Form **990** 

Department of the Treasury

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information

2022 Open to Public Inspection

Interr	nal Rever						Inspection
AF	or the	2022 calendar year, or tax year beginning SE	P 1, 2022 and	ending A	JG 31, 2023		
B c	heck if pplicable	MAKE-A-WISH FOUNDATION OF GREATER	BAY		D Employer iden	tificatio	on number
	Addre:	AREA					
	Name Chang	Doing business as			94-29584	81	
	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone num	ıber	
	Final return/	1333 BROADWAY	200	415-982-94	74		
	termin ated	City or town, state or province, country, and Z		<b>G</b> Gross receipts \$		14,242,733.	
	Ameno	OAKLAND, CA 94612		H(a) Is this a grou	p return		
	Applic tion	F Name and address of principal officer.	OTTE BIERN		for subordina	tes?	Yes X No
	pendir	<sup>g</sup> SAME AS C ABOVE			<b>H(b)</b> Are all subordinate	es include	d? Yes No
1 1	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1		See instructions
	Vebsit				H(c) Group exemp		
ΚF	orm of	organization: X Corporation Trust Ass	sociation 🔄 Other	L Year	of formation: 1984	M Sta	te of legal domicile: CA
	art I	Summary					<u> </u>
	1	Briefly describe the organization's mission or most s	significant activities: TOGETH	ER, WE CR	EATE		
Sce		LIFE-CHANGING WISHES FOR CHILDREN WITH					
Governance	2	Check this box if the organization discon	tinued its operations or dispo	sed of more	than 25% of its net	assets.	
ver	3	Number of voting members of the governing body (I				3	24
ŝ		Number of independent voting members of the gov	, , , , , , , , , , , , , , , , , , , ,			4	24
ა ა		Total number of individuals employed in calendar ye				5	38
Activities &		Total number of volunteers (estimate if necessary)				6	850
Ę		Total unrelated business revenue from Part VIII, colu				7a	0.
ĕ		Net unrelated business taxable income from Form 9				7b	0.
					Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)			7,637,69	0.	6,583,164.
Revenue			16,60	_	27,200.		
ver		Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		270,07		-138,020.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-32,76	_	25,600.
		Total revenue - add lines 8 through 11 (must equal F			7,891,59	_	6,497,944.
		Grants and similar amounts paid (Part IX, column (A			2,224,29		2,915,737.
		Benefits paid to or for members (Part IX, column (A)			, ,	0.	0.
	40	Salaries, other compensation, employee benefits (P	, , , , , , , , , , , , , , , , , , , ,		3,080,09		3,333,722.
Expenses	160	Professional fundraising fees (Part IX, column (A), lir				0.	850.
en en	10a			179			
Ä	17	Total fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 11a-11d,			1,623,32	7	1,909,591.
	''				6,927,70		8,159,900.
		Total expenses. Add lines 13-17 (must equal Part IX			963,88		-1,661,956.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 1	2		ginning of Current Yes		End of Year
ts o	20	Tatal assets (Dart V. Jing 16)			10,197,38	_	10,291,237.
Asse Bala	20				850,44	_	2,174,770.
Net Assets or Fund Balances	21	Net assets or fund balances. Subtract line 21 from I			9,346,93		8,116,467.
$\left  \frac{2\pi}{P_{2}} \right $	art II	Signature Block	Ine 20		5,540,55	′•	0,110,407.
		Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	e and stateme	inter and to the best of	my kno	vladae and haliaf it is
		$t_{\rm c}$ and complete declaration of preparer (other than officer				ing kilo	mougo and bonoi, it io
	001100	(hartotte Bien		non propuror	7/1/2	2024	
Sig	•	Signature 34 officer 458			Date		
Her		CHARLOTTE BIERN, CHIEF EXECUTIVE OFFIC	ER				
nei	e	Type or print name and title					
			Preparer's signature	1	Date Check		PTIN
Paid	1		MELISSA HANGSLEBEN		- / a / / a /		P02087031
Prep				P			0746749
	Only	Firm's name CLIFTONLARSONALLEN LLP Firm's address 20 EAST THOMAS ROAD, SUITE	2300		Firm's EIN		
030	Jiny	PHOENIX, AZ 85012			Phone no. (	602)	266-2248
N4~	the !!		of Soo instructions			5027	
iviay	r une il	RS discuss this return with the preparer shown abov	er See Instructions				X Yes No

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

	MAKE-A-WISH FOUNDATION OF GREATER BAY		
	990 (2022) AREA	94-2958481	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE MAKE-A-WISH FOUNDATION OF GREATER BAY AREA CREATES LIFE-CHANGING		
	WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	יו ו	Yes 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	יו י	Yes 🛛 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 me	asured by expension	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	s, and
	revenue, if any, for each program service reported.		
4a	revenue, if any, for each program service reported.           (Code:) (Expenses \$4,460,365. including grants of \$2,915,737. ) (Revenue \$) (Revenue \$	\$	27,200.)
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	÷	)
40	(Code:) (Expenses \$) (Revenue 3	▶	)
4c	(Code:         ) (Expenses \$) (Revenue \$) (Revenue \$)	\$	)
4d	Other program services (Describe on Schedule O.)		
μu		١	
4-	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     4,460,365.	)	
4e	Total program service expenses     4,460,365.	<b>F</b>	rm <b>990</b> (2022)
		For	(2022)
232002	2 12-13-22		

	990 (2022) AREA 94-295848	1	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		<u> </u>
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? 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			x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	┝───
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
d	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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	11c		
u	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	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	├──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		v	
00-	complete Schedule G, Part III	19	X	x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	1	
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
£ 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		x
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Form	990 (2022) AREA 94-29584	81	Р	age <b>4</b>
Par	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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
0E -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		^
a	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 eaction 512/b)(12)2 ((1)(a - 1) and (a - 0) be the first of the part of the second	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
97	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	x	
Par		1 30		1
	Charly if Schoolyla O contains a regression ar note to any line in this Dart V			
	Check in Schedule O contains a response of note to any line in this Part V		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16		165	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	x	
222004	(gambling) winnings to prize winners?			l (2022)
232004	T 12-10-22	1011		(2022)

MAKE-A-WISH FOUNDATION OF GREATER BAY

	990 (2022) AREA 94-295848	81	Р	age <b>5</b>					
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
-			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 38								
			х						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	Λ	x					
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		<u> </u>					
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country								
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	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?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├───					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12  10a  10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-							
11	Section 501(c)(12) organizations. Enter:								
a b	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1	-							
D									
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	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							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								
232005	5 12-13-22	Form	9 <b>90</b>	(2022)					

 $^{6}$  2022.06000 make-a-wish foundation of a1951361

	990 (2022) AREA		94-29584		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thro	ugh 7	b below, and for a	a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. So					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	2	1		
	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	<b>5</b> , , , <b>1</b>	1b	2	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith ar	ly other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the di	irect s	supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990		filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets	s? .		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int or	ne or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	khold	ers, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by					
a	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_ A
000	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)		Yes	No
100	Did the examination have lead chapters, branches, or effiliates?			10a	res	No X
	Did the organization have local chapters, branches, or affiliates?			104		
D				10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body bo		filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	01010	ining the form.	114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes			12.0		
•	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					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>,</b>				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	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	nt witl	na			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	tion's	5			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
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.					
	X       Own website       Another's website       X       Upon request       Other (explain or	n Sch	edule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli	ict of	interest policy, an	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			
	CHARLOTTE E. BIERN - 415-982-9474					
	1333 BROADWAY, 200, OAKLAND, CA 94612				000	10.5 -
232006	5 12-13-22 <b>7</b>			Form	ז <b>990</b>	(2022
	7					

Form 990 (2022) AREA	94-2958481	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
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		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), re</li> <li>Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	,	

