Form **990**

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Dep Inte	partmen rnal Re	t of the venue S	Treasury Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Α	For t	he 20	22 calend	ar year, or tax year beginning SEP 1, 2022 and ending AUG 31, 2023		
В	Check applica	able:		forganization D Employer ide	ntifica	tion number
	cha	lress nge	ANGELE	S		
	Nar Cha	nge	Doing b	usiness as 95-41070)24	
	Initi retu	al Irn		and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone num	nber	
	Fina	rn/	11390	W. OLYMPIC BLVD. 300 310-788-9	474	
_	tern ateo	d l		own, state or province, country, and ZIP or foreign postal code G Gross receipts \$		5,366,930.
L	retu			IGELES, CA 90064 H(a) Is this a group	Jp reti	
	tion	olica- ding		nd address of principal officer: KAREN DAVIS for subordin		
				C ABOVE H(b) Are all subordina		
						st. See instructions
_	Web			SH.ORG/LA H(c) Group exem		
				x Corporation Trust Association Other L Year of formation: 1983	<u> M :</u>	State of legal domicile: CA
P	art I		ummary			
9	ן <mark>1</mark>			e the organization's mission or most significant activities: TOGETHER, WE CREATE		
				ING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.		
5	2		eck this bo		1 1	ts. 17
į				ting members of the governing body (Part VI, line 1a)	3	17
	8 4			lependent voting members of the governing body (Part VI, line 1b)	4	30
A other distance of	5			of individuals employed in calendar year 2022 (Part V, line 2a)	6	300
1.14				of volunteers (estimate if necessary)	0 7a	0.
<	₹ ′			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11	7a 7b	0.
		DINE	unrelateu	Prior Year		Current Year
	8	Co	ntributions	and grants (Part VIII, line 1h) 4,858,6	77.	4,495,085.
-				ce revenue (Part VIII, line 2g) 59 , 2		97,050.
ġ	9			come (Part VIII, column (A), lines 3, 4, and 7d) 12, 8		33,907.
ò	11			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71.	19,145.
	12			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91.	4,645,187.
	13			nilar amounts paid (Part IX, column (A), lines 1-3) 1,349,8	43.	2,712,714.
	14			to or for members (Part IX, column (A), line 4)	0.	0.
	, 15			r compensation, employee benefits (Part IX, column (A), lines 5-10) 2,016,0	32.	1,995,156.
	15 16 16	a Pro	fessional f	undraising fees (Part IX, column (A), line 11e)	0.	11,025.
0				ing expenses (Part IX, column (D), line 25) 957, 752.		
Ú	[]] 17	Oth	ner expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)989 , 9		1,316,898.
	18	Tot	al expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25) 4, 355, 8		6,035,793.
	19	Re۱	venue less	expenses. Subtract line 18 from line 12 535, 5		-1,390,606.
Net Assets or	Ces			Beginning of Current Y		End of Year
sets	ਸ਼ੂ 20	Tot	al assets (l	Part X, line 16) 3,999,9		3,589,177.
it As	ଳ୍ପ 21			(Part X, line 26) 936, 3		1,912,139.
Ž	<u>] 22</u>			fund balances. Subtract line 21 from line 20	51.	1,677,038.
	art I		Signature			
				I declare that I have examined this return, including accompanying schedules and statements, and to the best of	of my k	nowledge and belief, it is
tru	e, corr	—É		Béclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	/202	4
			Koren d		., 202	
Si			pnature of or COF0922CD			
He	ere	KAI	KEN DAVI	S, INTERIM PRESIDENT & CEO		

	Type or print na	me and title											
	Print/Type prepa	arer's name	Preparer's signature	Preparer's signature Date									
Paid	MELISSA HAN	GSLEBEN	MELISSA HANGSLEBEN	07/09/24	self-employed	P02087031							
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN 41	-0746749							
Use Only	Firm's address	20 EAST THOMAS ROAD, SUIT	Frequencies signature 07/09/24 if self-employed P02087031 Image: See instructions Firm's EIN 41-0746749 Phone no. (602) 266-2248 Image: See instructions Image: See instructions Image: See instructions										
		PHOENIX, AZ 85012			Phone no. (602)	266 - 2248							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions												

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

	MAKE-A-WISH FOUNDATI	ON OF GREATER LOS			
	990 (2022) ANGELES			95-4107024	Page 2
Par	t III Statement of Program Service Acco	-			
	Check if Schedule O contains a response or no	te to any line in this Part III			X
1	Briefly describe the organization's mission:				
	THE MAKE-A-WISH FOUNDATION OF GREATER LO				
	LIFE-CHANGING WISHES FOR CHILDREN WITH	CRITICAL ILLNESSES.			
2	Did the organization undertake any significant program				s 🛛 No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.				S 🔼 NO
3	Did the organization cease conducting, or make signi		ducto any program convision?		s 🛛 No
3	If "Yes," describe these changes on Schedule O.	incant changes in now it cond	ducts, any program services?		
4	Describe the organization's program service accompli	ishments for each of its three	a largest program services, as m	easured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are requ				
	revenue, if any, for each program service reported.		granto and anotations to others,		
4a	(Code:) (Expenses \$4,150,58	9. including grants of \$	2,712,714.) (Revenue	\$	97,050.)
	SEE SCHEDULE O.		<u> </u>	•	,
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	\$)
			X (
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)				
-	(Expenses \$ including grants	of \$) (Revenue \$)	
4e	Total program service expenses	4,150,589.		,	
				Form	990 (2022)
232002	12-13-22				. ,
		2			

