usigi	n Envel	•	4CD5-3E7F-4408-9D5A-6	RE COPY - STATE RE	GISTI	RATION	NO. 03	-69-5	
For	m <b>9</b>	90		Organization Exen	•				OMB No. 1545-0047
		f the Treasury		r social security numbers on this					Open to Public
Inter	rnal Rever	nue Service		w.irs.gov/Form990 for instruction					Inspection
_			lar year, or tax year begi	nning SEP 1, 2022	and e	ending At	JG 31, 2023		
	Check if applicable	a.	f organization A-WISH FOUNDATION OF	F CENTRAL			D Employer	identific	ation number
	Addres	es NEW YO	DRK, INC.						
	Name change	e Doing b	usiness as				22-25	572086	
	Initial return Final	5005 0	r and street (or P.O. box if n CAMPUSWOOD DRIVE	nail is not delivered to street address)	1	Room/suite	E Telephone 315-47		
	return/ termin- ated			ountry, and ZIP or foreign postal co	L		G Gross receipts		2,711,774.
	Ameno		SYRACUSE, NY 13057	·····,, ·····			H(a) Is this a		turn
	Applic tion pendir	F Name a		ficer: DIANE KUPPERMANN			for subo	rdinates	? Yes X No
_		SAME AS	C ABOVE				1		cluded? Yes No
		empt status:		c) ( ) (insert no.) [] 49	47(a)(1) o	or 527	1 '		list. See instructions
	Websit		ISH.ORG X Corporation Tru	Ist Association Other		L Voor	<b>H(c)</b> Group e		
	art I	Summary					or formation. ±2	,05   <b>N</b>	I State of legal domicile: NY
-	-			ion or most significant activities:	FOGETHE	R WE CR	EATE		
e	3			DREN WITH CRITICAL ILLNES					
Governance	2	Check this bo	ox if the organiz	ation discontinued its operations of	or dispose	ed of more	than 25% of its	s net ass	ets.
ver	3	Number of vo	0	1	•			- I I	16
		Number of ind	dependent voting member	s of the governing body (Part VI, li					16
8 8 8	5	Total number	of individuals employed in	n calendar year 2022 (Part V, line 2	a)				11
Activities &	6	Total number	of volunteers (estimate if r	necessary)				. 6	250
Acti	7a	Total unrelate	d business revenue from F	Part VIII, column (C), line 12				7a	0.
_	<u>b</u>	Net unrelated	business taxable income	from Form 990-T, Part I, line 11		<u></u>			0.
							Prior Year		Current Year
e	8			1h)			1,800	0,778.	2,273,638.
Revenue	9	•	ice revenue (Part VIII, line	e.				100.	0.
Bey	5 10			), lines 3, 4, and 7d)				7,554. L,990.	23,882. 8,683.
				es 5, 6d, 8c, 9c, 10c, and 11e) $\dots$ must equal Part VIII, column (A), lir				5,442.	2,306,203.
				X, column (A), lines 1-3)			•	2,326.	1,239,492.
			to or for members (Part IX					0.	0.
	40			e benefits (Part IX, column (A), line			599	9,162.	594,718.
Expenses	16a			olumn (A), line 11e)				0.	0.
Der	b		ing expenses (Part IX, colu		305,6	582.			
ũ	<sup>1</sup>   17	Other expens	es (Part IX, column (A), line	es 11a-11d, 11f-24e)			301	7,518.	410,553.
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, column (A), line 25)			1,539	9,006.	2,244,763.
		Revenue less	expenses. Subtract line 1	8 from line 12				7,436.	61,440.
t Assets or	DCeS					Be	ginning of Curre		End of Year
sset	20							9,255.	1,840,096.
NetA								3,067. 5,188.	212,692. 1,627,404.
	<u>∃ 22</u> art II	Signatur	e Block	ine 21 from line 20			1,540	,100.	1,027,404.
		-		d this return, including accompanying s	schedules	and stateme	nts. and to the b	est of mv	knowledge and belief, it is
true	e, correc	, and complete	d by: . Declaration of preparer (oth	er than officer) is based on all informat	ion of whi	ich preparer	has any knowled	ge.	
			zuppermann	·			7,	/11/20	24
Sig	yn	Signatusea9fe					Date		
He	re		ERMANN, PRESIDENT &	CEO					
		Type or print r	name and title				) - I -	_	
		Print/Type pre	•	Preparer's signature			Date	Check	PTIN
Pai		MELISSA HA		MELISSA HANGSLEBE	N	0.	7/11/24	self-employe	
	parer	Firm's name	CLIFTONLARSONALLE				Firm's	SEIN 4	11-0746749
Use	e Only	Firm's address	S 20 EAST THOMAS RO. PHOENIX, AZ 85012	•				1000	2) 266-2248
			FIUENIA AZ 05012				I Phone	⊿חר (סט∠	4222-002

May the IRS discuss this return with the preparer shown above? See instructions			
	May the IF	RS discuss this return with the preparer shown above? See instructions	 2

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

	MAKE-A-WISH FOUNDATION OF CENTRAL 1990 (2022) NEW YORK, INC.	22-2572086	Page
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
I	Briefly describe the organization's mission:		
	THE MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK 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?		es 🛛 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?	<b>Y</b>	es 🗵 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 m	easured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,687,792. including grants of \$1,239,492. ) (Revenue	\$	0.
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4-2	Other pregram convices (Deservice on Selecture C.)		
4d	Other program services (Describe on Schedule O.)	Ň	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,687,792.		

Form	990 (2022) NEW YORK, INC. 22-25720	86	P	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	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		X
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	X	<u> </u>
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		<u>x</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
_	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
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	444		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	10		
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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			<u> </u>
10		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
19		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
232003	12-13-22		990	(2022)

MAKE-A-WISH FOUNDATION OF CENTRAL

Form		22-257208	6	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)				
	· · · · · · · · · · · · · · · · · · ·	ſ		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			w	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cur	rent			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		~~		x
04-	Schedule J		23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the user that user th				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		240		<u> </u>
U			24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		<u>2</u> <del>1</del> 0		<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a		Lou		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." comple	I			
		le	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		200		
	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 employ				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Par	I	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	n (			
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	d l			
	Part V, line 1		34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	····· .	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent	I			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	I	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organ				
	If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance		38	Х	L
Fai					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
		8		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	8 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin (aambling) winnings to prize winners?	y I	4	х	
000004	(gambling) winnings to prize winners?	<u></u>	1c		(2022)
202004	4 12-13-22				$(C \cup C \subset C)$

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Docusign Envelope ID: CA0B4CD5-3E7F-4408-9D5A-6C35AF474494 MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK INC. 22 - 2572086Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 11 2a **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? х 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Зb b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). x **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х а Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required С Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d 7d Х е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. а Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a а b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the b organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? x 15 If "Yes," see the instructions and file Form 4720, Schedule N. х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

232005 12-13-22

If "Yes," complete Form 6069.

2022.06000 MAKE-A-WISH FOUNDATION OF A1951381

Form 990 (2022)

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MAKE A WIGH FOUNDATION OF CENTRAL

	MAKE-A-WISH FOUNDATION OF CENTRAL			_
Form	990 (2022) NEW YORK, INC. 22-257208		P	eage 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one 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, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		x
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.00		
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)	availa	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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			
_0	DIANE KUPPERMANN - 315-475-9474			
	5005 CAMPUSWOOD DRIVE, EAST SYRACUSE, NY 13057			
232006	§ 12-13-22	Form	990	(2022)
	6	5		,)