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHARLOTTE BIERN	40.00	_	_		-	<u> </u>	-			
CHIEF EXECUTIVE OFFICER				x				288,269.	0.	25,360.
(2) DENNIS SCHRAG	40.00									
SENIOR DIRECTOR OR CORPORATE GIVING						x		184,629.	0.	10,996.
(3) ALLIE REYNOLDS	40.00									
SENIOR DIRECTOR OF CORPORATE DEV.						X		168,515.	0.	14,435.
(4) LYNNE DURIE	40.00									
CHIEF OPERATING OFFICER				x				165,113.	0.	17,667.
(5) LINDA ANDERBERG	40.00									
MARKETING & COMMUNICATIONS DIRECTOR	10.00					X		143,353.	0.	14,756.
(6) SUSANNA FALK	40.00									
PROGRAM DIRECTOR	40.00					X		140,511.	0.	15,956.
(7) CHLOE MECUM	40.00							101 550		10 405
EVENTS DIRECTOR	F 00					X		121,759.	0.	13,437.
(8) KATE SHOUT CHAIR	5.00	x		x				0.	0.	0
(9) MARTI POZZI	5.00	~		^		-		U.	0.	0.
PAST CHAIR	5.00	x		x				0.	0.	0.
(10) GEORGE MADRIGAL	5.00	Λ	<u> </u>	^		-	<u> </u>	· · ·	0.	<u> </u>
TREASURER	5.00	x		x				0.	0.	0.
(11) TIFFANY LOREN ROWE	5.00					$\vdash$		·.	••	
SECRETARY	5.00	x		x				0.	0.	0.
(12) CATHERINE AKER	5.00					$\vdash$		<b>```</b>		
DIRECTOR		x						0.	0.	0.
(13) ASH BARAGHOUSH	5.00									
DIRECTOR		х						0.	0.	Ο.
(14) KARA BAYSINGER	5.00									
DIRECTOR		х						0.	0.	0.
(15) DANA GREEN	5.00									
DIRECTOR		Х						0.	0.	0.
(16) CHARLES HALLADAY	5.00									
DIRECTOR		х						0.	0.	0.
(17) PETER HILLIARD	5.00									
DIRECTOR		Х						0.	0.	0.
000007 10 10 00										Earm <b>990</b> (2022)

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Form 990 (2022)

Image: production is officer and different and a director/trustee is and more than one hox, unless person is both and different and a director/trustee is and index person is both and different and a director/trustee is and index person is both and different and a director/trustee is and director is and director is and director/truste	Form 990 (2022) AREA									94-29584	81	P	age <b>8</b>
Name and title         Average week (itst any operation provided in the set of areas the at a mount of provided in the set of areas the at a mount of provided in the set of areas the at a mount of provided in the set of areas the at a mount of provided in the set of areas the at a mount of provided in the set of areas the at a mount of provided in the set of areas the at a mount of provided in the set of areas the at a mount of provided in the set of areas the at a mount of a mount of provided in the set of areas the at a mount of provided in the set of areas the at a mount of provided in the set of a mount of an at a mount of provided in the set of a mount of an at a mount of provided in the set of a mount of an at a mount of provided in the set of a mount of an at a mount of provided in the set of a mount of an at a mount of provided in the set of a mount of an at a mount of provided in the set of a mount of an at a mount of at mount at a mount of at a mount of at mount of at a mount			oloy	ees,			ghes	st C		, ,			
Name and use     Four part is an dust of the part of the second second intervent hance is the dust free hance i							ı						1
weak (list and a second case product of the regarizations inc)         mounts for significations inc)         mounts for significations         mounts for significations <thmounts for<br="">significations         mounts for s</thmounts>	Name and title			not c	heck	more	than o		· ·	•			
Holestary related organizations below         Image of the particular organizations below         Image of the particular organizations (W2/1089.NEC)         Organizations (W2/1089.NEC)         Compensation from the organizations           (18) ALLBORA JONES         5.00         X         0         0         0           (18) ALLBORA JONES         5.00         X         0         0         0         0           (18) ALLBORA JONES         5.00         X         0         0         0         0         0           (19) RECOR         X         0         0         0         0         0         0         0           (20) ASHOTOSH KULARANT         5.00         X         0		· ·											
119)       ALLADRA JONES       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0. <td< td=""><td></td><td>(list any</td><td>ctor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>c</td><td></td><td></td></td<>		(list any	ctor								c		
119)       ALLADRA JONES       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0. <td< td=""><td></td><td></td><td>r dire</td><td></td><td></td><td></td><td>ted</td><td></td><td>organization</td><td>(W-2/1099-MISC/</td><td></td><td>from th</td><td>e</td></td<>			r dire				ted		organization	(W-2/1099-MISC/		from th	e
119)       ALLADRA JONES       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0. <td< td=""><td></td><td></td><td>stee o</td><td>rustee</td><td></td><td></td><td>ensat</td><td></td><td></td><td>1099-NEC)</td><td></td><td>•</td><td></td></td<>			stee o	rustee			ensat			1099-NEC)		•	
119)       ALLADRA JONES       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0. <td< td=""><td></td><td></td><td>al trus</td><td>onal ti</td><td></td><td>loyee</td><td>comp</td><td></td><td>1099-NEC)</td><td></td><td></td><td></td><td></td></td<>			al trus	onal ti		loyee	comp		1099-NEC)				
119)       ALLADRA JONES       5.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0.       0.       0.       0.       0.         DIRECTOR       5.00       X       0. <td< td=""><td></td><td></td><td>dividu</td><td>stituti</td><td>ficer</td><td>y emp</td><td>ghest</td><td>rmer</td><td></td><td></td><td>0</td><td>rganizat</td><td>ions</td></td<>			dividu	stituti	ficer	y emp	ghest	rmer			0	rganizat	ions
DIRECTOR         X         0         0         0           (19) BEN KOCHALSKI         5,00         X         0         0         0           (20) ABRITORS KULKARNIT         5,00         X         0         0         0         0           (20) ABRITORS KULKARNIT         5,00         X         0         0         0         0         0           (21) LANRENCE NIBBI         5,00         X         0	(18) ALLEGRA JONES	,	-	=	9	, ₩	포요	2					
(19) BER KOCHALSKI       5,00       x       0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	DIRECTOR		x						0.	0			0.
DIRECTOR       x       0.       0.       0.       0.         (20) ASUTORSH KULKARNI       5.00       x       0.       0.       0.         (21) LANKENCE NIBEI       5.00       x       0.       0.       0.         (21) LANKENCE NIBEI       5.00       x       0.       0.       0.       0.         (22) SIGNATION O'SHEA       5.00       x       0.       0.       0.       0.         (23) BERCTOR       x       0.       0.       0.       0.       0.       0.         (23) BERCTOR       x       0.       0		5,00									+		
(20) ASHUTOSH KULKARNI       5.00       x       0       0       0         DIRECTOR       x       0       0       0       0         DIRECTOR       x       0       0       0       0         DIRECTOR       x       0       0       0       0       0         DIRECTOR       x       0       0       0       0       0       0         C(2) SHANDN O'SHEA       5.00       x       0	DIRECTOR		х						0.	0			Ο.
(21) LANRENCE NIBBI       5.00       x       0.       0.       0.       0.         DIRRECTOR       x       0.       0.       0.       0.       0.         (23) SHANON 0'SHEA       5.00       x       0.       0.       0.       0.         (23) BERVL CRUMPTON POTTER       5.00       x       0.       0.       0.       0.         (24) RANT RADHAKRISTNAN       5.00       x       0.       0.       0.       0.         (25) RANTRA ROBINSON       5.00       x       0.       0.       0.       0.         (26) MANTRA ROBINSON       5.00       x       0.       0.       0.       0.       0.         (26) MANTRA ROBINSON       5.00       x       0.	(20) ASHUTOSH KULKARNI	5.00									-		
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DIRECTOR       Image: California of the compensation of the compensation from the organization of the calendar year ending with or within the organization. Report Compensation from the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization of services       Vest Note       Vest Note         2       Total number of independent contractors (including but not limited to those listed above) who received more than       \$100,000       \$100,000       \$100,000         2       Total number of independent contractors (including but not limited to those listed above) who received more than       \$100,000       \$100,000       \$100,000         2       Total number of independent contractors (including but not limited to those listed above) who received more than       \$100,000       \$100,000       \$100,000         3       X       Image: California of the organization of the calendar year ending with or within the organization of orden of the organization of the calendar year ending with or within the organization of services       \$100,000       \$100,000         2       Total number of independent contractors (including but not limited to those listed above) who received more than       \$100,000,000       \$100,000       \$100,000       \$100,000       \$100,000       \$100,000       \$100,000       \$100,000       \$100,0	DIRECTOR		х						0.	0			Ο.
(23) BERYL CRUMPTON POTTER       5,00       x       0       0       0.       0.         DIRECTOR       x       0       0.       0.       0.       0.       0.         (26) MANTRA ROBINSON       5.00       x       0.       0.       0.       0.       0.         1b Subtotal       1,212,149       0.       112,667.       0.       0.       112,667.         2< Total Inumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	(22) SHANNON O'SHEA	5.00											
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(25) RAGHU RAGHURAM       5,00       x       0       0       0       0         DTRECTOR       5,00       x       0       0       0       0       0         DIRECTOR       5,00       x       0       0       0       0       0       0         DIRECTOR       0	(24) RANI RADHAKRISTNAN	5.00											
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(26) MANTRA ROBINSON       5.00       x       0.       0.       0.         DIRRECTOR       x       0.       0.       0.       0.         1b Subtotal       1,212,149       0.       112,607.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         d Total (add lines 1b and 1c)       1,212,149       0.       112,607.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         4 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual       4       X         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tay year.       (A)         2 Total number of independent contractors (including but not limited to those listed above) who received more than       Compensation	(25) RAGHU RAGHURAM	5.00											
DIRRECTOR       x       0.       0.       0.       0.         1b Subtotal       1,212,149.       0.       112,607.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         d Total (add lines t) and 10.       1,212,149.       0.       112,607.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       7         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       X         4 For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       (C)       Compensation from the calendar year ending with or within the organization of services       Compensation         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       Compensation         1       Complete this table for your five highest compensate indep	DIRECTOR		х						0.	0	•		0.
1b       Subtotal       1,212,143.       0.       112,607.         c       Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         1       Catal (add lines to and 1c)       1,212,143.       0.       112,607.       0.       112,607.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       7         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       X         4       For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.       (A)       (C)         1       Complete this table for your five highest compensated independe		5.00											
c       Total from continuation sheets to Part VII, Section A       0.<												110	
d Total (add lines tb and 1c)       1,212,149       0.       112,607.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       7         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       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such individual       4       X         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         2 Nome and business address       NONE       Description of services       Compensation         2 Total number of independent contractors (including but not limited to those listed above) who received more than       1       1									· · ·			112,	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization     Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization     Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual     For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual     Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services     Tendered to the organization? If "Yes," complete Schedule J for such person     Section B. Independent Contractors     (A)     (B)     (C)     (C)												112	
compensation from the organization       7         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? /f 'Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? /f 'Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? /f 'Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4       X									, ,		•	112,	007.
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       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)         1       Complete this table for your five highest address       NONE       Description of services       Compensation         1       Mame and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4			ose	iiste	u ai	JOVE	<i>;</i> ) wr	0 Te	eceived more than \$100,	000 of reportable			7
1       1       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	compensation nom the organization											Yes	No
1       1       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former officer	, director, trust	ee, k	key e	mp	love	e, or	hiq	hest compensated empl	lovee on			
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>c</b> <i>j</i>			•	•	•		•	• • •	•	3		X
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         1       On person       Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation         Image: Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       Image: Compensation       Image: Compensation         Image: Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       Image: Compensation       Image: Compensation         Image: Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       Image: Complete this table for your five highest complete the person       Image: Complete the person											4	x	
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       (A)       (B)       (C)       Compensation         1       Compensation for the calendar year ending with or within the organization's tax year.       Compensation         (A)       (B)       (C)       Compensation         None       Description of services       Compensation         1       Compensation       Compensation       Compensa													
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0	rendered to the organization? If "Yes." cor	nplete Schedule	e J f	or sı	ich i	pers	on .				5	;	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         Image: C	Section B. Independent Contractors	-											
(A) Name and business address       NONE       (B) Description of services       (C) Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Im	1 Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation	from	
Name and business address       NONE       Description of services       Compensation         Image: Company of the service of the s	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.			
Total number of independent contractors (including but not limited to those listed above) who received more than											0		
		saddress	NO	NE					Description of s	ervices	Com	pensatic	n
	2 Total number of independent contractors (	including but n	ot lir	nitec	d to	thos	se lis	ted	above) who received mo	ore than			

