Form **990**

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

OMB No. 1545-0047

Jnder 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.

2022 Open to Public Inspection

		nue Service	Go to www.irs.gov/	Form990 for instruc	tions and t	the latest in	formation.		Inspection	
AF	For the	e 2022 calendar year,	or tax year beginning	SEP 1, 2022	and	ending A	UG 31, 2023			
B (Check if applicabl	e: C Name of organiz	zation FOUNDATION OF GREATE	R BAY			D Employer	identifica	tion number	
	Addre	SS ADDA								
	Name		 as				94-29	58481		
	Initial	number								
	Final return	2-9474								
	termin	\$	14,242,733.							
	Amen		ate or province, country, and 94612				H(a) Is this a	aroup retu	im	
	Applic	^{a-} F Name and addr	ess of principal officer: CHAR	LOTTE BIERN				rdinates?		
	pendi	SAME AS C ABO					H(b) Are all subo	ordinates inclu	Ided? Yes No	
1 1	Tax-ex	empt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 🚺 527] If "No," a	attach a lis	t. See instructions	
٦١	Websi	te: WISH.ORG/GRE	ATERBAY				H(c) Group e	xemption i	number	
KF	Form of	organization: X Cor	poration 🗌 Trust 🗌 A	Association 🗌 Othe	er	L Year	of formation: 19	84 M S	State of legal domicile: CA	
Pa	art I	Summary								
	1	Briefly describe the or	ganization's mission or mos	t significant activities	: TOGETH	ER, WE CF	REATE			
ő		LIFE-CHANGING WI	SHES FOR CHILDREN WIT	TH CRITICAL ILLN	IESSES.					
Governance	2	Check this box	if the organization disco	ontinued its operatior	ns or dispos	sed of more	than 25% of its	s net asset	S.	
ove	3	0	mbers of the governing body	/ (Part VI, line 1a)				3	24	
ي 2		Number of independe	nt voting members of the go	overning body (Part V	'I, line 1b)			4	24	
es	5	Total number of indivi	duals employed in calendar	year 2022 (Part V, lin	ie 2a)			5	38	
Activities	6		teers (estimate if necessary)						850	
Acti	7 a		ess revenue from Part VIII, co						0.	
_	b	Net unrelated busines	s taxable income from Form	1 990-T, Part I, line 11		<u> </u>			0.	
							Prior Year		Current Year	
e	8	Contributions and gra						7,690.	6,583,164.	
ent	9	Program service rever						5,600.	27,200.	
Revenue	10		art VIII, column (A), lines 3, 4		0,070.	-138,020				
_	11		III, column (A), lines 5, 6d, 80					2,767.	25,600.	
			es 8 through 11 (must equa					.,593.	6,497,944.	
			ounts paid (Part IX, column	2,224	1,290. 0.	2,915,737.				
			members (Part IX, column (2 09/			
ses	15		nsation, employee benefits				3,080	0.090.	3,333,722. 850.	
benses	16a		ng fees (Part IX, column (A),					0.	850.	
ЕXр			enses (Part IX, column (D), lir		1,465,		1 623	2 3 2 7	1 000 501	
_	1 "		IX, column (A), lines 11a-11c					3,327. 7,707.	1,909,591.	
			ines 13-17 (must equal Part					3,886.	8,159,900. -1,661,956.	
		Revenue less expense	es. Subtract line 18 from line				ginning of Curre	-	End of Year	
Net Assets or	200	Total assets (Part X, li	no 16)				10,19		10,291,237.	
Asse	20 21	Total liabilities (Part X, III	,				,	, 444.	2,174,770.	
Vet /	22	· · ·	lances. Subtract line 21 from	n lino 20				5,937.	8,116,467.	
Pa	art II	Signature Bloc					5,01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•,220,20,•	
		Ities of periury I declare	that I have examined this return	including accompanyi	ing schedule	s and stateme	ents and to the h	est of my ki	nowledge and helief it is	
			tion of preparer (other than offic						lowiougo una boliol, it io	
	,	(harlotte Bie			mation of m	non propuror		/1/2024		
Sig	n	Signature of officer					Date			
Her			CHIEF EXECUTIVE OFFI	ICER						
	C	, Type or print name and								
		Print/Type preparer's na		Preparer's signature		[Date	Check] PTIN	
Paic	d	MELISSA HANGSLEB		MELISSA HANGSLE	EBEN	0	7/01/24	if self-employed	P02087031	
	- parer		TONLARSONALLEN LLP				Firm's		0746749	
	Only		AST THOMAS ROAD, SUIT	TE 2300						
	,		, NIX, AZ 85012				Phone	no.(602)	266-2248	