Form 990 (2022)	NEW YORK, INC.			22-2572086	Page 7
Part VII Compensa	ation of Officers, Directors, Trustees	s, Key Employees,	Highest Compense	ated	
Employee	es, and Independent Contractors				
Check if Sche	edule O contains a response or note to any line	in this Part VII			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title         Average hours per weak under and attributed method in bothow per per weak inter and attributed method in the per per per per per per per per per pe	(A)	(B)			(	C)			(D)	(E)	(F)
Hours per veek (list any nours for elated organizations         Exp. unsequence is bein any inform of any period a section any period a section any period a section any inform of any info	Name and title	Average	(do		Pos	ition		ne	Reportable	Reportable	Estimated
Week (ist ary organizations organizations line)         Work ist ary but store ist ary ist ary		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
(1)         DIANE KUPPERMANN         60.00         x         103,346.         0.         15,136.           CRESIDENT & CEO         3.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CO-TREASURER         x         0.         0.         0.         0.         0.           RUSTEE         x         0.         0.         0.         0.         0.           TRUSTEE         x		week		cer ar I	nd a d	irecto	r/trus I	tee)			other
(1)         DIANE KUPPERMANN         60.00         x         103,346.         0.         15,136.           CRESIDENT & CEO         3.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CO-TREASURER         x         0.         0.         0.         0.         0.           RUSTEE         x         0.         0.         0.         0.         0.           TRUSTEE         x			rector								
(1)         DIANE KUPPERMANN         60.00         x         103,346.         0.         15,136.           CRESIDENT & CEO         3.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CO-TREASURER         x         0.         0.         0.         0.         0.           RUSTEE         x         0.         0.         0.         0.         0.           TRUSTEE         x			or di	ee			ated				
(1)         DIANE KUPPERMANN         60.00         x         103,346.         0.         15,136.           CRESIDENT & CEO         3.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CO-TREASURER         x         0.         0.         0.         0.         0.           RUSTEE         x         0.         0.         0.         0.         0.           TRUSTEE         x			ustee	trust		ee	upens		-	1099-NEC)	•
(1)         DIANE KUPPERMANN         60.00         x         103,346.         0.         15,136.           CRESIDENT & CEO         3.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CO-TREASURER         x         0.         0.         0.         0.         0.           RUSTEE         x         0.         0.         0.         0.         0.           TRUSTEE         x		l °	lual tr	tional	Ι.	nploy	st con yee	_	1033-1120)		
(1)         DIANE KUPPERMANN         60.00         x         103,346.         0.         15,136.           CRESIDENT & CEO         3.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.           CO-TREASURER         x         0.         0.         0.         0.         0.           RUSTEE         x         0.         0.         0.         0.         0.           TRUSTEE         x			ndivid	nstitu	Officer	key er	Highe	-orme			organizationo
(2) LISA WHITE         3.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.         0.           CMAIR         x         x         x         0.         0.         0.         0.           CMAIR         x         x         x         0.         0.         0.         0.           CMAIR         3.00         x         x         0.         0.         0.         0.           (4) ADAM BARKLEY         3.00         x         x         0.         0.         0.           (5) ALEX NITKA         2.00         CO-TREASURER         x         x         0.         0.         0.           (6) GERGROY O'LERY         2.00         X         x         0.         0.         0.         0.           (7) KEVIN SMITH         3.00         x         x         0.	(1) DIANE KUPPERMANN	60.00		-		<u> </u>					
CHAIR         x         x         x         x         x         0.         0.         0.           IMMEDIATE PAST CHAIR         x         x         x         0.         0.         0.         0.           VICE CHAIR         x         x         x         0.         0.         0.         0.           VICE CHAIR         x         x         x         0.         0.         0.         0.           (5) ALEX NITKA         2.00         x         x         0.         0.         0.         0.           (6) GREGORY O'LEARY         2.00         x         x         0.         0.         0.           CO-TREASURER         x         x         0.         0.         0.         0.           (7) KEVIN SMITH         3.00         x         x         0.         0.         0.           SECRETARY         x         x         0.         0.         0.         0.         0.           SECRETAY         x         x         0.         0.         0.         0.         0.           TRUSTEE         x         x         0.         0.         0.         0.         0.           (10) KATH	PRESIDENT & CEO				x				103,346.	0.	15,136.
(3) DEBBLE MOORE       3.00       x	(2) LISA WHITE	3.00									
IMMEDIATE PAST CHAIR         x         x         x         x         0.         0.         0.           (4) ADAM BARKLEY         3.00         x         x         x         0.         0.         0.           VICE CHAIR         x         x         x         0.         0.         0.         0.           (5) ALEX NITKA         2.00         x         x         0.         0.         0.           (6) GREGORY O'LEARY         2.00         x         x         0.         0.         0.           (7) KEVIN SMITH         3.00         x         x         0.         0.         0.           (7) KEVIN SMITH         3.00         x         x         0.         0.         0.           SECEFTARY         x         x         0.         0.         0.         0.           (8) EDWARD SLANK         1.00         x         x         0.         0.         0.           (9) JOHN ROTT         1.00         x         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           TRUSTEE         x         0.         0.	CHAIR		Х		Х				٥.	٥.	0.
(4) ADAM BARKLEY       3.00       x       x       x       0.       0.       0.         VICE CHAIR       2.00       x       x       x       0.       0.       0.         (5) ALEX NITKA       2.00       x       x       x       0.       0.       0.         (6) GREGORY O'LEARY       2.00       x       x       0.       0.       0.       0.         (7) KEVIN SMITH       3.00       x       x       0.       0.       0.       0.         (7) KEVIN SMITH       3.00       x       x       0.       0.       0.       0.         (8) EDWARD SLANK       1.00       x       x       0.       0.       0.       0.         (9) JOHN ROTT       1.00       x       0.       0.       0.       0.       0.         (10) KATHLEEN GORMAN       2.00       x       0.       0.       0.       0.       0.       0.         (11) KVLE KRICKOVICH       1.00       x       0.       0.       0.       0.       0.       0.         (13) MICHELE SARDINIA       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.	(3) DEBBIE MOORE	3.00									
VICE CHAIR         x	IMMEDIATE PAST CHAIR		Х		Х				٥.	٥.	0.
(5) ALEX NITKA         2.00         x         x         x         x         0.	(4) ADAM BARKLEY	3.00									
CO-TREASURER         X         X         X         X         0.         0.         0.           (6)         GREGORY O'LEARY         2.00         X         X         X         0.         0.         0.           (7)         KENTIN SMITH         3.00         X         X         0.         0.         0.           (7)         KENTIN SMITH         3.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (8)         EDWARD SLANK         1.00         X         X         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (10)         KATHLEEN GORMAN         2.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.         0.         0.           (10)         KATHLEEN GORMAN         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	VICE CHAIR		Х		Х				٥.	٥.	0.
(6) GREGORY O'LEARY       2.00       x       x       x       0.       0.       0.         (7) KEVIN SMITH       3.00       x       x       x       0.       0.       0.         SECRETARY       x       x       x       0.       0.       0.       0.         (8) EDWARD SLANK       1.00       x       0.       0.       0.       0.       0.         (9) JOHN ROTT       1.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (10) KATHLEEN GORMAN       2.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.         (11) KYLE KRICKOVICH       1.00       x       0.       0.       0.       0.       0.       0.       0.         (12) MIA TREMTI       1.00       x       0.       0.       0.       0.       0.       0.       0.         (13) MICHELE SARDINIA       1.00       x       0.       0.       0.       0.       0.       0.	(5) ALEX NITKA	2.00									
CO-TREASURER         X         X         X         X         0.         0.         0.           (7)         KEVIN SMITH         3.00         X         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           (8)         EDWARD SLANK         1.00         X         X         0.         0.         0.           TRUSTEE         X         0.0         0.         0.         0.         0.         0.           (9)         JOHN ROTT         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (10)         KRICKOVICH         1.00         X         0.         0.         0.         0.           (11) KYLE KRICKOVICH         1.00         X         0.         0.         0.         0.         0.         0.           (12) MIA TREMTI         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	CO-TREASURER		Х		Х				٥.	٥.	0.
(7)       KEVIN SMITH       3.00       X       X       X       0.       0.       0.         SECRETARY       X       X       X       X       0.       0.       0.         (8)       EDWARD SLANK       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (10)       KATHLEEN GORMAN       2.00       X       0.       0.       0.       0.         (11)       KIK KRICKOVICH       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (14)       MIKE ALBANESE       X       0. <td>(6) GREGORY O'LEARY</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) GREGORY O'LEARY	2.00									
SECRETARY         X         X         X         X         0.         0.         0.           (8) EDWARD SLANK         1.00         X         0. <td>CO-TREASURER</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>٥.</td> <td>٥.</td> <td>0.</td>	CO-TREASURER		Х		Х				٥.	٥.	0.
(8) EDWARD SLANK       1.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.         (9) JOHN ROTT       1.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.         (10) KATHLEEN GORMAN       2.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.         (11) KYLE KRICKOVICH       1.00        0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (12) MIA TREMTI       1.00        0.       0.       0.       0.       0.         (13) MICHELE SARDINIA       1.00        0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.	(7) KEVIN SMITH	3.00									
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(9) JOHN ROTT       1.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.         (10) KATHLEEN GORMAN       2.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.         (11) KYLE KRICKOVICH       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (12) MIA TREMTI       1.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.         (13) MICHELE SARDINIA       1.00       x       0. <td< td=""><td>(8) EDWARD SLANK</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(8) EDWARD SLANK	1.00									
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(10)         KATHLEEN GORMAN         2.00         X         0.	(9) JOHN ROTT	1.00									
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(13) MICHELE SARDINIA       1.00       x       0       0. <t< td=""><td>(12) MIA TREMTI</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(12) MIA TREMTI	1.00									
TRUSTEE       X       X       0       0.       0.       0.       0.         (14) MIKE ALBANESE       2.00       X       0       0.       0.       0.       0.         TRUSTEE       X       X       0       0.       0.       0.       0.         (15) PAUL MULLIN       2.00       X       0       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.       0.         (16) TIM GOLDMAN       1.00       X       0       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.       0.         (17) WILLIAM PETTY       1.00       X       0       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.       0.       0.			Х						0.	0.	0.
(14) MIKE ALBANESE       2.00       x       0       0.       0.       0.       0.         TRUSTEE       x       2.00       x       0.       0.       0.       0.       0.         (15) PAUL MULLIN       2.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (16) TIM GOLDMAN       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0       0.       0.       0.       0.         (17) WILLIAM PETTY       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.	(13) MICHELE SARDINIA	1.00									
TRUSTEE       X       X       0       0.       <	TRUSTEE		Х						0.	0.	0.
(15) PAUL MULLIN     2.00     X     0.     0.     0.       TRUSTEE     X     0.     0.     0.     0.       (16) TIM GOLDMAN     1.00     X     0.     0.     0.       TRUSTEE     X     0.     0.     0.     0.       (17) WILLIAM PETTY     1.00     X     0.     0.     0.       TRUSTEE     X     0.     0.     0.     0.	(14) MIKE ALBANESE	2.00									
TRUSTEE     X     0.     0.     0.       (16) TIM GOLDMAN     1.00     1.00     0.     0.       TRUSTEE     X     0.     0.     0.       (17) WILLIAM PETTY     1.00     0.     0.     0.       TRUSTEE     X     0.     0.     0.			Х						0.	0.	0.
(16) TIM GOLDMAN     1.00     0.     0.       TRUSTEE     x     0.     0.     0.       (17) WILLIAM PETTY     1.00     x     0.     0.     0.       TRUSTEE     x     0.     0.     0.     0.	(15) PAUL MULLIN	2.00									
TRUSTEEX0.0.0.(17) WILLIAM PETTY1.00X0.0.0.TRUSTEEX0.0.0.0.			Х						0.	0.	0.
(17) WILLIAM PETTY         1.00         0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
TRUSTEE         x         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х						0.	0.	0.
		1.00									
	TRUSTEE		Х						0.	0.	