100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

232008 12-13-22

#### MAKE-A-WISH FOUNDATION OF GREATER BAY

Form 990 AREA									94-29584	81
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl			ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) GEORGE SAMMUT DIRECTOR	5.00	x						0.	0.	
28) JENNIFER SHAPPLEY	5.00	^						0.	0.	
DIRECTOR	5.00	x						0.	0.	
(29) JOHN S. SUN	5.00								••	
DIRECTOR		x						0.	0.	
(30) LEAH SUTTON	5.00								·	
DIRECTOR		х						0.	0.	
(31) EUGENE WADE	5.00									
DIRECTOR		х						٥.	0.	
		1								
		1								
		1								
		I I	l I		1					

232201 04-01-22

#### MAKE-A-WISH FOUNDATION OF GREATER BAY

			2022) AREA	A		OUNDAI	TION OF GREAT	EK DAI		94-295848	1 Page <b>9</b>
Pa	rt V	/111	Statement of Re	even	ue						
			Check if Schedule O	conta	ains a re	esponse	or note to any lir		(B)	(0)	
								(A) Total revenue	(D) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts S	1	а	Federated campaigns			1a	17,619.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b		]			
Å G		с	Fundraising events		·	1c	984,935.	]			
ar /			Related organizations			1d					
s, 0 Imil		е	Government grants (conti	ributi	ons)	1e					
tion Si		f	All other contributions, gifts,	grant	ts, and						
ibui			similar amounts not included	d abov	/e	1f	5,580,610.	1			
d C		g	Noncash contributions included in	lines 1	1a-1f .	1g  \$	890,905.				
an Co		h	Total. Add lines 1a-1f					6,583,164.			
							Business Code				
ice	2	а	WISH ASSIST FEES				900099	27,200.	27,200.		
ervi Je		b									
n S /eni		c									
Program Service Revenue		d									
roç		e 4									
			All other program service <b>Total.</b> Add lines 2a-2f					27,200.			
	3		Investment income (inclue					27,200.			
	5			-				189,733.			189,733.
	<ul><li>other similar amounts)</li><li>Income from investment of tax-exempt bond pr</li></ul>										
		5 Royalties									
			,		(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	s) <u></u>							
	7	а	Gross amount from sales of			curities	(ii) Other				
			assets other than inventory	7a	6,96	5,085	•	-			
		b	Less: cost or other basis								
enne			and sales expenses		<u> </u>	2,838.		4			
			Gain or (loss)	7c		7,753		207 752			207 752
r R			Net gain or (loss)				<u></u>	-327,753.			-327,753.
Other Rev	8	а	Gross income from fundraisi including \$	-	-						
0			including \$ contributions reported on								
			Part IV, line 18				451,951.				
		b	Less: direct expenses					1			
			Net income or (loss) from				· · · · · ·	0.			
			Gross income from gamir								
			Part IV, line 19	-			25,600.				
		b	Less: direct expenses								
			Net income or (loss) from					25,600.			25,600.
	10	а	Gross sales of inventory,	less	returns						
			and allowances					-			
			Less: cost of goods sold				b				
		С	Net income or (loss) from	sales	s of inve	entory .					
SI							Business Code				
eou	11										
scellaneo Revenue		b									
Miscellaneous Revenue		C d						+			
Mi			All other revenue								
	12	e	Total. Add lines 11a-11d Total revenue. See instruction					6,497,944.	27,200.	0.	-112,420.
23200		-13-		0110							Form <b>990</b> (2022