No

X Yes

	MAKE-A-WISH FOUNDATION OF GREATER BAY		
	990 (2022) AREA	94-2958481	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<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	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 4,460,365.)	
4e	Total program service expenses 4,460,365.	F	rm 990 (2022)
		For	(2022)
232002	2 12-13-22		

	990 (2022) AREA 94-295848	1	Ρ	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	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 4
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	1	Р	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1							
			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									
		2b	x							
	h If IV as II has 't find a Farm 200 T fan this and 0 and the standard st									
	 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).		v							
a	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 7b	X X	<u> </u>						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	А	<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x						
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
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.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a	-								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1								
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
~	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	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						
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
.5	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	990	(2022)						

232005 12-13-22

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	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	5 , , , 1	1b	2	1						
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?			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?	,								
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 7			Form	ז 990	(2022				
	7									

Form 990 (2022) AREA	94-2958481	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending List all of the organization's current officers, directors, trustees (whether individuals or organizations), re Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	,									

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week		officer and a director/trustee		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		66	upens		(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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHARLOTTE BIERN	40.00	_	-			<u> </u>				
CHIEF EXECUTIVE OFFICER				х				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				х				165,113.	0.	17,667.
(5) LINDA ANDERBERG	40.00									
MARKETING & COMMUNICATIONS DIRECTOR	10.00		<u> </u>			X		143,353.	0.	14,756.
(6) SUSANNA FALK	40.00							110 514		
PROGRAM DIRECTOR	10.00					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	5.00	x		x					0.	0
CHAIR (9) MARTI POZZI	5.00	~		^		-		0.	0.	0.
PAST CHAIR	5.00	x		x				0.	0.	0.
(10) GEORGE MADRIGAL	5.00	^	<u> </u>	^		-		· · ·	0.	<u> </u>
TREASURER	5.00	x		x				0.	0.	0.
(11) TIFFANY LOREN ROWE	5.00	^	<u> </u>	^		-		· · ·	0.	<u> </u>
SECRETARY	5.00	x		x				0.	0.	0.
(12) CATHERINE AKER	5.00					-			••	
DIRECTOR		x						0.	0.	0.
(13) ASH BARAGHOUSH	5.00									
DIRECTOR		х						٥.	0.	0.
(14) KARA BAYSINGER	5.00									
DIRECTOR		х						0.	0.	Ο.
(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 990 (2022)

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Form 990 (2022)

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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 1 Name and business address NONE Description of services Compensation 1 Compensation 1 Compensation Compensation Compensation 1 Compensation 1 Compensation Compensation Compensation 1 Compensation 1 1 Compensation Compensation 1 Compensation 1 1 1 1 1 1 Compensation 1 1 1 1 1 1 2 Total number of independent contractors (includ													
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
	s, Trustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck T	all :	that	app	ly)	compensation	compensation	amount of other
	per week					ee		from the	from related organizations	compensatio
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire	e			ited er		(W-2/1099-MISC)		organizatior
	related	Individual trustee or director	Institutional trustee		e	Highest compensated employee				and related
	organizations below	lual tri	tional		n ploye	stcom	_			organization
	line)	ndivic	nstitu	Officer	Key employee	Highes	Former			
(27) GEORGE SAMMUT	5.00	-	-	-	-		-			
DIRECTOR		x						0.	0.	
(28) JENNIFER SHAPPLEY	5.00									
DIRECTOR		х						0.	0.	
(29) JOHN S. SUN	5.00									
DIRECTOR		х						0.	0.	
(30) LEAH SUTTON	5.00									
DIRECTOR		х						0.	0.	
(31) EUGENE WADE	5.00									
DIRECTOR		X						0.	0.	
			-	-						
		1								
		1								
			-	-						
		1								
		1	I							