232007 12-13-22

Form 990 (2022)

#### 13450711 131839 A195138

2022.06000 MAKE-A-WISH FOUNDATION OF A1951381

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#### MAKE-A-WISH FOUNDATION OF CENTRAL

Form	990 (2022) NEW YORK, INC		01	CEN.	INA					22-25	7208	5	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box, offic	not ch unles	neck i ss per	ition more rson i	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on J	Est ame c	(F) imate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	orga	m the nizati relate	e ion ed
	Subtatal								103,346.		0.		15	136.
c C	Subtotal Total from continuation sheets to Part VII	, Section A							0.		0.			0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								103,346. eceived more than \$100,	000 of reportable	0.  e		15,	136.
3	Did the organization list any <b>former</b> officer,	director truste	oo k		mnl	0/0	a or	hia	hest compensated empl		]	,	Yes	No
Ū	line 1a? If "Yes," complete Schedule J for su	ich individual	, 				, 					3	_	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre					-		x
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	olete Schedule	e J fo	or su	<u>ch r</u>	pers	on .				<u></u>	5		
1	Complete this table for your five highest cor the organization. Report compensation for t	-									oensat	ion fror	n	
	(A) Name and business	address	NOI	NE					<b>(B)</b> Description of s	ervices	С	(C) ompen		1
2	Total number of independent contractors (in	icludina but no	ot lin	nited	l to 1	thos	e lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz					(	)		,e : esorioù me					

Form 990 (2022)

232008 12-13-22

Ū			MAKE	-A-WISH	FOUNI	DAT	ION OF CENTRA	L			
Forn	n 99	)0 (2		YORK, IN	٩C.					22-257208	6 Page
Pa	rt \	/									
			Check if Schedule O c	contains a	respor	nse o	or note to any line	in this Part VIII			
								<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	Revenue excluded
s s	1	а	Federated campaigns		1a		20,764.				
un la					1b						
۵Ë			Fundraising events		1c		290,097.				
ifts ar A			Related organizations		1d						
äi G			Government grants (contri		1e						
ŝ			All other contributions, gifts,	-							
buti			similar amounts not included		1f		1,962,777.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in		1g \$		342,461.				
aŭ		h	Total. Add lines 1a-1f					2,273,638.			
							Business Code				
ø	2	а									
ه رز		b									
Sei		с									
Program Service Revenue		d									
ogr		е									
ሻ		f	All other program service	revenue							
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ding divide	nds, in	tere	st, and				
			other similar amounts)					23,723.			23,723
	4 Income from investment of tax-exempt bond proc			roceeds							
	5		Royalties			<u></u>					
				(i	i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7	а	Gross amount from sales of		ecuritie		(ii) Other				
		_	assets other than inventory	7a 🤅	325,34	49.					
		b	Less: cost or other basis		DDE 1	0.0					
nue			and sales expenses		325,19	59.					
eve			Gain or (loss)					159.			159
Other Reven			Net gain or (loss)					139.			139
the	ð	a	Gross income from fundraisir including \$	•							
0			contributions reported on								
						8a	76,002.				
		b	Less: direct expenses			8b	80,381.				
			Net income or (loss) from				, ,	-4,379.			-4,379
	9		Gross income from gamin								
			Part IV, line 19	-		9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
	10		Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			/					
							Business Code				
liscellaneous Revenue	11	а	OTHER INCOME			_	900099	13,062.			13,062
ane		b				_	T				
cell		с					ļ ļ				
ы В	1	d	All other revenue								

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Total. Add lines 11a-11d

Total revenue. See instructions

13,062.

2,306,203.

9 2022.06000 MAKE-A-WISH FOUNDATION OF A1951381

Ο.

0.

32,565.

Form 990 (2022)

Form 990 (2022) NEW YORK, INC.
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	60,000.	60,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,179,492.	1,179,492.		
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	122,664.	53,967.	27,196.	41,501.
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	409,102.	180,149.	90,547.	138,406.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,912.	3,922.	1,955.	3,035.
9	Other employee benefits	12,473.	5,323.	3,015.	4,135.
10	Payroll taxes	41,567.	18,289.	9,145.	14,133.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	38,336.		38,336.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,812.		3,812.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	2,661.	1,404.	498.	759.
12	Advertising and promotion	77.			77.
13	Office expenses	97,814.	44,637.	19,856.	33,321.
14	Information technology	10,188.	2,789.	5,244.	2,155.
15	Royalties				
16	Occupancy	22,439.	9,874.	4,936.	7,629.
17	Travel	13,462.	860.	9,581.	3,021.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,909.	157.	8,734.	19,018.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,159.	8,430.	4,215.	6,514.
23	Insurance				
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.)	166 010	116 767	22 252	26 600
a		166,810.	116,767.	23,353. 866.	26,690.
b	MEMBER DUES	5,268.	1,732.	000.	2,670.
с	MERCHANT FEES	2,618.			2,618.
d					
e	All other expenses	2 244 762	1 607 700	251 200	20E 600
25	Total functional expenses. Add lines 1 through 24e	2,244,763.	1,687,792.	251,289.	305,682.
	Joint costs. Complete this line only if the organization				
26	was a start in a shuman (D) is in the same function of a superior of				
20	reported in column (B) joint costs from a combined			I	
20	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