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	MAKE-A-WISH FOUNDA	ATION OF GREATER B	AY		
	n 990 (2022) AREA rt IX   Statement of Functional Expense	S		94-295	8481 Page <b>10</b>
	ion 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	2,915,737.	2,915,737.		
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	543,403.	146,718.	244,532.	152,153
6	Compensation not included above to disgualified	,	,	, , , , , , , , , , , , , , , , , , , ,	,
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,327,551.	628,439.	1,047,398.	651,714
8	Pension plan accruals and contributions (include	, ,	,	. ,	· · ·
-	section 401(k) and 403(b) employer contributions)	74,096.	20,006.	33,343.	20,747
9	Other employee benefits	184,865.	49,914.	83,189.	51,762
10	Payroll taxes	203,807.	55,028.	91,713.	57,066
11	Fees for services (nonemployees):	·			·
	Management	122,551.	21,745.	77,093.	23,713
	Legal	·			·
	Accounting	86,427.		86,427.	
	Lobbying	·			
	Professional fundraising services. See Part IV, line 17	850.			850
	Investment management fees	39,839.		39,839.	
	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)	113.	1.	112.	
12	Advertising and promotion	3,979.			3,979.
13	Office expenses	177,324.	44,036.	65,674.	67,614.
14	Information technology	43,041.	2,549.	25,197.	15,295.
15	Royalties				
16	Occupancy	607,474.	164,018.	273,363.	170,093.
17	Travel	14,280.	1,181.	5,717.	7,382.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87,228.	763.	63,740.	22,725.
20	Interest	685.	185.	308.	192.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,182.	7,921.	13,103.	8,158
23	Insurance	197.	197.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CHAPTER DUES	572,331.	400,632.	80,126.	91,573.
b	BAD DEBT	71,600.			71,600.
С	MERCHANT FEES	46,068.			46,068.
d	MEMBERSHIP DUES	7,272.	1,295.	3,482.	2,495
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,159,900.	4,460,365.	2,234,356.	1,465,179
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				
					000

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Form 990 (2022)

### 12190701 131839 A195136

MAKE-A-WISH FOUNDATION OF GREATER BAY

		2022) AREA				94-29	58481 Page
art X	X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any line	in this Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,259,766.	1	966,3
		Savings and temporary cash investments			1,838,610.	2	1,065,2
		Pledges and grants receivable, net			1,522,635.	3	1,026,0
		Accounts receivable, net			1,843.	4	
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		,		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
,   ·	7	Notes and loans receivable, net				7	
		Inventories for sale or use			27,313.	8	3,1
	9				195,089.	9	284,3
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	228,508.			
	b	Less: accumulated depreciation		170,251.	85,509.	10c	58,2
1		Investments - publicly traded securities			5,140,639.	11	5,262,4
	2	Investments - other securities. See Part IV, line 1		12			
	3	Investments - program-related. See Part IV, line		13			
		Intangible assets				14	
		Other assets. See Part IV, line 11			125,977.	15	1,625,3
	6	Total assets. Add lines 1 through 15 (must equa			10,197,381.	16	10,291,2
1	7	Accounts payable and accrued expenses			506,600.	17	408,9
18		Grants payable				18	
19		Deferred revenue			14,350.	19	15,1
2		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete F				21	
2	2	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
i   2	3	Secured mortgages and notes payable to unrela				23	
2	4	Unsecured notes and loans payable to unrelated	third parties			24	
2		Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D		·	329,494.	25	1,750,7
2	6	Total liabilities. Add lines 17 through 25			850,444.	26	2,174,7
		Organizations that follow FASB ASC 958, che	ck here	X			
2		and complete lines 27, 28, 32, and 33.					
2	7	Net assets without donor restrictions			5,894,392.	27	5,006,7
2	8	Net assets with donor restrictions			3,452,545.	28	3,109,7
		Organizations that do not follow FASB ASC 9					
-		and complete lines 29 through 33.					
2	9	Capital stock or trust principal, or current funds				29	
2 2 3 3 3		Paid in or capital surplus, or land, building, or eq				30	
3		Retained earnings, endowment, accumulated inc				31	
3		Total net assets or fund balances			9,346,937.	32	8,116,4
		Total liabilities and net assets/fund balances			10,197,381.	33	10,291,2

Form **990** (2022)

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Sign	Envelope ID: D0084789-AB1D-4D18-9B5D-FFB830277807				
	MAKE-A-WISH FOUNDATION OF GREATER BAY				
Form	1 990 (2022) AREA	94-295848	1	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	497,	944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	159,	900.
3	Revenue less expenses. Subtract line 2 from line 1	3			956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	346,	937.
5	Net unrealized gains (losses) on investments	5		423,	512.
6	Donated services and use of facilities	6		7,	974.
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	8	116,	467.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2022)

232012 12-13-22

SCHEDULE A Public Charity Status and Pu		d Duk	lic Si	innort		OMB No. 1545-0047		
(Form 990)			ization is a section 501					2022
	001	494	47(a)(1) nonexempt cha	ritable tru	st.			ZUZZ
Department of the Treasury Internal Revenue Service			ttach to Form 990 or Fo					Open to Public Inspection
Name of the organizati			Form990 for instructior	is and the	latest inf	ormation.	Employer	identification number
Name of the organizati	AREA	WISH FOONDATIO	N OF GREATER DAT				Employer	94-2958481
Part I Reason	for Public Cl	harity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The organization is not a								
	-	-	n of churches described	•		I)(A)(i).		
2 A school des	cribed in <b>sectio</b>	n 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3 A hospital or	a cooperative h	ospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 A medical res	earch organizat	ion operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and state	-							
	•		llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
	<b>b)(1)(A)(iv).</b> (Co				70/1-\/4\/A\	(. <b>)</b>		
	· -	-	nental unit described in secribed in second				ne general i	oublic described in
	<b>o)(1)(A)(vi).</b> (Cor		India part of its support if	onn a gove	minentai		le general j	
			(1)(A)(vi). (Complete Parl	: 11.)				
			in section 170(b)(1)(A)(	-	ed in conju	inction with a	land-grant	college
or university of	or a non-land-gra	ant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor
university:								
			than 33 1/3% of its supp					
	-	-	t to certain exceptions; a					-
			(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	after June 30, 1975.
	509(a)(2). (Com		vely to test for public sat	oty Soo	saction 5(	O(a)(4)		
			vely for the benefit of, to				rny out the	nurposes of one or
0	-	-	d in section 509(a)(1) o	-			•	
			f supporting organization					
	-	• •	upervised, or controlled				-	giving
		-	gularly appoint or elect a	• • •	-			
organizatio	n. You must co	mplete Part IV, Se	ections A and B.					
b 🔄 Type II. A s	upporting organ	nization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
control or n	nanagement of t	the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	( )	• • •	Sections A and C.					
			g organization operated				ly integrate	ed with,
			). You must complete F porting organization oper				tod organi	ration(a)
	-	•	ation generally must sati				Ŭ,	
	, ,		nplete Part IV, Sections	•		•		
	,		written determination from				II. Type III	
			nally integrated supportir			51 <i>/</i> 51	, <b>,</b>	
f Enter the number	of supported org	ganizations						
g Provide the followi				(iu) to the error	pization listed			
(i) Name of support organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount o support (see in		(vi) Amount of other support (see instructions)
			above (see instructions))	Yes	No			
Total								

		AKE-A-WISH FOU REA Organizations			)(1)(A)(iv) and	94-29584 <b>170(b)(1)(A)(vi</b>	i ugo 🗖
	(Complete only if you checked fails to qualify under the tests			-	failed to qualify u	nder Part III. If the	organization
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,390,629.	6,598,933.	7,744,795.	7,637,690.	6,583,164.	35,955,211.
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	F 200 C00	6 500 000	R R 4 4 R 6 F	E (2E (00	6 502 164	25 055 011
	Total. Add lines 1 through 3	7,390,629.	6,598,933.	7,744,795.	7,637,690.	6,583,164.	35,955,211.
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)						
6	Public support. Subtract line 5 from line 4.						35,955,211.
	ction B. Total Support						, , .
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
	Amounts from line 4	7,390,629.	6,598,933.	7,744,795.	7,637,690.	6,583,164.	35,955,211.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	133,498.	117,563.	111,401.	161,272.	189,733.	713,467.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	410,906.	340,117.	235,495.	222,139.	477,551.	1,686,208.
11	Total support. Add lines 7 through 10						38,354,886.
12	Gross receipts from related activities,	,	,				94,225.
13	First 5 years. If the Form 990 is for th	e e					
Sec	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2022 (I		-	lump (f))		14	93.74 %
14			-			15	93.93 %
	<b>33 1/3% support test - 2022.</b> If the c						/0
100	stop here. The organization qualifies						<b>v</b>
b	<b>33 1/3% support test - 2021.</b> If the o		•				······
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	0					
	meets the facts-and-circumstances te			-	-	<u> </u>	
b	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circum	stances test, checl	k this box and <b>sto</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. The	e organization qual	ifies as a publicly s	supported organiz	zation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a,	, 16b, 17a, or 17b,	, check this box a	nd see instructions	
						Schedule A	Form 990) 2022