232201 04-01-22

MAKE-A-WISH FOUNDATION OF GREATER BAY

Form	n 990 (FOUNDAI	ION OF GREAT	LK BAI		94-295848	1 Page 9
	rt VII		venue						
		Check if Schedule O c	contains a r	response	or note to anv lin	e in this Part VIII			
		Check if Schedule O c				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a	17,619.				
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
S, G	с	Fundraising events		1c	984,935.				
Sifts ar /	d	Related organizations		1d					
is, (imil	е	Government grants (contri	ibutions)	1e					
tion sr S	f	All other contributions, gifts,	grants, and						
ibu		similar amounts not included		1f	5,580,610.				
ontr of O	g	Noncash contributions included in I	lines 1a-1f	1g \$	890,905.				
<u>a C</u>	h	Total. Add lines 1a-1f		<u></u>		6,583,164.			
		NTON AGOTOM PREG			Business Code	27 200	27.200		
ice	2 a				900099	27,200.	27,200.		
erv ue	b								
m S ven	C A								
Program Service Revenue	d e								
Pro	f	All other program service	revenue						
	g					27,200.			
	3	Investment income (includ							
			-		, 	189,733.			189,733.
	4	Income from investment o							
	5	Royalties	. <u></u>						
			(i)) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of		ecurities	(ii) Other				
		assets other than inventory	7a ⁶ , ⁹	65,085.					
	b	Less: cost or other basis	7 2	02 838					
enne		and sales expenses		92,838. 27,753.					
leve		Gain or (loss) Net gain or (loss)	-			-327,753.			-327,753.
er F		Gross income from fundraisir							,
Other Rev	0 4	including \$							
•		contributions reported on		· I					
		Part IV, line 18	-		451,951.				
	b	Less: direct expenses			451,951.				
		Net income or (loss) from				0.			
	9 a	Gross income from gamin	-						
		Part IV, line 19							
		Less: direct expenses			0.				
		Net income or (loss) from				25,600.			25,600.
	10 a	Gross sales of inventory, le							
	L.	and allowances							
		Less: cost of goods sold Net income or (loss) from s			1				
	C		Jaits UI IIIV	entory	Business Code				
snu	11 a								
Miscellaneous Revenue	b								
ella sver	c								
lisc Bt	d	All other revenue							
2	е	Total. Add lines 11a-11d							
	12	Total revenue. See instructio				6,497,944.	27,200.	٥.	-112,420.

232009 12-13-22

12190701 131839 A195136

11 2022.06000 MAKE-A-WISH FOUNDATION OF A1951361

Form 990 (2022)

	AREA AREA T IX Statement of Functional Expenses	s		94-295	8481 Page 1
Sect	on 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A).	
D -	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,915,737.	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 disqualified				
	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):				
а	Management	122,551.	21,745.	77,093.	23,713
b	Legal				
с	Accounting	86,427.		86,427.	
d					
е	Professional fundraising services. See Part IV, line 17	850.			850
f	Investment management fees	39,839.		39,839.	
g					
	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
8	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	· · · · · · · · · · · · · · · · · · ·				
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 if following SOP 98-2 (ASC 958-720)				- 000 (00)

232010 12-13-22

Form 990 (2022)