13450711 131839 A195138

MAKE-A-WISH FOUNDATION OF CENTRAL

1 2 3	2022) NEW YORK, INC. Balance Sheet Check if Schedule O contains a response or note	e to any line i	n this Part X			72086 Page 11
2	Check if Schedule O contains a response or not	e to any line i	n this Part X			
2						
2				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	Cash - non-interest-bearing			225,838.	1	77,352
3	Savings and temporary cash investments			597,248.	2	543,680
	Pledges and grants receivable, net	55,263.	3	286,816		
4	Accounts receivable, net				4	539
	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6		•				
•	•				6	
7						
-						206
-	Duran side some some som at star forma at star some so			67,583.		28,289
				,		,
		10a	720,325.			
h				428,164.	10c	421,645
	• • • • • • • • • • • • • • • • • • • •		,			, 239, 385
				,		,
		191 891.		242,184		
			,		1,840,096	
		, ,		136,800		
				55 813.		11,037
				,		
			and the D			
					21	
22			· ·			
					22	
<b>0</b> 2		•				
					27	
25						
				12 876	25	64,855
26			F			212,692
20					20	,
97	• • • •			1 197 056.	27	1,270,844
						356,560
20				,	20	
		JO, CHECK HE				
20					20	
				1 5/6 188		1 627 404
						1,627,404 1,840,096
	7 8 9 10a	<ul> <li>6 Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described</li> <li>7 Notes and loans receivable, net</li> <li>8 Inventories for sale or use</li> <li>9 Prepaid expenses and deferred charges</li> <li>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</li> <li>b Less: accumulated depreciation</li> <li>11 Investments - publicly traded securities</li> <li>12 Investments - other securities. See Part IV, line 1</li> <li>13 Investments - program-related. See Part IV, line 1</li> <li>14 Intangible assets</li> <li>15 Other assets. See Part IV, line 11</li> <li>16 Total assets. Add lines 1 through 15 (must equality assets)</li> <li>19 Deferred revenue</li> <li>20 Tax-exempt bond liabilities</li> <li>21 Escrow or custodial account liability. Complete F</li> <li>22 Loans and other payables to any current or form trustee, key employee, creator or founder, subst controlled entity or family member of any of thes</li> <li>23 Secured mortgages and notes payable to unrelated.</li> <li>24 Unsecured notes and loans payable to unrelated.</li> <li>25 Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines of Schedule D</li> <li>26 Total liabilities. Add lines 17 through 25.</li> <li>27 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.</li> <li>28 Net assets with donor restrictions</li> <li>29 Net assets with donor restrictions</li> <li>20 Capital stock or trust principal, or current funds</li> <li>21 Paid-in or capital surplus, or land, building, or equal assets or fund balances</li> </ul>	<ul> <li>6 Loans and other receivables from other disqualified persons ( under section 4958(f)(1)), and persons described in section 495</li> <li>7 Notes and loans receivable, net</li> <li>8 Inventories for sale or use</li> <li>9 Prepaid expenses and deferred charges</li> <li>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</li> <li>10a</li> <li>10b</li> <li>11 Investments - publicly traded securities</li> <li>12 Investments - other securities. See Part IV, line 11</li> <li>13 Investments - program-related. See Part IV, line 11</li> <li>14 Intangible assets</li> <li>15 Other assets. See Part IV, line 11</li> <li>16 Total assets. Add lines 1 through 15 (must equal line 33)</li> <li>17 Accounts payable and accrued expenses</li> <li>18 Grants payable</li> <li>19 Deferred revenue</li> <li>20 Tax-exempt bond liabilities</li> <li>21 Escrow or custodial account liability. Complete Part IV of Sch</li> <li>22 Loans and other payables to any current or former officer, dir trustee, key employee, creator or founder, substantial contrib controlled entity or family member of any of these persons</li> <li>23 Secured mortgages and notes payable to unrelated third parties</li> <li>25 Other liabilities (including federal income tax, payables to rela parties, and other liabilities not included on lines 17:24). Com of Schedule D</li> <li>26 Total liabilities. Add lines 17 through 25</li> <li>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</li> <li>27 Net assets with donor restrictions</li> <li>28 Net assets with donor restrictions</li> <li>29 Net assets with donor restrictions</li> <li>20 Capital stock or trust principal, or current funds</li> <li>30 Paid-in or capital surplus, or land, building, or equipment funds</li> <li>30 Paid-in or capital surplus, or land, building, or equipment funds</li> <li>30 Paid-in or capital surplus, or land, building, or equipment funds</li> <li>31 Paid-in or capital surplus, or land, building, or eduipment funds</li> &lt;</ul>	<ul> <li>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</li> <li>7 Notes and loans receivable, net</li> <li>8 Inventories for sale or use</li> <li>9 Prepaid expenses and deferred charges</li> <li>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</li> <li>10a 720,325.</li> <li>b Less: accumulated depreciation</li> <li>10b 298,680.</li> <li>11 Investments - publicly traded securities</li> <li>11 Investments - other securities. See Part IV, line 11</li> <li>11 Investments - program-related. See Part IV, line 11</li> <li>11 Investments - program-related. See Part IV, line 11</li> <li>11 Investments - program-related. See Part IV, line 11</li> <li>11 Investments - program-related. See Part IV, line 11</li> <li>11 Investments - program-related. See Part IV, line 11</li> <li>11 Investments - program-related. See Part IV, line 11</li> <li>11 Investments - program-related. See Part IV of Schedule D</li> <li>21 Other assets. Add lines 1 through 15 (must equal line 33)</li> <li>17 Accounts payable and accrued expenses</li> <li>18 Grants payable</li> <li>19 Deferred revenue</li> <li>21 Escrow or custodial account liability. Complete Part IV of Schedule D</li> <li>22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons</li> <li>23 Secured mortgages and notes payable to unrelated third parties</li> <li>24 Unsecured notes and loans payable to unrelated third parties</li> <li>25 Other liabilities. Add lines 17 through 25</li> <li>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</li> <li>29 Capital stock or trust principal, or current funds</li> <li>29 Capital stock or trust principal, or current funds</li> <li>29 Capital stock or trust principal, or current funds</li> <li>29 Capital stock or trust princ</li></ul>	6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       120, 3225.         b       Less: accumulated depreciation         11       Investments - publicly traded securities         12       Investments - other securities. See Part IV, line 11         13       Investments - other securities. See Part IV, line 11         14       Intragible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 33)         17       Accound accrued expenses         18       Grants payable and accrued expenses         19       Deferred revenue         21       Escrow or custodia account liability. Complete Part IV of Schedule D         22       Loans and other 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         23       Secured mortagaes and notes payable to unrelated third parties         24       Unsecured notes and loans payable to unrelated third parties         25	6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       7         9       Prepaid expenses and deferred charges       67, 583.       9         10a       Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a       720, 325.         b       Less: accumulated depreciation       10a       720, 325.       10b       298, 680.       428, 164.       10c         11       Investments - other securities. See Part IV, line 11       133, 266.       112       112       113       114       116       12       12       126       126       126       126       126       126       126       126       126       126       126       126       126       126

Form 990 (2022)

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	MAKE-A-WISH FOUNDATION OF CENTRAL				
	990 (2022) NEW YORK, INC.	22-25720	86	Pa	<sub>ge</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,306,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,244,	
3	Revenue less expenses. Subtract line 2 from line 1	3			440.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,546,	
5	Net unrealized gains (losses) on investments	5			304.
6	Donated services and use of facilities	6			417.
7	Investment expenses	7			
8	Prior period adjustments	8		1.0	000
9	Other changes in net assets or fund balances (explain on Schedule O)	9		10,	889.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1	607	404
Dar	column (B)) t XII Financial Statements and Reporting	10	1	,627,	404.
T ai					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	
1					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (		0-		x
za			2a		
	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				
h			2b	х	
U	Were the organization's financial statements audited by an independent accountant?		20		
	consolidated basis, or both:	Jasis,			
	X       Separate basis       Consolidated basis       Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher		20		
39	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
04	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 required				
5	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
					L

Form **990** (2022)

SCHEDULE A (Form 990)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	c	At	tach to Form 990 or Fo Form990 for instruction	rm 990-E	Ζ.	ormation.		Open to Public Inspection	
Name of the organizati	ON MAKE-A NEW YO	-WISH FOUNDATIO	N OF CENTRAL				Employer identification number 22-2572086		
			All organizations must c			ee instructior	IS.		
1    A church, co      2    A school des      3    A hospital or      4    A medical res	<ul> <li>2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> </ul>								
			lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in	
		omplete Part II.)			70/1-\/4\/A\	()			
	-	-	nental unit described in section the section of the section of its support from the section of t				ne general r	public described in	
0		omplete Part II.)		onn a gove			ie general p		
		-	1)(A)(vi). (Complete Part	: II.)					
9 🗌 An agricultur	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college	
or university	or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
university:				a					
-		•	than 33 1/3% of its supp t to certain exceptions; a				-	-	
			(less section 511 tax) fro						
	509(a)(2). (Con				looo aoqui		Janization a		
			vely to test for public saf	ety. See	section 50	09(a)(4).			
12 An organizat	ion organized a	nd operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
more publicly	/ supported org	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 c	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
a 🗌 Typel.As	upporting orga	nization operated, si	upervised, or controlled l	by its supp	oorted org	anization(s), t	pically by	giving	
the suppor	ted organizatio	n(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
organizatio	n. You must c	omplete Part IV, Se	ctions A and B.						
		-	or controlled in connect			-		-	
	-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
	. ,	t complete Part IV,							
			g organization operated i				ly integrate	a with,	
	•	.,.,,	You must complete F orting organization operation			•	tod organiz	ration(c)	
	-	•	ation generally must sati				0	()	
			nplete Part IV, Sections				i un attoriti		
			vritten determination from				II, Type III		
			nally integrated supportir						
f Enter the number	of supported o	rganizations							
g Provide the follow				(iv) Is the orac	anization listed				
(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)	
			above (see instructions))	Yes	No				
				1					
Total						I		I	