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fails to

	(Form 990) 2022	AREA	94-2958481
Part III	Support Schedule fo	r Organizations Described in Section 509(a)(2)	
	(Complete only if you check	ed the box on line 10 of Part I or if the organization failed to qualify under Part	II. If the organization

qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support		•		-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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.)						
See	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here						
See	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
<b>19</b> a	<b>33 1/3% support tests - 2022.</b> If the						line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in		<u></u>
2320	23 12-09-22		17	,		Sche	edule A (Form 990) 2022
			1 1				

AREA

MAKE-A-WISH FOUNDATION OF GREATER BAY

1

No Yes

#### Schedule A (Form 990) 2022 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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18

10b

Schedule A (Form 990) 2022

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	MAKE-A-WISH FOUNDATION OF GREATER BAY	04 0050401		
		94-2958481	Pa	age
Pa	rt IV Supporting Organizations (continued)		_	
			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic			
	directors, or trustees at all times during the tax year? If "No." describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t	the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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

1		
	1	1

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

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

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

С		The organization supported a government	al entity. Describe i	n Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-----------------------	---------------	-----------------	---------------------	-----------------------------

19

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

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

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

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

2

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	MAKE-A-WISH FOUNDATION OF GREATER	BAY		
Sche	dule A (Form 990) 2022 AREA			94-2958481 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-function	ally integrated	Type III supporting or	anization (see

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

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 AREA				94-2958481	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

	MAKE-A-WISH FOUNDATION OF GREATER BAY		
Schedule A (Form 990) 2022	AREA		Page 8
Part IV, Section A, lines line 1; Part IV, Section D	<b>prmation.</b> Provide the explanations required by Part II, line 10; Part II, line 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line d 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	3, lines 1 and 2; Part IV, Section ( 1; Part V, Section B, line 1e; Part	C, t V,
	A THREAM FOR OTHER THROAT		
SCHEDULE A, PART II, LINE IC	0, EXPLANATION FOR OTHER INCOME:		
GROSS GAMING REVENUE			
2018 AMOUNT: \$ 10,580.			
2019 AMOUNT: \$ 13,627.			
2020 AMOUNT: \$ 0.			
2021 AMOUNT: \$ 8,780.			
2022 AMOUNT: \$ 25,600.			
GROSS FUNDRAISING REVENUE			
2018 AMOUNT: \$ 400,326.			
2019 AMOUNT: \$ 326,490.			
2020 AMOUNT: \$ 235,495.			
2021 AMOUNT: \$ 213,113.			
2022 AMOUNT: \$ 451,951.			
OTHER REVENUE			
2018 AMOUNT: \$ 0.			
·			
·			
2020 AMOUNT: \$ 0.			
2021 AMOUNT: \$ 246.			
2022 AMOUNT: \$ 0.			
232028 12-09-22		Schedule A (Form 99	90) 20:
	22		

# Schedule B

(Form	990)
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Department of the Treasury Internal Revenue Service

# Schedule of Contributors

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

Employer identification number

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

	AREA	94-2958481
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts un

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

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

Schedule E	3 (Form 990) (2022)		Page <b>2</b>
Name of or		E	mployer identification number
MAKE-A-W AREA	ISH FOUNDATION OF GREATER BAY		94-2958481
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	54 2530401
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,740,93	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$547,09	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$417,70	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$191,09	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

12190701 131839 A195136

Schedule	B (Form 990) (2022)			Page 3
Name of o	organization		Employ	er identification number
	WISH FOUNDATION OF GREATER BAY			
AREA			94-	-2958481
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	ł.	
(a)		(c)		
No.	(b)	FMV (or estimate	a)	(d)
from Dort I	Description of noncash property given	(See instructions		Date received
Part I				
1	TRAVEL, M&E, SUPPLIES	-		
		_		
		\$16,	146.	08/31/23
(a)		(-)		
No.	(b)	(c) FMV (or estimate		(d)
from	Description of noncash property given	(See instructions		Date received
Part I	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION			
2		-		
		-		
		\$547,	,099.	08/31/23
(a) No.	(1.)	(c)		(-1)
from	(b) Description of noncash property given	FMV (or estimate		(d) Date received
Part I		(See instructions	.)	Batereotitea
		_		
		_		
		-		
		_   \$		
(a)		(c)		
No.	(b)	FMV (or estimate	e)	(d)
from Part I	Description of noncash property given	(See instructions		Date received
		-		
		_   \$	—	
(a)		(c)		
No.	(b)	FMV (or estimate	э)	(d)
from Part I	Description of noncash property given	(See instructions		Date received
		-		
		-   .		
		_   \$	—	
(a)				
No.	(b)	(c) FMV (or estimate	.	(d)
from	Description of noncash property given	(See instructions		Date received
Part I			·	
		-		
		_		
		\$		

25

Schedule B (Form 990) (2022)

## 12190701 131839 A195136

2022.06000 MAKE-A-WISH FOUNDATION OF A1951361

Schedule B (Form 990) (2022)

94-2958481 otal more than \$1,000 for the year \$
otal more than \$1,000 for the year \$
tion of how gift is held
eror to transferee
tion of how gift is held
eror to transferee
tion of how gift is held
eror to transferee
tion of how gift is held
eror to transferee

Schedule B (Form 990) (2022)

	HEDULE D n 990)	Complete if the organ	al Financial Statements		OMB No. 1545-0047
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to Public
	Revenue Service		) for instructions and the latest information.		Inspection
Nam	e of the organization		REATER BAY	Employe	r identification number
Dee		AREA	d Frankland an Othern Obraillan Frankland an		94-2958481
Par		-	d Funds or Other Similar Funds or A	Accounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line I		(b) Eurodo or	ad other ecoupte
	<b>-</b>		(a) Donor advised funds	(b) Funds an	nd other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		vriting that the assets held in donor advised fu		
6			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used <sup>r</sup> donor advisor, or for any other purpose confe		
	impermissible priva		, <b>,</b> , , , ,	0	Yes No
Par			anization answered "Yes" on Form 990, Part l		
1		servation easements held by the organization		v, iii e 7.	
		of land for public use (for example, recreat		storically impo	artant land area
		f natural habitat	Preservation of a ce	, ,	
		of open space			Siluciule
2			ed conservation contribution in the form of a	conservation e	assement on the last
2	day of the tax year	<b>o o</b> .			at the End of the Tax Year
а					
b					
c	•		icture included in (a)		
d		vation easements included in (c) acquired a		. 20	
ŭ				2d	
3			eased, extinguished, or terminated by the orga		a the tax
•	year				9
4		where property subject to conservation eas	ement is located		
5		tion have a written policy regarding the peri			
		orcement of the conservation easements it			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conserva		s during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements du	ring the year
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(	B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense state	ement and	
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statements	that describes	the
	organization's acc	ounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Par			Art, Historical Treasures, or Other	Similar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 958	B, not to report in its revenue statement and b	alance sheet v	works
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in further	ance of public	
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 958	B, to report in its revenue statement and balan	ce sheet work	is of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public s	ervice,
		ng amounts relating to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		\$	
	(ii) Assets include	ed in Form 990, Part X		\$	
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gair	n, provide	
	-	unts required to be reported under FASB A	-		
а	Revenue included	on Form 990, Part VIII, line 1		\$	
				\$	
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Sche	edule D (Form 990) 2022
232051	09-01-22		0.7		