12190701 131839 A195136

MAKE-A-WISH FOUNDATION OF GREATER BAY

rm 99 art 3		2022) AREA				94-29	58481 Page
arτ.	X	Balance Sheet					Г
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,259,766.	1	966,3
	2	Savings and temporary cash investments			1,838,610.	2	1,065,20
	3		1,522,635.	3	1,026,08		
	4	Pledges and grants receivable, net				4	_,,
	- 5	Loans and other receivables from any current or former officer, director.				-4	
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	-			5	
	0		•	·		6	
	7	under section 4958(f)(1)), and persons described		7			
.	7	Notes and loans receivable, net	27,313.	8	3,1		
	8 9	Inventories for sale or use			195,089.	<u> </u>	284,3
				·····	199,009.	9	
'	IUa	Land, buildings, and equipment: cost or other	100	228,508.			
	h	basis. Complete Part VI of Schedule D		170,251.	85,509.	10c	58,2
			5,140,639.	11	5,262,4		
	11	Investments - publicly traded securities	5,110,005.	12	5,202,1		
	12	Investments - other securities. See Part IV, line 1		13			
	13	Investments - program-related. See Part IV, line		14			
	14 15	Intangible assets			125,977.	14	1,625,3
	15 16	Other assets. See Part IV, line 11			10,197,381.	16	10,291,2
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			506,600.	17	408,9
	18					18	200,5
	19	Grants payable Deferred revenue			14,350.	19	15,1
	20				11,000.	20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete R				20	
1		Loans and other payables to any current or form				21	
	22	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela	-			22	
						23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa					
2	25	parties, and other liabilities not included on lines					
			-		329,494.	25	1,750,7
1	26			Γ	850,444.	25	2,174,7
	20	Organizations that follow FASB ASC 958, che		X		20	-,-,-,,
2		and complete lines 27, 28, 32, and 33.					
5	27	Net assets without donor restrictions			5,894,392.	27	5,006,7
	28	Net assets with donor restrictions			3,452,545.	28	3,109,7
	20	Organizations that do not follow FASB ASC 9			•,101,010.	20	-,200,1
5			bo, check				
5 .	20	and complete lines 29 through 33.				20	
	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				29 30	
2 3	30 > 1						
	31	Retained earnings, endowment, accumulated in			9,346,937.	31	8,116,4
	32	Total net assets or fund balances			10,197,381.	32	10,291,2
3	33	Total liabilities and net assets/fund balances			10,197,301.	33	Form 990 (20

Form **990** (2022)

232011 12-13-22

12190701 131839 A195136

Sign	Envelope ID: D0084789-AB1D-4D18-9B5D-FFB830277807				
	MAKE-A-WISH FOUNDATION OF GREATER BAY				
Form	1 990 (2022) AREA	94-295848	1	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<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		Dublic Cha	rity Status an	d Duk	lic Si	innort		OMB No. 1545-0047	
(Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						2022	
		4947(a)(1) nonexempt charitable trust.						LULL	
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ.						Open to Public Inspection	
Name of the organization		-	Form990 for instruction	is and the	latest inf	ormation.	Employer identification numbe		
Name of the organization	AREA	-WISH FOUNDAILO	N OF GREATER BAY					94-2958481	
Part I Reason		Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior		51 2550101	
The organization is not a									
	-		on of churches described	-	-	I)(A)(i).			
			Attach Schedule E (Form						
3 A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4 A medical res	earch organiz	ation 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 operat	ed by a go	overnmental u	nit describe	ed in	
		Complete Part II.)	aantal unit daaarihad in		70/6//4//4/	(.)			
		-	nental unit described in a ntial part of its support fr				no general i	public described in	
		omplete Part II.)		on a gove	Innental		ie general j		
			(1)(A)(vi). (Complete Par	t II.)					
9 An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or	
university:									
			than 33 1/3% of its supp						
			t to certain exceptions; a (less section 511 tax) fro					-	
		mplete Part III.)		in busines	ses acqui		janization a		
			ively to test for public sat	ety. See	section 50	09(a)(4).			
	-	-	ively for the benefit of, to	•			rry out the	purposes of one or	
more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on	
lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
		-	upervised, or controlled	• • • •	-				
	-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		complete Part IV, Se	l or controlled in connect	ion with it	e supporte	d organizatio	n(e) by bay	ling	
		•	anization vested in the sa			0		•	
	-	t complete Part IV,		and perce			30 a.o oapr		
c 🗌 Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,	
its supporte	ed organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
	-	• •	porting organization oper				0	()	
			ation generally must sat				an attentiv	veness	
			nplete Part IV, Sections						
	-		written determination from nally integrated supporting			турет, туре	п, туре п		
f Enter the number									
		about the supporte						I	
(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o		(vi) Amount of other	
organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
								<u> </u>	
								ļ	
Total								<u> </u>	