	M	AKE-A-WISH FOU	NDATION OF CEN	TRAL			
Sch		EW YORK, INC.				22-25720	i ago z
	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I or	if the organization	failed to qualify u	nder Part III. If the o	organization
	fails to qualify under the tests	s listed below, pleas	se complete Part II	.)			
Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(u) 2010	(6) 2010	(0) 2020	(4) 2021		
•	membership fees received. (Do not						
	include any "unusual grants.")	1,484,513.	1,287,786.	1,308,732.	1,800,778.	2,273,638.	8,155,447.
0	Tax revenues levied for the organ-		_,,,,,,,,,		_,		•,200,227
2	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	1 404 512	1 000 000	1 200 520	1 000 550	0.052.020	0 155 448
4	Total. Add lines 1 through 3	1,484,513.	1,287,786.	1,308,732.	1,800,778.	2,273,638.	8,155,447.
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)						162,363.
	Public support. Subtract line 5 from line 4.						7,993,084.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,484,513.	1,287,786.	1,308,732.	1,800,778.	2,273,638.	8,155,447.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,356.	5,655.	7,096.	10,792.	23,723.	53,622.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•	114,355.	95,203.	96,805.	95,751.	89,064.	491,178.
44	assets (Explain in Part VI.)	111,000.	55,205,	50,005.	55,751.		8,700,247.
11	Total support. Add lines 7 through 10					40	700.
12	Gross receipts from related activities,						700.
13	First 5 years. If the Form 990 is for th						
80	organization, check this box and stop						
	ction C. Computation of Publi						01 07
14	Public support percentage for 2022 (I					14	91.87 %
15	Public support percentage from 2021					15	90.08 %
<b>16</b> a	a 33 1/3% support test - 2022. If the o	-		line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2021.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	a 10% -facts-and-circumstances test	t - 2022. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the fact	s-and-circumstance	es test, check this l	box and stop here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a put	licly supported or	ganization		
k	o 10% -facts-and-circumstances test	t - 2021. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	he facts-and-circum	nstances test, chec	k this box and <b>sto</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	lifies as a publicly s	supported organiz	ation	
18	Private foundation. If the organization						
							Form 990) 2022

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fails to

Schedule A (Form 990) 2022	NEW YORK, INC.	22-2572086			
Part III Support Schedule for Organizations Described in Section 509(a)(2)					
(Complete only if you che	cked the box on line 10 of Part I or if t	the organization failed to qualify under Part II. If the organization			

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513					_	
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf				-		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6			(0) =0=0	(4) = 0 = 1		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
	check this box and stop here	<u></u>					
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					16	%
See	ction D. Computation of Inves						
17	Investment income percentage for 20			ine 13, column (f))			%
18	Investment income percentage from					18	%
<b>19</b> a	a 33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che						
_	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in		
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<sup>2022.06000</sup> MAKE-A-WISH FOUNDATION OF A1951381

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

MAKE-A-WISH FOUNDATION OF CENTRAL

NEW YORK, INC.	22-2572086	Pa	age 5
Organizations (continued)			
		Yes	No
ccepted a gift or contribution from any of the following persons?			
or indirectly controls, either alone or together with persons described on lines 11b and			
ng body of a supported organization?	11a		
erson described on line 11a above?	11b		
of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	11c		
porting Organizations			
		Yes	No
zations have the power to regularly appoint or elect at least a majority of the organization's off all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) pervised, or controlled the organization's activities. If the organization had more than one support	icers,		
	Organizations ( <i>continued</i> ) ccepted a gift or contribution from any of the following persons? or indirectly controls, either alone or together with persons described on lines 11b and ing body of a supported organization? berson described on line 11a above? y of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide <b>porting Organizations</b> y, members of the governing body, officers acting in their official capacity, or membership of or izations have the power to regularly appoint or elect at least a majority of the organization's off t all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> how the supported organization(s) upervised, or controlled the organization's activities. <i>If</i> the organization had more than one supp	Organizations (continued)         ccepted a gift or contribution from any of the following persons?         or indirectly controls, either alone or together with persons described on lines 11b and         ing body of a supported organization?         berson described on line 11a above?         y of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide         11c         porting Organizations         y, members of the governing body, officers acting in their official capacity, or membership of one or izations have the power to regularly appoint or elect at least a majority of the organization's officers,	Organizations (continued)       Yes         ccepted a gift or contribution from any of the following persons?       11a         or indirectly controls, either alone or together with persons described on lines 11b and       11a         ing body of a supported organization?       11b         berson described on line 11a above?       11b         y of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide       11c         porting Organizations       Yes         y, members of the governing body, officers acting in their official capacity, or membership of one or izations have the power to regularly appoint or elect at least a majority of the organization's officers, t all times during the tax year? If "No," describe in Part VI how the supported organization(s)       Yes         upervised, or controlled the organization's activities. If the organization had more than one supported       Image: Control or item in the image: Control or

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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	. I	

Section D	All Type	III Supporting	Organizations			

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(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).
---	--	---	-------------------------	-----------------	---------------------	---------------------

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

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

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

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

1

2

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Schedule A (Form 990) 2022

MAKE-A-WISH FOUNDATION OF CENTRAL

NEW YORK, INC.

22-2572086 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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			
	· · · · ·			

instructions).

Schedule A (Form 990) 2022

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	MAKE-A-WISH FOUNDAT	ION OF CENTRAL		
Sche	dule A (Form 990) 2022 NEW YORK, INC.			22-2572086 Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s <b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
<u>i</u>	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

	MAKE-A-WISH	FOUNDATION	OF	CENTRAL
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MAKE-A-WISH FOUNDATION OF CENTRAL
Schedule A (Form 990) 2022 NEW YORK, INC. 22-2572086 Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
GROSS FUNDRAISING REVENUE
2018 AMOUNT: \$ 114,355.
2019 AMOUNT: \$ 95,203.
2020 AMOUNT: \$ 96,805.
2021 AMOUNT: \$ 95,576.
2022 AMOUNT: \$ 76,002.
OTHER INCOME
2018 AMOUNT: \$ 0.
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 0.
2021 AMOUNT: \$ 175.
2022 AMOUNT: \$ 13,062.

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

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

numb
or
(

#### Special Rules

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

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

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

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

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

Schedule I	B (Form 990) (2022)		Page <b>2</b>
	rganization		Employer identification number
	IISH FOUNDATION OF CENTRAL		22-2572086
NEW YORK	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	22-2372080
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	
1		\$448	,239. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
2		\$241	, 503. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
3		\$207	,469. X Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
4	Name, augress, ang ZiP + 4		,100. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
5			,458. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
6		\$56	, 397. Person X Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

22 2022.06000 MAKE-A-WISH FOUNDATION OF A1951381

13450711 131839 A195138

	B (Form 990) (2022)		Page 2	
	rganization	Emp	loyer identification number	
MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK, INC.			22-2572086	
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I i			
Faili				
(a)	(b)		(d) Turce of contribution	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7		\$50,370.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2022)

223452 11-15-22

Schedule B (Form 990) (2022)

	rganization		Employ	er identification number
	VISH FOUNDATION OF CENTRAL			0550000
NEW YORK	, INC.		22	-2572086
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	ł.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	_		
2		- - - \$\$241,	503.	08/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - \$		

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Schedule B (Form 990) (2022)

### 13450711 131839 A195138

2022.06000 MAKE-A-WISH FOUNDATION OF A1951381

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Schedule	B (Form 990) (2022)		Page
	organization		Employer identification number
	WISH FOUNDATION OF CENTRAL		22.0550000
NEW YORF Part III	Exclusively religious, charitable, etc., contribut	) through (e) and the following line en charitable, etc., contributions of \$1,000 or	22-2572086 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	jift
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gi	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from			
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, and 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
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
223454 11-18	5-22		Schedule B (Form 990) (2022