<sup>12190701 131839</sup> A195136

<sup>27</sup> 2022.06000 MAKE-A-WISH FOUNDATION OF A1951361

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	elope ID: D0084789-AB1D-4D18-9B5D-FF							
ماہ مار را م		FOUNDATION OF	GREATER BAY		94-4	2958481		
Part II		ollections of Art	Historical Tre	asures or Othe				Page
	ing the organization's acquisition, accessio		-	-		100/1	inued)	
		on, and other records	, check any of the r	ollowing that make s	agrinicant use of	llS		
	llection items (check all that apply):							
a [	Public exhibition	d		hange program				
b [	Scholarly research	e	Uther					
с	Preservation for future generations							
	ovide a description of the organization's co					art XIII.		
	ring the year, did the organization solicit or				r assets	<u> </u>	_	٦
	be sold to raise funds rather than to be ma					Yes		_ N
art IV			te if the organization	n answered "Yes" or	n Form 990, Part	IV, line 9, c	r	
	reported an amount on Form 990, Par	t X, line 21.						
l <b>a</b> lst	the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets not	included			_
on	Form 990, Part X?					Yes		_ N
b If "`	Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:					
						Amou	nt	
c Beg	ginning balance				1c			
d Add	ditions during the year				1d			
	stributions during the year							
	ding balance							
	d the organization include an amount on Fo					Yes		N
	Yes," explain the arrangement in Part XIII.							ī
art V					10			
	Complete	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Fo	ur years	back
e Do	cipping of year holonoo	1,995,811.	2,244,757.	1,540,558.	1,383,15		.,393,	
	ginning of year balance	62,623.	61,483.		7,35			292
	ntributions	107,499.	-310,429.	,	150,05		-16	
	t investment earnings, gains, and losses	107,499.	-310,429.	397,924.	150,05		-10,	134
	ants or scholarships							
	her expenditures for facilities							
	d programs						3,	,621
f Adı	ministrative expenses							
g End	d of year balance	2,165,933.	1,995,811.	2,244,757.	1,540,55	8. 1	.,383,	,157
Pro	ovide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:				
	ard designated or quasi-endowment	.0000	_%					
b Per	rmanent endowment 60.9400	%						
<b>c</b> Ter	rm endowment 39.0600	%						
The	e percentages on lines 2a, 2b, and 2c shou	uld equal 100%.						
a Are	e there endowment funds not in the posses	sion of the organizat	tion that are held an	d administered for th	ne			
orq	ganization by:	Ū					Yes	No
-	Unrelated organizations					3a(i)		X
	Related organizations							x
	Yes" on line 3a(ii), are the related organiza							
	scribe in Part XIII the intended uses of the							L
art V			inent lunus.					
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 10			
						(-1) -		
	Description of property	(a) Cost or ot	• •			<b>(a)</b> Bo	ok valu	e
		basis (investm	ent) basis		epreciation			
	nd							
	ildings							
	asehold improvements							

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

Schedule D (Form 990) 2022

58,257.

58,257.

232052 09-01-22

e Other

170,251.

228,508.

d Equipment

	MAKE-A-WISH FOUN	DATION OF GREATER BA	ΥY		
Schedule D	(Form 990) 2022 AREA			94-2958481	Page <b>3</b>
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1) Financia	al derivatives				
• •	held equity interests				
(3) Other					
(A)					
<u>(B)</u>					
(C)					
(D)					
(E)					
(F) (G)					
(H)					
	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 e	nd-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.		
		Description		(b) Book v	
	FROM NATIONAL			<u>_</u>	L25,533.
	FROM OTHER CHAPTERS				55,107. 7,194.
	HT-OF-USE ASSETS - OPERATING			1 /	137,537.
				<u>+,</u>	<u> </u>
<u>(5)</u> (6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		1,6	525,371.
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.	
1.	(a) Description of liability			(b) Book v	alue
(1) Fed	eral income taxes				
(2) DUE	TO NATIONAL				7,585.
(3) DUE	TO OTHER CHAPTERS				92,601.
	SE LIABILITY - OPERATING			1,6	542,736.
	SE LIABILITY - FINANCING				7,804.
(6)					
(7)					
(8)					
(9)					150 700
I otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	<u>e 25.)</u>		<u> </u>	750,726.

2. 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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

Caba	MAKE-A-WISH FOUNDATION OF GREATER B	AI		94-2958481	D 4
	dule D (Form 990) 2022 AREA <b>t XI</b> Reconciliation of Revenue per Audited Financial State	ments With F	Revenue ner Re		Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Table and the second attraction and the second attraction and the second s			1	7,939,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
а	Net unrealized gains (losses) on investments	2a	423,512.		
b	Donated services and use of facilities		1,057,430.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	1,480,942.
3	Subtract line 2e from line 1			3	6,458,105.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,839.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	39,839.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	6,497,944.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	9,169,517.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,049,456.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,049,456.
3	Subtract line 2e from line 1			3	8,120,061.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,839.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	39,839.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			5	8,159,900.
Pa	t XIII Supplemental Information.				

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

30

PART V, LINE 4:

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

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

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

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

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

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

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

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

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

DEFINED ABOVE.

232054 09-01-22

Part XIII Supplemental Information (continued)

MAKE-A-WISH FOUNDATION OF GREATER BAY

AREA

PART X, LINE 2:

Schedule D (Form 990) 2022

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

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

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

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

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

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

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

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

TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

FOUNDATION AT AUGUST 31, 2023 AND 2022. THE FOUNDATION FILES INCOME TAX

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

JURISDICTIONS.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctivi	ties	DMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, o	or if the	2022		
Department of the Treasury		Attach to Form 990 c						Open to Public		
Internal Revenue Service		o www.irs.gov/Form990 for instruc		and th	ne latest information	ı.		Inspection		
Name of the organization	N MAKE-A-WISE AREA	H FOUNDATION OF GREATER BAY					Employer ide 94-295848	entification number		
Part I Fundrais		Complete if the organization answe	rod "V	oc" or	Form 000 Part IV li	ino 17				
required to	complete this part	t.	ieu i	85 01	1 FOITH 990, Part IV, II		. FUIII 990-E2	lilers are not		
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-ge govern iising e ling of onal fu	overnment grants nment grants events ficers, directors, trust indraising services?		Yes			
compensated at le	ast \$5,000 by the	organization.								
(i) Name and address or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No						
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration		

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

Schedule G (Form 990) 2022

232081 10-27-22

-	eaul	le G (Form 990) 2022 AREA	H FOUNDATION OF GR	EATER BAY	94-	2958481 Page <b>2</b>
Ра	rt I	<b>3</b>				more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			EVENING OF WISHES	HYATT SWING FOR		(add col. (a) through
			GALA	WISHES	7	col. (c)
			(event type)	(event type)	(total number)	001. <b>(0)</b>
Revenue						
eve	1	Gross receipts	1,006,900.	272,110.	157,876.	1,436,886
۳						
	2	Less: Contributions	625,937.	221,929.	137,069.	984,935
	3	Gross income (line 1 minus line 2)	380,963.	50,181.	20,807.	451,951
	4	Cash prizes	969.	0.	1,030.	1,999.
	5	Noncash prizes	4,805.	11,071.	3,027.	18,903
es						
ens	6	Rent/facility costs	15,255.	2,500.	3,492.	21,247
ă						
빙	7	Food and beverages	260,848.	36,610.	2,799.	300,257
Direct Expenses		•				
	8	Entertainment	4,683.		4,039.	8,722.
		Other direct expenses	94,403.		6,420.	100,823
		Direct expense summary. Add lines 4 through			•	451,951
I		Net income summary. Subtract line 10 from I	( )			0
	rt I					•
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
SVel						
٣	1	Gross revenue			25,600.	25,600
	2	Cash prizes				
penses						
ber	3	Noncash prizes				
		•				
Direct Ex	4	Rent/facility costs				
ā	•	······				
I	5	Other direct expenses				
	0					
-	5		Yes %	Yes %	X   <b>Yes</b> 20.00 %	
-		Maharaharan laharan	Yes%		X Yes 20.00 %	
		Volunteer labor	Yes%	└── Yes % └── No	X Yes%	
	6	Volunteer labor	No	No	No	
	6	Maharaharan laharan	No		No	
	6 7	Volunteer labor Direct expense summary. Add lines 2 through	<b>No</b>	□ No	No	25,600
	6 7	Volunteer labor	<b>No</b>	□ No	No	25,600
9	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No No	<u>No</u>	No	25,600
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 througl Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No	No	No	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu	No h 5 in column (d) from line 1, column (d) ucts gaming activities: Ci ctivities in each of these	No No	No	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 througl Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No h 5 in column (d) from line 1, column (d) ucts gaming activities: Ci ctivities in each of these	No No	No	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu	No h 5 in column (d) from line 1, column (d) ucts gaming activities: Ci ctivities in each of these	No No	No	
a b	6 7 8 Is t If "I	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming an No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: Ci ctivities in each of these s	No No	No	
a b 0a	6 7 8 Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	No No	No	X Yes No
a b 0a	6 7 8 Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming an No," explain:	No N	No No	No	X Yes No
a b 0a	6 7 8 Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	No No	No	X Yes No
a b 0a	6 7 8 Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	No No	No	X Yes No

