
| THE MINUTES OF ANY COMMITTEE AND/OR BOARD MEETING REFLECT THE REVIEW | |
| PROCESS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS | |
| PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER, | |
| EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON | |
| DATE OF HIRE, ELECTION OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST | |
| ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND | |
| REVIEWED BY THE DIRECTOR OF VOLUNTEER SERVICES IF THEY ARE FROM VOLUNTEERS, | |
| AND 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 | 0.11.10 (5 |

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| Name of the organization MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON | Employer identification number 91-1329433 |
| 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 RESCUES HIMSELF/HERSELF FROM DELIBERATIONS AND | |
| DECISIONS REGARDING THE TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS | |
| WARRANTED BY THE CONFLICT AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING | |
| TERMINATION OF SERVICE. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE 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 PROCESS FOR DETERMING COMPENSATION FOR EMPLOYEES OTHER THAN THE | |
| PRESIDENT/CEO IS REVIEWED BY THE PRESIDENT/CEO. IT IS REVIEWED AGAINST | |
| NATIONAL BENCH-MARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS BY | |
| MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED BY | |
| NATIONAL BENCH-MARKING ORGANIZATIONS, FOR THE STAFF MEMBERS WHO AREN'T | |
| OFFICERS, THE REVIEW OF SALARY IS DETERMINED BY THE PRESIDENT/CEO, AND | |
| REVIEWED BY THE GOVERNANCE AND EXECUTIVE LEADERSHIP TEAM. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST | |

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|---|--------------------------------|
| Name of the organization MAKE-A-WISH FOUNDATION OF ALASKA & | Employer identification number |
| WASHINGTON | 91-1329433 |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. | |
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