	HEDULE D	Complete if the orga	al Financial St nization answered "Yes	" on Form 990,		OMB No. 1545-0047	
Depart	ment of the Treasury I Revenue Service	Part IV, line 6, 7, 8, 9, 10 A Go to www.irs.gov/Form99	ttach to Form 990.			Open to Public Inspection	
Nam	e of the organization	MAKE-A-WISH FOUNDATION OF C				identification number	
D		NEW YORK, INC.		·	1	22-2572086	
Par		ons Maintaining Donor Advise		imilar Funds or Ac	counts.	Complete if the	
	organization a	nswered "Yes" on Form 990, Part IV, lin		al fi un al n			
_			(a) Donor advise	a tunas (	<b>b)</b> Funds and	d other accounts	
1		of year					
2		ontributions to (during year)					
3							
4		nd of year					
5	-	nform all donors and donor advisors in v	-				
•		s property, subject to the organization's				Yes No	
6	•	nform all grantees, donors, and donor a	<b>v v</b>		2		
		es and not for the benefit of the donor of		• • •	•		
Par	impermissible private	benefit? on Easements. Complete if the org				Yes No	
				5 011 F0111 990, Fait IV,			
1		vation easements held by the organization I land for public use (for example, recrea		Droconvetion of a histo	rically impor	tant land area	
	Protection of na			Preservation of a histo Preservation of a certi			
	Preservation of				neu historic :	structure	
2		rough 2d if the organization held a qualif	ied conservation contribu	ition in the form of a co	nservation ea	esement on the last	
2	day of the tax year.	ough zu in the organization heid a quain				at the End of the Tax Year	
-	Total number of cons	envation essements			2a		
a b					2a 2b		
b C	-	ion easements on a certified historic stru	icture included in (a)		20 2c		
		ion easements included in (c) acquired a			20		
u					2d		
3		ion easements modified, transferred, rele	ased extinguished or t			the tax	
Ŭ	year			cirinated by the organi	zation during		
4		 ere property subject to conservation eas	ement is located				
5		have a written policy regarding the per		ion, handling of			
		ement of the conservation easements it				Yes No	
6	Staff and volunteer ho	ours devoted to monitoring, inspecting,				during the year	
7	Amount of expenses	<ul> <li>incurred in monitoring, inspecting, hand</li> </ul>	ling of violations, and en	forcing conservation eas	sements duri	ng the year	
		_					
8	Does each conservati	ion easement reported on line 2(d) abov	e satisfy the requirement	s of section 170(h)(4)(B)	(i)		
	and section 170(h)(4)(	(B)(ii)?				Yes No	
9	In Part XIII, describe h	now the organization reports conservation	on easements in its rever	ue and expense statem	ent and		
	balance sheet, and in	clude, if applicable, the text of the footn	ote to the organization's	financial statements that	at describes t	he	
		nting for conservation easements.					
Par		ons Maintaining Collections of	-	asures, or Other S	imilar Ass	ets.	
	Complete if the	e organization answered "Yes" on Form	990, Part IV, line 8.				
1a	-	ected, as permitted under FASB ASC 95				orks	
		ures, or other similar assets held for pub			ice of public		
		rt XIII the text of the footnote to its finar					
b		ected, as permitted under FASB ASC 95					
		es, or other similar assets held for public	exhibition, education, or	research in furtherance	of public se	vice,	
	provide the following amounts relating to these items:						
		d on Form 990, Part VIII, line 1					
_	(ii) Assets included in Form 990, Part X						
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide							
the following amounts required to be reported under FASB ASC 958 relating to these items:							
		Form 990, Part VIII, line 1					
		orm 990, Part X					
	-	uction Act Notice, see the Instructions	itor Form 990.		Schee	dule D (Form 990) 2022	
232051	09-01-22		26				
			26				

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usign I	Envelope ID: CA0B4CD5-3E7F-4408-9D5A-6C	35AF474494								
	MAKE-A-WISH	FOUNDATION OF	CENTR	AL						
Schedule D (Form 990) 2022 NEW YORK, INC. 22-2572086									age <b>2</b>	
Pa	rt III Organizations Maintaining Co	ollections of Art	t, Hist	orical Tre	easures, or	r Other S	Similar Asse	ets <sub>(contir</sub>	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, checl	k any of the t	following that	make sigr	nificant use of i	ts		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ım				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	ne organizatio	n's exemp	t purpose in Pa	art XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	istorical treas	sures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma		<u>u</u>					Yes		No
Pa	rt IV Escrow and Custodial Arrang		ete if th	e organizatio	n answered "	Yes" on F	orm 990, Part I	V, line 9, or		
	reported an amount on Form 990, Part	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for	contribution	s or other ass	ets not ind	luded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing <sup>.</sup>	table:						
								Amoun	t	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cu	ustodial accou	unt liability	?	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds. Complete if									
	_	(a) Current year	(b)	Prior year	(c) Two year	rs back (c	I) Three years ba	ck (e) Four	years	back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		6								
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	sion of the organiza	tion tha	at are held ar	nd administer	ed for the		r		
	organization by:								Yes	No
	(i) Unrelated organizations									
	(ii) Related organizations							<b>3a(ii)</b>		
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the		wment	funds.						
Fai	rt VI Land, Buildings, and Equipme				хаа Гашиа 000	Davit V. Ku	- 10			
	Complete if the organization answered									
	Description of property	(a) Cost or o		• • •	or other	• •	umulated	<b>(d)</b> Boo	k value	e
		basis (investr	ierit)	Basis	(other)	depr	eciation		252	
	Land				250,000.		010 500		250,0	
	Buildings				219,772.		212,706.		7,0	066.
	Leasehold improvements				050 550		05 054		1.6.	
d	Equipment				250,553.		85,974.		164,5	579.

Schedule D (Form 990) 2022

421,645.

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e Other

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

MARE-A-WISH FOUN	DATION OF CENTRAL	
Schedule D (Form 990) 2022 NEW YORK, INC.		22-2572086 Page <b>3</b>
Part VII Investments - Other Securities.		· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Schedule D (Form 990) 2022

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Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(6) (7) (8) (9)

(a) Description (b) Book value (1) DUE FROM NATIONAL 76,109. BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 166,075 (2) (3) (4) (5) (6) (7) (8) (9) 242,184. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO OTHER CHAPTERS	10,603.
(3)	DUE TO NATIONAL	54,252.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	64,855.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

	MAKE-A-WISH FOUNDATION OF CENTRAL				
Sche	dule D (Form 990) 2022 NEW YORK, INC.			22-2572086	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,488,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	9,304.		
b	Donated services and use of facilities	2b	161,201.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		10,889.		
е	Add lines 2a through 2d			2e	181,394.
3	Subtract line 2e from line 1			3	2,306,770.
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	3,812.		
b	Other (Describe in Part XIII.)	4b	-4,379.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-567.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	2,306,203.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	2,406,948.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	161,618.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		4,379.		
е	Add lines 2a through 2d			2e	165,997.
3	Subtract line 2e from line 1			3	2,240,951.
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	3,812.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	3,812.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	2,244,763.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2; F	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	tion.		

PART X, LINE 2:

THE	FOUNDATION	IS	А	NONPROFIT	ORGANIZATION	EXEMPT	FROM	FEDERAL	INCOME	AND	

NEW YORK STATE TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION

501(C)(3) AND EXEMPT FROM THE NEW YORK STATE CORPORATION FRANCHISE TAX

UNDER TAX LAW ARTICLE 9 A REGULATIONS, SECTION 1 3.4(B)(6), ARTICLE 7A AND

THE ESTATES, POWERS AND TRUSTS LAW (EPTL) SECTION 8 1.4 OF THE NEW YORK

STATE DEPARTMENT OF LAW CHARITIES BUREAU. 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

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Schedule D (Form 990) 2022

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AS A WHOLE.

MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK, INC. 22-2572086 Schedule D (Form 990) 2022 Page 5 Part XIII Supplemental Information (continued) 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 NEW YORK STATE. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN VALUE OF BENEFICIAL INTEREST HELD BY OTHERS 10,889. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE STATEMENT OF REVENUE -4,379. PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE STATEMENT OF REVENUE 4,379.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc	tions	and th	ne latest informatio	n.		Inspection
Name of the organization		H FOUNDATION OF CENTRAL						lentification number
	NEW YORK,						22-25720	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	<b>f</b> Solicitat <b>g</b> Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Y</b>	
(i) Name and address of individual or entity (fundraiser)		(II) ACTIVITY ha		Did aiser ustody trol of utions?	(iv) Gross receipts to from activity		Amount paid r retained by fundraiser red in col. <b>(i)</b>	
			Yes	No				
Total								
	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

Sch	edu	MAKE-A-WIS le G (Form 990) 2022 NEW YORK ,	H FOUNDATION OF CE INC.	NTRAL	22-	2572086 Page <b>2</b>
_	nrt I			d "Yes" on Form 990, Parl		
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MS. ORANGE	WISH HEROS	9	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue					. ,	
Revenue	1	Gross receipts	163,127.	59,860.	143,112.	366,099.
	2	Less: Contributions	105,615.	59,860.	124,622.	290,097.
	3	Gross income (line 1 minus line 2)	57,512.		18,490.	76,002.
	4	Cash prizes				
	1	Cash prizes				
(0	5	Noncash prizes			169.	169.
Expenses	6	Rent/facility costs	4,700.		1,143.	5,843.
ct Exp	7	Food and beverages			5,461.	5,461.
Direct		<u> </u>				
	8	Entertainment			7,280. 8,816.	46,477. 22,431.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		1 1		80,381.
	11	Net income summary. Subtract line 10 from I				-4,379.
Pa	irt I			n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ		<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	En	ter the state(s) in which the organization condu	ista gaming activition:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
					-	
		ere any of the organization's gaming licenses re				Yes No
		Yes," explain:				
	_					
2320	32 10	)-27-22			Sche	dule G (Form 990) 2022