MAKE-A-WISH	FOUNDATION	OF	GREATER	BA

MAKE-A-WISH FOUNDATION OF GREATER BAY			
Schedule G (Form 990) 2022 AREA	94-2	958481	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?		Yes	X No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	5.00 %
<b>b</b> An outside facility		13b	95.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
Name CHARLOTTE E. BIERN			
Address 1333 BROADWAY STE 200 - OAKLAND, CA 94612			
			TT N
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?		. L Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the an	nount		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name RACHEL FAUGHT			
Gaming manager compensation \$580.			
Description of services provided EVENT MANAGER/SOLICITING AND GATHERING ITEMS/SETTING			
PRICING			
Director/officer			
17 Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>	
retain the state gaming license?		Yes	X No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
organization's own exempt activities during the tax year \$			
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	; and Par	t III, lines 9	, 9b, 10b,
232083 10-27-22	Sched	ule G (Forr	n 990) 2022

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		MAKE-A-WISH FOUNDATION OF GREATER BAY			
Schedule G	a (Form 990)		94-2958481	Page 4	
Part IV	(Form 990) Supplemental Infor	mation (continued)			
			Schedule G (	Form 990)	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	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.							
	NAKE A LITCH B			s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organizatior	MAKE-A-WISH F AREA	JUNDATION OF G	REATER BAY					Employer identification number 94-2958481
Part I General Info	ormation on Grants a	nd Assistance						
•			÷		• • • •	for the grants or assis		
2 Describe in Part IV	the organization's pro	cedures for monite	oring the use of grant	funds in the United	d States.			
		-	ations and Domestic be duplicated if additi			anization answered "Y	es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and addi or gove		<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule	l (Form 990) 2022	AREA		94-2958481	Page <b>2</b>

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VISHES GRANTED	307	480,490.	2,435,247.	FMV	TRAVEL, M&E AND SUPPLIES
Part IV Supplemental Information. Provide the informatio	n required in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.	
ART I, LINE 2:					
OR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A	A FILE IS ESTABLI	SHED IN			
CCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDUF	RES. THE CHILD I	S			
NTERVIEWED BY THE WISH GRANTING STAFF TO UNDEF	RSTAND THE CHILD'	S WISH			
EQUEST. A WISH BUDGET IS CREATED BY WISH STAF					

MANAGEMENT. WISH EXPENSES ARE GENERATED BY WISH FULFILLMENT STAFF AND

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

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

WISH FILE IS CLOSED.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		_
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatior		Employer ide		on nui	nber
De	rt I Question	AREA s Regarding Compensation	94-295	8481		
Fd	ILI QUESTION	s Regarding Compensation			v	
4-			000		Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com	panions Payments for business use of personal re- ation and gross-up payments I Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chei)			
Ь	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if an	ny, of the following the organization used to establish the compensation of the organization's				
Ŭ		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	X Compensation					
		ompensation consultant X Compensation survey or study				
	X Form 990 of of		ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?		41		x
с	-	eive payment from an equity-based compensation arrangement?				X
	•	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re	evenues of:				
а	The organization?			5a	х	
	Any related organiz			5b		X
	If "Yes" on line 5a o	r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
b	Any related organiz			6b		X
	If "Yes" on line 6a c	r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lin	ies 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?		9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forn	n 990	) 2022

232111 10-18-22

AREA

MAKE-A-WISH FOUNDATION OF GREATER BAY

94-2958481

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 109 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)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CHARLOTTE BIERN	(i)	273,000.	14,925.	344.	12,453.	12,907.	313,629.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DENNIS SCHRAG	(i)	181,710.	2,919.	0.	7,407.	3,589.	195,625.	0.	
SENIOR DIRECTOR OR CORPORATE GIVING	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(3) ALLIE REYNOLDS	(i)	166,006.	2,509.	0.	6,745.	7,690.	182,950.	0.	
SENIOR DIRECTOR OF CORPORATE DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) LYNNE DURIE	(i)	162,649.	2,464.	0.	6,661.	11,006.	182,780.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LINDA ANDERBERG	(i)	141,207.	2,146.	0.	5,767.	8,989.	158,109.	0.	
MARKETING & COMMUNICATIONS DIRECTOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(6) SUSANNA FALK	(i)	138,297.	2,214.	0.	5,846.	10,110.	156,467.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Page 2

MAKE-A-WISH FOUNDATION OF GREATER BAY

Schedule J (Form 990) 2022	AREA	94-2958481	Page <b>3</b>
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#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

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

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

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

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

TOTAL NUMBER OF WISHES GRANTED IS ACHIEVED.

Schedule J (Form 990) 2022

SCHEDULE M			Nonc	ash Contri	ibutions		OMB No.	545-0047	7
(Fo	rm 990)						20	<b> <b> </b></b>	
		Complete if the org	anizations	answered "Yes" o	n Form 990, Part IV, lines	29 or 30		22	_
	ment of the Treasury I Revenue Service	0	· · · · / -	Attach to Form 9			Open to Inspe		с
	e of the organization		•		is and the latest information		imployer identification		abor
mann	e of the organization	AREA	ATION OF G	REATER BAI			94-295848		iber
Pa	rt I Types of	Property					51 250010	-	
		• •	(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on		Method of determin ncash contribution a	•	
					Form 990, Part VIII, line 1g			nounta	<b></b>
1	Art - Works of art								
2	Art - Historical trea	asures							
3	Art - Fractional inte	erests							
4	Books and publica	ations							
5	Clothing and hous	ehold goods							
6	Cars and other vel	hicles							
7	Boats and planes								
8	Intellectual proper	ty							
9	Securities - Public	ly traded	X	9	134,758.	, FMV			
10	Securities - Closel	y held stock							
11	Securities - Partne	rship, LLC, or							
	trust interests								
12	Securities - Miscel	laneous							
13	Qualified conserva	ation contribution -							
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid								
16	Real estate - Com	mercial							
17		r							
18									
19									
20		l supplies							
21		·····							
22									
23		ns							
_0 24		acts							
25		RELATED )	X	317	751,781,	FMV			
25 26	· · · · · · · · · · · · · · · · · · ·	(AL EVENTS )	X	11	4,366.				
20 27	Other (	) 							
28	Other (	) 							
<u>20</u> 29			r zation during	the tax year for co	ontributions	-			
25		nization completed Form 82	-					0	
	for which the orga		00,1 art v, E	once Acknowledge				Yes	No
30a	During the year di	d the organization receive b	v contributio	n any property rep	orted in Part L lines 1 throu	ah 28 th	at it	103	
500		ast 3 years from the date of							
		for the entire holding period'					30a		х
h		the arrangement in Part II.	•				<u>50a</u>		
5 21		tion have a gift acceptance p	olicy that re	ouires the review of	of any nonstandard contribu	itione?	31	x	
31 222									
s∠a	-	tion hire or use third parties		-			00-		х
L	contributions?						<u>32a</u>		
	If "Yes," describe		- human (-) *			ما بم دا			
33	-	didn't report an amount in c	oiumn (c) foi	r a type of property	r for which column (a) is che	cked,			
	describe in Part II.	<b>B</b> 1 11 1 11 11 11					<b>0 1 1 1 1 1</b>		0000
LHA	For Paperwork	Reduction Act Notice, see	the Instruct	tions for Form 990	J.		Schedule M (Forr	n 990)	2022