		REA	NDATION OF GRE)(1)(A)(iv) and	94-29584 170(b)(1)(A)(vi	i ugo 🗖
	(Complete only if you checked fails to qualify under the tests			-	failed to qualify u	nder Part III. If the	organization
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	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 COO	6 500 000	R R44 R05		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			L			· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	7,390,629.	6,598,933.	7,744,795.	7,637,690.	6,583,164.	35,955,211.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	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						
10	Other income. Do not include gain						
	or loss from the sale of capital	410,906.	340,117.	235,495.	222,139.	477,551.	1,686,208.
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10	410,500.	540,117.	235,455.	222,133.	477,331.	38,354,886.
12	Gross receipts from related activities,	etc (see instructio	ns)			12	94,225.
	First 5 years. If the Form 990 is for th		,	ourth or fifth tax v			/
	organization, check this box and stop						
See	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, co	olumn (f))		14	93.74 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	93.93 %
16 a	33 1/3% support test - 2022. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the fact			-	-	VI now the organiz	ation
	meets the facts-and-circumstances te	-				70 and line 15 '- 1	
b	10% -facts-and-circumstances test more and if the organization mosts the	-					U% 0r
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
.0	- Thate realization in the organizatio	and not oncord a		, 100, 170, 01 170,			(Form 990) 2022

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fails to

	A (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 P	art 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) 2019	(c) 2020	(d) 2021	(e) 20	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						
78	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) 2019	(c) 2020	(d) 2021	(e) 20	22 (f) Total
9	Amounts from line 6						
	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						
11							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) org	anization,
	check this box and stop here						
See	ction C. Computation of Publi	ic Support Per	rcentage				
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	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2022. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	d 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	33 1/3% support tests - 2021. If the	organization did n	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33	1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organi	zation
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	structions .	
2320	23 12-09-22			_		Sch	edule A (Form 990) 2022
			17	1			

AREA

MAKE-A-WISH FOUNDATION OF GREATER BAY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

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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Schedule A (Form 990) 2022

		94-2958481	Pa	age
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic	cers.		
1	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 Part VI how the supported organization(s)			
1		rted		

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

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

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	ľ	

		2011011137.	
Section D	. All Type I	II Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisf	y the Integral Part Test during the y	vear (see instructions).
---	---------------------------------------	--------------------------

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

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

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

232026 12-09-22

Sche Par	dule A (Form 990) 2022 AREA t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue		4-2958481	Page 7
	on D - Distributions		nizations (continue		Current Y	'oar
<u>3ecu</u>	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Guirent	eai
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			<u> </u>		
~	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets		,	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive		-+		
•	(provide details in Part VI). See instructions.	ie ergamzanen ie reepenente		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(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			_		
<u>h</u>	Applied to 2022 distributable amount			_		
i	Carryover from 2017 not applied (see instructions)					
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years			_		
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.			_		
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.			-		
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	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	94-2958481 Page
Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, lin , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 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 C, 1; Part V, Section B, line 1e; Part V,
	, 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.		
2019 AMOUNT: \$ 0.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 246.		
2022 AMOUNT: \$ 0.		
232028 12-09-22	22	Schedule A (Form 990) 20
	44	

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 organization					
MAKE-A-W	IISH	FOUNDATION	OF	GREATER	BAY

	AREA	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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 of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless

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 2
	rganization		Employer identification number
	ISH FOUNDATION OF GREATER BAY		94-2958481
AREA Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	94-2936461
			(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
1		\$1,740,	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
2		\$547,	Person Payroll 099. Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
3		\$417,	702. Person X 702. Noncash Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
4		\$191,	Person X Payroll 092. Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contribution	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Schedule I	B (Form 990) (2022)			Page 3
	rganization		Employ	ver identification number
	NISH FOUNDATION OF GREATER BAY		04 2059401	
AREA			94	-2958481
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.	
(a)		(c)		
No.	(b)	FMV (or estimat	e)	(d)
from Part I	Description of noncash property given	(See instructions		Date received
Part I	TRAVEL, M&E, SUPPLIES			
1	TRAVEL, MAE, SUFFLIES	-		
		-		
		\$16	,146.	08/31/23
		_		
(a)		(c)		
No.	(b)	FMV (or estimat	e)	(d)
from Part I	Description of noncash property given	(See instructions		Date received
	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION			
2		-		
		-		
		\$\$,099.	08/31/23
(a) No.	(1-)	(c)		(4)
from	(b) Description of noncash property given	FMV (or estimat		(d) Date received
Part I		(See instructions	.)	Duterecented
		_		
		-		
		_		
		_ \$		
(a)				
No.	(b)	(c)	,	(d)
from	Description of noncash property given	FMV (or estimat (See instructions		Date received
Part I			.,	
		-		
		-		
		- \$		
(a)		(-)		
No.	(b)	(c) FMV (or estimat	e)	(d)
from	Description of noncash property given	(See instructions		Date received
Part I				
		-		
		-		
		_ \$		
(a)		(c)		
No. from	(b)	FMV (or estimat	e)	(d) Dete received
from Part I	Description of noncash property given	(See instructions		Date received
		-		
		_		
		\$		

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Schedule B (Form 990) (2022)

12190701 131839 A195136

2022.06000 MAKE-A-WISH FOUNDATION OF A1951361

Schedule B (Form 990) (2022)

	ganization		Employer identification n	umber	
IAKE-A-W AREA	ISH FOUNDATION OF GREATER BAY		94-2958481		
Part III	from any one contributor. Complete columns (a)	through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the section 501(c)(7), (8), or (10) that total more than \$1,000 for the section 50		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gi			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ	(e) Transfer of gift				
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gi	 gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
F		(e) Transfer of gi	l yift		
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		

Schedule B (Form 990) (2022)

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		2022
Depart	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to Public
	Revenue Service		0 for instructions and the latest informatior	ı.	Inspection
Nam	e of the organization		REATER BAY	Employe	identification number
De		AREA	d Funda av Othav Similar Funda av		94-2958481
Par		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or	Accounts.	Complete if the
	organization		(a) Donor advised funds	(b) Funds an	d other accounts
4	Total number at or	nd of year			
1 2		nd of year f contributions to (during year)			
2		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised f	unds	
Ū	-		exclusive legal control?		Yes No
6	-		dvisors in writing that grant funds can be use		
	•		r donor advisor, or for any other purpose conf		
	impermissible priva			e e	Yes No
Par			ganization answered "Yes" on Form 990, Part		
1		ervation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a h	istorically impo	rtant land area
	Protection o	f natural habitat	Preservation of a c	ertified historic	structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation e	asement on the last
	day of the tax year			Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage restr	ricted by conservation easements		2b	
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure li	sted in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during	g the tax
	year				
4		where property subject to conservation eas			
5	6	tion have a written policy regarding the per	3 , 1 , 3		
•		orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements	s during the year
7	Amount of overage		lling of violations, and onforcing concernation	aaaamanta duu	ing the year
7	Amount of expens	es incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation	easements our	ing the year
8	Does each consen	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)	
Ŭ		,			Yes No
9			on easements in its revenue and expense stat		
•		c	note to the organization's financial statements		the
		ounting for conservation easements.			
Par	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	r 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 95	8, not to report in its revenue statement and t	palance sheet w	vorks
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furthe	erance of public	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet work	s of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public se	ervice,
	provide the followi	ng amounts relating to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		\$	
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gai	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	s for Form 990.	Sche	dule D (Form 990) 2022
232051	09-01-22		0.5		