		MAKE-A-WISH FOUNDATION OF CENTRAL				
	edule G (Form 990) 2022	NEW YORK, INC.	22-257	2086		Page 3
		ning activities with nonmembers?	L	Y	es	No No
12		ficiary or trustee of a trust, or a member of a partnership or other entity formed	Г			
12	Indicate the percentage of gaming?	activity conducted in:	L		es	└── No
			.	13a		%
				13b		%
		person who prepares the organization's gaming/special events books and records				
	Name					
	Address					
15a	Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?		Y	'es	No No
k	If "Yes," enter the amount of gamin of gaming revenue retained by the	ng revenue received by the organization \$ and the amount third party \$	unt			
c	If "Yes," enter name and address of					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee Independent contractor				
	Mandatory distributions:					
â		state law to make charitable distributions from the gaming proceeds to	Г			
	retain the state gaming license?		L	Y	es	└── No
K	organization's own exempt activitie	equired under state law to be distributed to other exempt organizations or spent in es during the tax year \$	ne			
Pa		nation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part II	I, line	s 9, 9	b, 10b,
		applicable. Also provide any additional information. See instructions.		-		
2320	33 10-27-22	33	schedule	G (Fo	orm	990) 2022

13450711 131839 A195138

Schedule G	G (Form 990)	NEW YORK, INC.	22-2572086	Page <b>4</b>
Part IV	G (Form 990) Supplemental Info	mation (continued)		
_				
			Schedule G (	Form 990)

232084 04-01-22

13450711 131839 A195138

SCHEDULE I (Form 990)			arants and Oth vernments, ar					OMB No. 1545-0047
			lete if the organizatio					2022
Department of the Treasury				Attach to Form	n 990.			Open to Public
Internal Revenue Service			Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organizat	tion MAKE-A-WISH F NEW YORK, INC		CENTRAL					Employer identification number 22-2572086
Part I General I	nformation on Grants a	nd Assistance						
criteria used to	zation maintain records t award the grants or assis t IV the organization's pro	stance?				-		
	nd Other Assistance to that received more than s	•				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and a	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1702 E HIGHLAND								
PHOENIX, AZ 8501	6	86-0481941	501(C)(3)	60,000.	0.			WISH FULFILLMENT FUND
	ber of section 501(c)(3) a	•		le line 1 table			1	<u> </u>
3 Enter total number	ber of other organization	s listed in the line <sup>.</sup>	1 table					

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Schedule I (Form 990) 2022	NEW YORK, INC.	22-2572086	Page <b>2</b>

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WISHES GRANTED	93	118,187.	1,061,305.	FMV	TRAVEL, M&E, AND SUPPLIES
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
PART I, LINE 2:					
FOR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A F	ILE IS ESTABLI	SHED IN			
ACCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURES					

INTERVIEWED BY THE WISH GRANTING STAFF TO UNDERSTAND THE CHILD'S WISH

REQUEST. A WISH BUDGET IS CREATED BY WISH STAFF AND APPROVED BY WISH

MANAGEMENT. WISH EXPENSES ARE GENERATED BY WISH FULFILLMENT STAFF AND

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

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

WISH FILE IS CLOSED.

Complete if the organizations answered "Vest" on Form 980, Part IV, lines 2b or 30.     Complete if the organizations answered "Vest" on Form 980, Part IV, lines 2b or 30.     Complete if the organizations answered "Vest" on Form 980, Part IV, lines 2b or 30.     Complete if the organization and the latest information.     Complete if the organization and the latest information.     Complete if the organization of the organization and the latest information.     Complete if the organization and the latest information.     Complete if the organization of the organization and the latest information.     Complete if the organization of the organization and the latest information.     Complete if the organization of				Nonc	ash Contri	butions		ļ	OMB No. 1	545-004	7
Intervent Server         Goto www.irs.gov/Form990 for instructions and the latest information.         Inspection           Name of the organization         MARE - AVERE FORDERTION OF CENERAL         Employer identification number 22-2572886           Part I         Types of Property         (a)         (b)         (c)           Image of the organization         MARE - AVERE FORDERTOR         (c)         (c)           Image of the organization         (c)         (c)         (c)         (c)           Image of the organization         (c)         (c)         (c)         (c)         (c)           Image of the organization         (c)         (c)         (c)         (c)         (c)         (c)           Image of the organization         (c)         (c)         (c)         (c)         (c)         (c)         (c)           Image of the organization         (c)	(Fo	rm 990)	Complete if the org	anizations	answered "Yes" o	n Form 990, Part	: IV, lines 29 c	or 30.	20	22	)
Name of the organization     MAKE A WIGH SQUAR (INSO OF CENTRAL INFORMATION OF CENTRAL I											c
NEW YORK, INC.     22-257286       Part I     Types of Property     (a)       (b)     (b)     (c)     (c)       (c)     (c)     (c)     (c)				•		is and the latest	information.				
Part I       Types of Property       (a)       (b)       Noncash contribution on the monith report of the monither which are monither areal are monither and monither areal are mo	Name	e of the organization		TION OF C	CENTRAL						nber
Check #     (b)     (c)     MintBer of applicable     Noncash contribution amounts reported on items contribution     (d)       1     Art - Works of art     (d)     MintBer of applicable     Noncash contribution amounts reported on items contributed     (d)       2     Art - Historical treasures     (d)     MintBer of amounts reported on items contributed     (d)       3     Art - Fractional interests     (d)     (d)       4     Books and publications     (d)       5     Cothing and household goods     (d)       6     Cars and other vehicles     (d)       7     Boots and publications     (d)       9     Securities - Closely held stock     (d)       11     Securities - Partnership, LC, or trust interests     (d)       12     Securities - Miscillaneous     (d)       13     Scurities - Miscillaneous     (d)       14     Qualified conservation contribution - Uter     (d)       15     Real estate - Residential     (d)       16     Real estate - Residential     (d)       17     Real estate - Residential     (d)       18     CollectUbes     (d)       19     Food Invertory     (d)       20     Urg and medical supplies     (d)       21     Taxidemry     (d) <td>Der</td> <td>t J Turaa of</td> <td>;</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>22-257208</td> <td>6</td> <td></td>	Der	t J Turaa of	;						22-257208	6	
Check if applicable contributions of larms contribution applicable of the second larms contribution larms contribution amounts regords per 980, Part VIII, line 1g moneshows Per 980, Part 10, line 1g moneshore 1g moneshows Per 980, line 1g moneshows	Fai	IT Types of	Рюрену	(2)	(b)	(c)			(d)		
2       Art - Historical treasures				Check if	Number of contributions or	Noncash contr amounts repo	rted on		of determin		5
3       At - Fractional interests	1	Art - Works of art									
4       Books and publications	2	Art - Historical treas	sures								
5       Clothing and household goods	3	Art - Fractional inte	rests								
6       Cars and other vehicles	4	Books and publicat	tions								
7       Boats and planes	5										
8       Intellectual property         9       Securities - Publicly traded         0       Securities - Publicly traded         10       Securities - Pothership, LLC, or trust interests         11       Securities - Miscellaneous         12       Securities - Nameship, LLC, or trust interests         13       Qualified conservation contribution - Other Historic structures         14       Qualified conservation contribution - Other         15       Real estate - Residential         16       Real estate - Commercial         17       Real estate - Commercial         18       Collectibles         20       Drugs and medical supplies         21       Taxidermy         22       Historical attrafacts         23       Collectibles         24       Archeological attrafacts         25       Other {         26       Other {         27       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       20         30       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the en	6										
9       Securities - Publicly traded	7										
10       Securities - Closely held stock	8										
11       Securities - Partnership, LLC, or trust interests	9	Securities - Publicly	/ traded								
trust interests	10	Securities - Closely	held stock								
12       Securities - Miscellaneous	11	Securities - Partner	ship, LLC, or								
13       Qualified conservation contribution - Historic structures											
Historic structures       Image: constructure in the structure in th	12	Securities - Miscella	aneous								
14       Qualified conservation contribution · Other	13	Qualified conservat	tion contribution -								
15       Real estate - Residential											
16       Real estate - Commercial	14										
17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other   26 Other   27 Other   28 Other   29 0   30a   29 0   30a   20 press 283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 0   30a   29 0   30a   20 press 283 received by the organization any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   20 b If "Yes," describe the arrangement in Part II.   31 X   32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?   31 X   32a X   34 If "Yes," describe in Part II.   35 If the organization didn't report an amou	15										
18       Collectibles       Image: Collectibles         19       Food inventory       Image: Collectibles         20       Drugs and medical supplies       Image: Collectibles         21       Taxidermy       Image: Collectibles       Image: Collectibles         21       Taxidermy       Image: Collectibles       Image: Collectibles         21       Taxidermy       Image: Collectibles       Image: Collectibles         22       Historical artifacts       Image: Collectibles       Image: Collectibles         23       Scientific specimens       Image: Collectibles       Image: Collectibles         24       Archeological artifacts       Image: Collectibles       Image: Collectibles         25       Other       Image: Collectibles       Image: Collectibles         26       Other       Image: Collectibles       Image: Collectibles         27       Other       Image: Collectibles       Image: Collectibles       Image: Collectibles         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29       0         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initi	16										
19       Food inventory	17										
20       Drugs and medical supplies											
21       Taxidermy											
22       Historical artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other (WISH RELATED))         26       Other ())         27       Other ())         28       Other ())         29       0         20       0         21       Other ())         23       Other ())         24       Archeological artifacts         25       Other ())         26       Other ())         27       Other ())         28       Other ())         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard c											
23       Scientific specimens											
24       Archeological artifacts       X       249       342,461. FMV         25       Other       (       MISH_RELATED       )       X       249       342,461. FMV         26       Other       (       )											
25       Other       (WISH RELATED)       X       249       342,461. FMV         26       Other       )	23										
26       Other					240		242 461 534	17			
27       Other       Other       Image: Second se		· · · · · · · · · · · · · · · · · · ·	( )		249		542,401.FM	V			
28       Other       (       )			)								
<ul> <li>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</li> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>			)								
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Ves Net Ves Net Ves Net Ves Net Ves			)	l Totion during	the tax year for a	atributiona					
30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4       4	29		, ,				20			0	
<ul> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a I X</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>		for which the organ	inzation completed form ozo	00, i alt v, L			23			Vac	No
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X         b       If "Yes," describe in Part II.       32a       4	30a	During the year dir	the organization receive by	v contributio	n any property rep	orted in Part I line	es 1 through 2	98 that it		103	
exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       Image: Contribution in the entire holding period?       Image: Contribution in the entire holding period perio	000			-	•••••		-	io, that it			
b       If "Yes," describe the arrangement in Part II.         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?         32a       If "Yes," describe in Part II.         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.									30a		х
31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Contribution of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Contribution of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Contribution of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	b		•								
32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			v	policy that re	equires the review o	of any nonstandar	d contribution	is?	31	х	
contributions?       32a       X         b       If "Yes," describe in Part II.       33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4       4											
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		•			•				32a		Х
describe in Part II.	b	If "Yes," describe in	n Part II.								
	33	If the organization of	didn't report an amount in c	olumn (c) fo	r a type of property	for which column	n (a) is checke	d,			
		describe in Part II.									
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 202	LHA	For Paperwork	Reduction Act Notice, see	the Instruc	tions for Form 990	).		Sched	lule M (Forn	n 990)	2022