232141 09-09-22

MARE-A-WISH FOUNDATION OF GREATER BAT	04 0050401	
Schedule M (Form 990) 2022 AREA	94-2958481	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a the provide the number of the	and 33, and whether the organiz	ation
this part for any additional information.	a combination of both. Also cor	npiete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS		
RECEIVED.		
232142 09-09-22	Schedule M (For	m 990) 2022
	-	

42 2022.06000 MAKE-A-WISH FOUNDATION OF A1951361

12190701 131839 A195136

(Form 990)	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.	on	2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	MAKE-A-WISH FOUNDATION OF GREATER BAY AREA		r identification number
FORM 990, PART III,	, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:		
IT IS THE FOUNDING	PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY		
ELIGIBLE CHILD, BET	WEEN 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 M	MEDICAL TREATMENTS. WITH OUR WISH MAKING PROCESS WE		
STRIVE TO BRING A S	SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY		
DIFFICULT TIMES AND	D DELIVER A JOYFUL LIFE CHANGING EXPERIENCE WHETHER		
THE WISH IS A PRINC	CESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS		
OTHER POSSIBILITIES	S DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE		
MAKE-A-WISH FOUNDAT	TION OF GREATER BAY AREA GRANTED 307 LIFE CHANGING		
WISHES IN THE FISCA	AL YEAR ENDING AUGUST 31, 2023. THE TOTAL COST OF		
	THE FISCAL YEAR WAS \$5,473,714. OF THIS AMOUNT,		
<u> </u>	TRIBUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND		
	AS TRAVEL AND TRAVEL SERVICES, TRANSPORTATION, SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S		
,	STATEMENT PURPOSES. THESE AMOUNTS ARE INCLUDED AS		
	JE AND GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER,		
THE IRS REQUIRES TH	HIS AMOUNT BE EXCLUDED FROM BOTH REVENUE AND EXPENSE.		
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE EXECUTIVE COMM	TTEE SHALL CONSIST OF THE CHAIRPERSON, WHO WILL BE THE		
CHAIRPERSON OF THE	COMMITTEE, CHAIRPERSON-ELECT, VICE-CHAIR, BOARD		
TREASURER, BOARD SE	CRETARY AND THE IMMEDIATE PAST CHAIRPERSON, PROVIDED HIS		
OR HER BOARD TERM H	HAS NOT EXPIRED. THE CHAIRS OF OTHER COMMITTEES, IF NOT		
	BLY NAMED OFFICERS, MAY SERVE AS ADDITIONAL OFFICERS OF	Sah	edule O (Form 990) 202
232211 10-28-22	Autorion Act 199106, 366 the mail deliving 101 FULIN 330 01 330-LZ.	301	

12190701 131839 A195136

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Name of the organization MAKE-A-WISH FOUNDATION OF GREATER BAY AREA	Employer identification number 94-2958481
THE EXECUTIVE COMMITTEE. THE EXECUTIVE OFFICER SHALL ATTEND THE EXECUTIVE	
COMMITTEE MEETINGS, BUT IS A NON-VOTING MEMBER OF THE COMMITTEE. THE	
EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE FOUNDATION FOR ITS DAY-TO-DAY	
BUSINESS OPERATIONS WHEN THE BOARD IS NOT IN SESSION. HOWEVER, THE	
EXECUTIVE COMMITTEE SHALL NOT HAVE ANY OF THE FOLLOWING POWERS:	
- ADOPTING OR AMENDING OR REPEALING PROVISIONS IN THE ARTICLES OF	
INCORPORATION OR THE BYLAWS.	
- FILLING VACANCIES ON THE BOARD OF DIRECTORS.	
- CHANGING THE MEMBERSHIP OF, FILLING VACANCIES ON, OR CHANGING THE NUMBER	
OF MEMBERS OF THE EXECUTIVE COMMITTEE.	
- AMENDING OR REPEALING ANY RESOLUTION OF THE BOARD OF DIRECTORS.	
- APPROVING A SELF-DEALING TRANSACTION AS DEFINED IN THE CALIFORNIA	
NONPROFIT CORPORATION LAW.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY AN	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE CEO, THE COO AND THE FINANCE COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE CEO, THE COO AND THE FINANCE COMMITTEE. A COMPLETE COPY IS OF THE FINAL FORM 990 IS PROVIDED TO ALL VOTING MEMBERS	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE CEO, THE COO AND THE FINANCE COMMITTEE. A COMPLETE COPY IS OF THE FINAL FORM 990 IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE CEO, THE COO AND THE FINANCE COMMITTEE. A COMPLETE COPY IS OF THE FINAL FORM 990 IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C:	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE CEO, THE COO AND THE FINANCE COMMITTEE. A COMPLETE COPY IS OF THE FINAL FORM 990 IS PROVIDED TO ALL VOTING MEMBERS DF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE CEO, THE COO AND THE FINANCE COMMITTEE. A COMPLETE COPY IS OF THE FINAL FORM 990 IS PROVIDED TO ALL VOTING MEMBERS DF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS PROVIDED BY MAKE-A-WISH FOUNDATION OF AMERICA FOR ALL OFFICERS, DIRECTORS,	
FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY THE CEO, THE COO AND THE FINANCE COMMITTEE. A COMPLETE COPY IS OF THE FINAL FORM 990 IS PROVIDED TO ALL VOTING MEMBERS DF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS PROVIDED BY MAKE-A-WISH FOUNDATION OF AMERICA FOR ALL OFFICERS, DIRECTORS, VOLUNTEERS AND EMPLOYEES. THESE ARE COLLECTED AT DATE OF HIRE/COMMENCEMENT	

2022.06000 MAKE-A-WISH FOUNDATION OF A1951361

Schedule O (Form 990) 2022 Name of the organization MAKE-A-WISH FOUNDATION OF GREATER BAY	Page
Name of the organization MAKE-A-WISH FOUNDATION OF GREATER BAY AREA	Employer identification numbe 94-2958481
DPPORTUNITY TO DISCLOSE ANY CONFLICTS. THE PROCESS OF ADDRESSING ANY	
CONFLICTS OF INTEREST OF WHICH THE CEO BECOMES AWARE INCLUDE DETERMINING	
THE NATURE OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE	
INTERESTED PERSON; FULLY DISCLOSING THE CONFLICTING INTERESTS TO THE BOARD;	
HAVING THE CONFLICTED PERSON RECUSE THEMSELF FROM DELIBERATIONS AND	
DISCUSSIONS REGARDING THE TRANSACTION; AND TAKING APPROPRIATE ACTIONS	
WARRANTED BY THE CONFLICT AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING	
TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE BOARD	
CAN AUTHORIZE THE EXECUTIVE COMMITTEE TO ACT ON ITS BEHALF. COMPENSATION	
IS REVIEWED AGAINST NATIONAL BENCHMARKING SALARY SURVEYS, SURVEYS DONE	
EVERY FEW YEARS BY MAKE-A-WISH FOUNDATION OF AMERICA AND LOCAL SALARY	
SURVEYS. DOCUMENTATION INCLUDES VOTE AND APPROVAL OF COMPENSATION, MEMBERS	
PRESENT DURING THE VOTE AND REFERENCES DATA SOURCES USED.	
FOR OTHER STAFF, THE SAME DATA INSTRUMENTS ARE USED. THE BOARD OF	
DIRECTORS APPROVES AS PART OF THE BUDGET COMPENSATION FOR ALL STAFF.	
SALARIES FOR STAFF OTHER THAN THE CEO ARE DECIDED BY THE CEO, COO AND IN	
CONSULTATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD AS NEEDED USING THE	
APPROVED BUDGET AND METRICS FROM PERFORMANCE REVIEWS.	
THIS PROCESS WAS LAST PERFORMED DURING FISCAL 2023.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY. AND	

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

232212 10-28-22

Schedule O (Form 990) 2022