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Sign E	Envelope ID: D0084789-AB1D-4D18-9B5D-FF	B830277807						
	MAKE-A-WISH	I FOUNDATION OF	GREATER BAY					
Scheo	dule D (Form 990) 2022 AREA				94-	2958481	L	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar Ass	sets _{(co}	ontinued	d)
a b c 4 5	Using the organization's acquisition, accession collection items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization solicit of During the year, did the organization solicit of to be sold to raise funds rather than to be mark tiv Escrow and Custodial Arrange reported an amount on Form 990, Par	d e ollections and explain r receive donations of <u>aintained as part of th</u> gements. Complet	Loan or exc Other how they further th f art, historical treas e organization's co	hange program le organization's ex sures, or other simil llection?	empt purpose in F ar assets	Part XIII.		No
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions	s or other assets no	t included			
	on Form 990, Part X?					🗌 Ye	s	No
	If "Yes," explain the arrangement in Part XIII							
		·	C C			Am	ount	
с	Beginning balance				1c			
d	Additions during the year				1d			
	Distributions during the year							
	Ending balance				1f			
	Did the organization include an amount on Fo				pility?	Ye	s [No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on Part XI	II		[
Par	t V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back		ack (e)	Four yea	ars back
1a	Beginning of year balance	1,995,811.	2,244,757.	1,540,558	1,383,1	57.	1,39	3,620.
	Contributions	62,623.	61,483.	306,275	. 7,3	51.		9,292.
	Net investment earnings, gains, and losses	107,499.	-310,429.	397,924	. 150,0	50.	-1	6,134.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs						:	3,621.
f	Administrative expenses							
g	End of year balance	2,165,933.	1,995,811.	2,244,757	1,540,5	58.	1,38	3,157.
-	Provide the estimated percentage of the curr	ent vear end balance			1			
	Board designated or guasi-endowment	.0000	%					
	Permanent endowment 60.9400	%						
	Term endowment 39.0600							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
	Are there endowment funds not in the posse		ion that are held ar	nd administered for	the			
	organization by:	5					Ye	s No
	(i) Unrelated organizations					3	a(i)	x
	(ii) Related organizations						n(ii)	x
b	If "Yes" on line 3a(ii), are the related organiza						ßb	-
4	Describe in Part XIII the intended uses of the						<u> </u>	
Par								
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part)	K, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d)	Book va	alue
		basis (investm	• •		lepreciation	(, !	• •	
1a	Land							
	Buildings							
	Leasehold improvements							
•		···				l		

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.

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e Other

170,251.

228,508.

d Equipment

	MAKE-A-WISH FOUN	DATION OF GREATER BA	ΔY		
Schedule D	(Form 990) 2022 AREA			94-2958481	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market v	alue
(1) Financia	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market v	alue
(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 va	
	E FROM NATIONAL				25,533.
	E FROM OTHER CHAPTERS				55,107.
	GHT-OF-USE ASSETS - FINANCE				7,194.
(4) RIG	GHT-OF-USE ASSETS - OPERATING			1,43	37,537.
(5)					
(6)					
(7)					
(8)					
(9)					
	Imn (b) must equal Form 990, Part X, col. (B) line	e 15.)		1,62	25,371.
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		
1.	(a) Description of liability			(b) Book va	llue
	leral income taxes				
	E TO NATIONAL			_ _	7,585.
	TO OTHER CHAPTERS				92,601.
	ASE LIABILITY - OPERATING			1,64	12,736.
	ASE LIABILITY - FINANCING				7,804.
(6)					
(7)					
(8)					
(9)					
Total. (Colu	<u>ımn (b) must equal Form 990, Part X, col. (B) line</u>	e 25.)		1,75	50,726.

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

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MAKE-A-WISH FOUNDATION OF GREATER BAY

Caba	MAKE-A-WISH FOUNDATION OF GREATER B	AI		94-2958481	Da 4
	dule D (Form 990) 2022 AREA t XI 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 2a through 2d			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 4a and 4b			4c	39,839.
5	Total revenue. Add lines 3 and 4c. (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 4a and 4b			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.

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Part XIII Supplemental Information (continued)

MAKE-A-WISH FOUNDATION OF GREATER BAY

AREA

PART X, LINE 2:

Schedule D (Form 990) 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	ities	OMB No. 1545-0047						
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19 ,	or if the	2022	
		Attach to Form 990 of						Open to Public	
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection	
Name of the organization	N MAKE-A-WISH	H FOUNDATION OF GREATER BAY						entification number	
	AREA						94-295848		
	complete this part	Complete if the organization answe t.	red "Y	es" or	ı Form 990, Part IV, li	ne 17	7. Form 990-E2	I filers are not	
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (incluc rofessi	non-g gover iising e ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	-	Yes		
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to	agreer	ments under which th	ne fur	idraiser is to be	9	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration	
or licensing.									