232141 09-09-22

MAKE-A-WISH FOUNDATION OF CENTRAL	
Schedule M (Form 990) 2022 NEW YORK, INC.	22-2572086 Page <b>2</b>
<b>Part II</b> Supplemental Information. Provide the information require is reporting in Part I, column (b), the number of contributions, the number of any additional information.	d by Part I, lines 30b, 32b, and 33, and whether the organization
SCHEDULE M, PART I, COLUMN (B):	
COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.	
232142 09-09-22	Schedule M (Form 990) 2022

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		2022 Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information. MAKE-A-WISH FOUNDATION OF CENTRAL	Employe	
Name of the organization	NEW YORK, INC.	1	r identification number 572086
FORM 990, PART III	, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:		
IT IS THE FOUNDING	PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY		
ELIGIBLE CHILD, BE	TWEEN THE AGES OF 2 1/2 AND 18. FOR WISH KIDS, JUST		
THE ACT OF MAKING	THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO		
COMPLY WITH THEIR	MEDICAL TREATMENTS. WITH OUR WISH-MAKING PROCESS, WE		
STRIVE TO BRING A	SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY		
DIFFICULT TIMES AN	D DELIVER A JOYFUL, LIFE-CHANGING EXPERIENCE, WHETHER		
THE WISH IS A PRIN	CESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS		
OTHER POSSIBILITIE	S DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE		
MAKE-A-WISH FOUNDA	TION OF CENTRAL NEW YORK GRANTED 93 LIFE-CHANGING		
WISHES IN THE FISC	AL YEAR ENDING AUGUST 31, 2023. THE TOTAL COST OF		
WISHES GRANTED FOR	THE FISCAL YEAR WAS \$1,849,205. OF THIS AMOUNT,		
\$161,618 WAS CONTR	IBUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND		
	AS TRAVEL AND TRAVEL SERVICES, TRANSPORTATION,		
	SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S		
	L STATEMENT PURPOSES, THESE AMOUNTS ARE INCLUDED AS		
	UE AND GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER,		
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE EXECUTIVE COMM	ITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD, THE VICE		
CHAIR OR CHAIR ELE	CT, THE SECRETARY, THE TREASURER, THE PRESIDENT & CEO (AS		
A NON-VOTING MEMBE	R) AND THE IMMEDIATE PAST CHAIR WHEN APPLICABLE. THE		
CHAIR OF THE BOARD	SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE.		
	SCHEDULED MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE	Sabo	odula () (Form 000) 200
232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	edule O (Form 990) 202
	30		

Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK, INC.	Employer identification numbe 22-2572086
SHALL EXERCISE THE POWERS OF THE BOARD TO THE FULL EXTENT PERMITTED BY THE	
LAWS OF THE STATE OF NEW YORK, AND EXCEPT AS LIMITED BY RESOLUTION OF THE	
BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION WORKS WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO	
PREPARE THE RETURN. THE DRAFT RETURN PREPARED BY THE ACCOUNTING FIRM WILL	
BE REVIEWED BY THE FOUNDATION'S PRESIDENT & CEO AND CO-TREASURERS. THE	
FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW.	
SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FINAL FORM	
990 WILL BE PROVIDED TO ALL VOTING MEMBERS OF THE GOVERNING BOARD PRIOR TO	
FILING WITH THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE DIRECTOR OF VOLUNTEER SERVICES IF THEY ARE FROM VOLUNTEERS,	
AND THE PRESIDENT & CEO IF THEY ARE FROM STAFF AND BOARD MEMBERS. REVIEW OF	
THE STATEMENTS IS MONITORED BY THE PRESIDENT & CEO. THE PROCEDURES FOR	
ADDRESSING ANY CONFLICTS OF INTEREST OF WHICH THE PRESIDENT & CEO BECOMES	
AWARE INCLUDES BUT ARE NOT LIMITED TO THE FOLLOWING (1) DETERMINING THE	
NATURE OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE	
INTERESTED PERSON, (2) FULLY DISCLOSING CONFLICTING INTERESTS TO THE BOARD,	
DECISIONS REGARDING THE TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS	

Schedule O (Form 990) 20 Name of the organization	MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK, INC.	Page Employer identification number 22-2572086
	NEW FORK, INC.	22-2572000
WARRANTED BY THE CON	NFLICT AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING	
TERMINATION OF SERVI	ICE.	
FORM 990, PART VI, S	SECTION B, LINE 15A:	
THE PRESIDENT & CEO'	S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE	
OF THE BOARD AS WELI	AS THE HR COMMITTEE OF THE BOARD, CONSISTING OF	
INDEPENDENT PERSONS,	. IT WAS REVIEWED AGAINST NATIONAL BENCHMARKING SALARY	
STUDIES, SURVEYS DON	NE EVERY FEW YEARS BY THE MAKE-A-WISH FOUNDATION OF	
AMERICA, AND BY LOCA	AL SALARY SURVEYS CONDUCTED BY STATE ORGANIZATIONS AND	
BY NATIONAL BENCHMAN	RKING ORGANIZATIONS. THE COMMITTEE'S DISCUSSION AND	
DECISIONS WERE CONTE	EMPORANEOUSLY DOCUMENTED. DOCUMENTATION INCLUDES THE	
TERMS OF THE TRANSAC	CTION AND THE DATE IT WAS APPROVED, THE MEMBERS PRESENT	
DURING DELIBERATIONS	S AND THOSE WHO VOTED ON IT, AND THE COMPARABILITY DATA	
RELIED UPON AND HOW	IT WAS OBTAINED. THIS PROCESS WAS LAST PERFORMED DURING	
FISCAL 2023.		
FORM 990, PART VI, S	SECTION C, LINE 19:	
THE ORGANIZATION MAR	KES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	
AND FINANCIAL STATEM	MENTS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, I	LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF E	BENEFICIAL INTEREST HELD BY OTHERS 10,889.	

232212 10-28-22