MAKE-A-WISH FOUNDATION OF GREATER LOS

Form	990 (2022) ANGELES 95-410702	4	Р	age 3
	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		
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		<u> </u>
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?			v
	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			v
	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,	44.	х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	А	
b		116		x
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	000	X
232003	12-13-22	Form	990	(2022)

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	MAKE-A-WISH FOUNDATION OF GREATER LOS				
		07024		Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Г			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	Γ			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	L	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	L	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	Γ			
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	[24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Γ			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Γ			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L. Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	Γ			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	Γ			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	d			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	····· [
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
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	····· F			
	"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	F			
	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	···· F	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	F			
	Schedule N. Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	···· F			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	·····			
	Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	F			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization				
	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	···· F			
	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?	····			
	• • • • • •		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	<u></u>			
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	10			
b		0			
c		1			
Ū	(gambling) winnings to prize winners?	- I	1c	х	

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Form 990 (2022)

MAKE-A-WISH FOUNDATION OF GREATER LOS

	990 (2022) ANGELES 95-410702	24	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 30			
		-	x	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a oh		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		├──
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
a	If "Yes," enter the name of the foreign country			
Fa		En		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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	x	
		7a 7b	x	<u> </u>
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
C	to file Form 8282?	7c		x
Ь				
		7e		x
f		7f		x
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	MAKE-A-WISH FOUNDATION OF GREATER LOS			_
	990 (2022) ANGELES 95-410702		P	Page 6
Pai	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 1a17			
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 17			
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	<u> </u>
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
b	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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	<u>16a</u>		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			
0.00	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
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	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
40	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	i tinano	cial	
00	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			
	KAREN DAVIS - 310-788-9474 11390 W. OLYMPIC BLVD., 300, LOS ANGELES, CA 90064			
		Form	gan	(2022)
232006	6	LOLU	1000	(2022)
	v			

MAKE-A-WISH FOUNDATION OF GREATER LOS

Form 990 ((2022) ANGELES	95-4107024 F	- _{age} 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Highest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	oyees	

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 tille Average hours per biolities any biolities any	(A)	(B)			(C)			(D)	(E)	(F)
Hours per vex. box. originations presents it of an origination or or origination origination origination origin originatin oris origination origination oris origination origina			(do		Pos	itior					
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(14) BILL FISHEL 3.00 x 0.		3.00									
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(15) BO PEARL 3.00 x 0. 0. DIRECTOR x 0. 0. 0. (16) TED FENTIN 3.00 . . . DIRECTOR x 0. 0. 0. (17) JONATHAN SHOKRIAN 3.00 . . . DIRECTOR x 0. 0. 0.		3.00									
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		3.00									
	DIRECTOR		Х						0.	0.	

232007 12-13-22

Form 990 (2022)

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MAKE-A-WISH FOUNDATION OF GREATER LOS

Form 990 (2022) ANGELES									95-410	7024	1	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)	<u> </u>			
(A) Name and title	(B) Average hours per week	box offi	not cl , unles cer an	ss per	ition more rson i	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	f org an	npensa rom th ganizat Id relat anizati	ie tion ted
(18) CLAUDIA TERAN DIRECTOR	3.00	x						0.		٥.			٥.
(19) RAJAT MEHROTRA DIRECTOR	3.00	x						0.		0.			0.
(20) VIVIANE KRIEF WOODCOCK	3.00									-			
DIRECTOR (21) RICK EISERMAN	3.00	x						0.		0.			0.
DIRECTOR		x						0.		0.			0.
		-											
1b Subtotal								585,188.		٥.		42,	125.
c Total from continuation sheets to Part VI								0.		0.		42	0.
d Total (add lines 1b and 1c)2Total number of individuals (including but n								,	000 of reportable	••			125.
compensation from the organization												Yes	3 No
3 Did the organization list any former officer,	,	,				'	0		2		0		X
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> sFor any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization		3	v	
and related organizations greater than \$1505 Did any person listed on line 1a receive or a											4	X	
rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich <u>r</u>	oers	on .					5		X
1 Complete this table for your five highest co the organization. Report compensation for										nsat	ion fr	om	
(A) Name and business		NO						(B) Description of s		c		C) ensatio	'n
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	nitec	to t		se lis [.] D	ted	above) who received mo	ore than				

Form **990** (2022)