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

Schedule G (Form 990) 2022

232081 10-27-22

-	eaul	le G (Form 990) 2022 AREA	H FOUNDATION OF GR	EATER BAY	94-	2958481 Page 2
Ра	rt I	3				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. (0)
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 Yes 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	No	□ No	No	25,600
	6 7	Volunteer labor	No	□ 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 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
15a 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:			
a 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 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 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		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua n answered "Yes" Attach to Forn	ls in the Ŭni on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2022 Open to Public Instruction
	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
1 (a) Name and addu or gove		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule	l (Form 990) 2022	AREA		94-2958481	Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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.	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	9 9)
		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				
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			2		
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-MIS0 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.	
	(ii)	Ο.	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)	Ο.	0.	0.	0.	0.	0.	0.	
(4) LYNNE DURIE	(i)	162,649.	2,464.	0.	6,661.	11,006.	182,780.	0.	
	(ii)	Ο.	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)								
	(i)								
	(ii)								
	(i)								
	(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 3

Part III Supplemental Information

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

PART I, LINE 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 (Form 990)		Noncash Contributions							OMB No. 1545-0047			
									2022			
		Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines	29 or 3	30.	۲U				
		.	-	Attach to Form 9				Open to Public				
		-		is and the latest information	on.	Function 1	Inspe					
Nam	e of the organizatior		TION OF O	REATER BAY			Employer ic			nber		
Pa		AREA Property					94	4-295848	1			
I UI		Тюрену	(a)	(b)	(c)	1		(d)				
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method c noncash cont	of determin		5		
1	Art Works of art			Items contributed								
2		sures										
2												
3 4		erests										
4 5		tions										
		ehold goods										
6		nicles										
7						-						
8	Intellectual propert		x	9	134,758	E-MT7						
9		y traded		3	134,730	, FMV						
10		/ held stock										
11	Securities - Partne trust interests	rship, LLC, or										
12	Securities - Miscell											
13	Qualified conserva											
	Historic structures											
14	Qualified conserva	tion contribution - Other										
15		ential										
16		nercial										
17												
18												
19												
20		l supplies										
21												
22												
23		ns										
24		acts										
2 . 25		RELATED)	x	317	751,781	FMV						
26	· · · · · · · · · · · · · · · · · · ·	(AL EVENTS)	x	11	4,366	_						
20 27	Other ()			_,,							
28	Other () \				+						
<u>20</u> 29			I zation during	the tax year for or								
29		nization completed Form 82	-						0			
	for which the organ	nization completed form oz	00, 1 alt V, L	onee Acknowledge	23				Yes	No		
20-	During the year d	d the organization receive b	v contributio	n any proporty roo	orted in Dart L lines 1 throw	ah 20	that it		162	No		
308		ast 3 years from the date of					u lat It					
		for the entire holding period	-		•			200		х		
۴								<u>30a</u>				
		the arrangement in Part II.	onliny that re	ouires the review of	of any nonstandard contribu	itions?		04	х			
31		tion have a gift acceptance p						31				
32a	•	tion hire or use third parties		•				00-		x		
								32a		A		
	If "Yes," describe i				ferred the set	-1 1						
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 1 11 1 1 11 11					<u> </u>					
LHA	For Paperwork	Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedu	le M (Forn	n 990)	2022		

232141 09-09-22

MARE-A-WISH FOUNDATION OF GREA	
Schedule M (Form 990) 2022 AREA	94-2958481 Page 2
Part II Supplemental Information. Provide the information	required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Dart Lealumn (b) the number of contribution	s, the number of items received, or a combination of both. Also complete
this part for any additional information.	s, the number of items received, or a combination of both. Also complete
this part for any additional information.	
/- \	
SCHEDULE M, PART I, COLUMN (B):	
THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONT	RIBUTIONS
RECEIVED.	
RECEIVED.	
232142 09-09-22	Schedule M (Form 990) 2022

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	

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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