232008 12-13-22

Form	1 99(0 (2	MAKE 2022) ANGE		FOUNDA	TION OF GREATE	R LOS		95-410702	4 Page
Pa				venue						0
			Check if Schedule O	contains a	response	e or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
ts t	1	а	Federated campaigns		1a	5,773.				
ran					1b					
°,G		с	Fundraising events		1c	1,032,384.				
Sift:		d	Related organizations		1d					
imil			Government grants (contr		1e	108,362.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts,							
Dth			similar amounts not included		1f	3,348,566.				
ont nd (-	Noncash contributions included in		1g \$	589,546.	4 405 085			
а С а		n	Total. Add lines 1a-1f			Business Code	4,495,085.			
•	2	~	WISH ASSIST FEE			900099	97,050.	97,050.		
vice	2	a b								
Ser		c								
am		d								
Program Service Revenue		е								
P		f	All other program service	revenue						
		g	Total. Add lines 2a-2f				97,050.			
	3		Investment income (includ				22.005			22.005
							33,907.			33,907
	4 5		Income from investment of		•	proceeds				
	Э		Royalties) Real	(ii) Personal				
	6	а	Gross rents	6a	,	(.,				
	-		Less: rental expenses	6b						
			Rental income or (loss)	6c						
		d	Net rental income or (loss))						
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
nue			and sales expenses	7b						
eve			Gain or (loss)			-				
Other Revenue			Net gain or (loss) Gross income from fundraisi			·····				
Othe	0	u	including \$ 1,0							
•			contributions reported on		-					
			Part IV, line 18			a 715,910.				
		b	Less: direct expenses		8	b 721,643.				
			Net income or (loss) from	-			-5,733.			-5,733
	9	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses				24,878.			24,878
			Net income or (loss) from Gross sales of inventory, I				24,070.			24,070
	10	a	and allowances)a				
		b	Less: cost of goods sold)b				
			Net income or (loss) from							
()			· · · · · ·			Business Code				
sou: e	11	а								
ellaneo		b								
Miscellaneous Revenue		c								
Mis			All other revenue							
	12		Total. Add lines 11a-11d Total revenue. See instruction				4,645,187.	97,050.	0.	53,052
			I GIGLI LEVELUE, OCC IIISI IICIII	5113			_, , / .	,		

232009 12-13-22

Form 990 (2022)

MAKE-A-WISH FOUNDATION OF GREATER LOS

oction 4	X Statement of Functional Expense 501(c)(3) and 501(c)(4) organizations must comple		r organizations must com	$n lete column (\Delta)$	
ection a	Check if Schedule O contains a respons			ipiele column (A).	Г
)o noti		(A)	(B)	(C)	<u>(</u> D)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ants and other assistance to domestic organizations		скренеев	general expenses	expenses
	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22	2,712,714.	2,712,714.		
	rants and other assistance to foreign	_, · , · •	_,,		
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	280,748.	130,548.	68,783.	81,4
	ustees, and key employees	200,740.	130,340.	00,703.	01,4
	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	1 425 000	667 000	251 599	A17 1
	her salaries and wages	1,435,009.	667,280.	351,577.	416,1
	nsion plan accruals and contributions (include	10 010	0.000	4 500	
	ction 401(k) and 403(b) employer contributions)	19,316.	8,982.	4,733.	5,6
	her employee benefits	122,891.	57,144.	30,108.	35,6
Pa	ayroll taxes	137,192.	63,794.	33,612.	39,7
Fe	es for services (nonemployees):				
a Ma	anagement				
b Le	gal				
c Ac	counting	86,427.		86,427.	
d Lo	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17	11,025.			11,0
f Inv	vestment management fees	106.		106.	
g Otl	her. (If line 11g amount exceeds 10% of line 25,				
col	lumn (A), amount, list line 11g expenses on Sch O.)	162,004.	2,230.	142,256.	17,5
Ad	dvertising and promotion	8,552.			8,5
Of	fice expenses	161,575.	36,077.	27,866.	97,6
	formation technology	28,860.	11,701.	7,367.	9,7
	oyalties				
Oc	ccupancy	393,378.	182,496.	97,068.	113,8
	avel	16,017.	84.	12,089.	3,8
Pa	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	onferences, conventions, and meetings	18,702.	4,091.	7,452.	7,1
	terest	561.	261.	137.	1
	ayments to affiliates				
	epreciation, depletion, and amortization	19,038.	8,853.	4,664.	5,5
		340.	,	340.	
	her expenses. Itemize expenses not covered	-			
abo	ove. (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	IAPTER DUES	377,620.	264,334.	52,867.	60,4
۳ <u> </u>	ERCHANT FEES	41,410.	,	,•	41,4
- <u></u>	EMBERSHIP DUES	2,308.			2,3
. —		2,000.			2,5
d					
	l other expenses	6 025 702	4,150,589.	0.07 450	057 7
	tal functional expenses. Add lines 1 through 24e	6,035,793.	4,100,009.	927,452.	957,7
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
edu	ucational campaign and fundraising solicitation.				

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Form 990 (2022)

		MAKE-A-WISH FOUNDATIC	ON OF GREATI	ER LOS			
	990 (2					95-410	7024 Page 1
Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any line in	this Part X		<u> </u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,335,657.	1	740,820
	2	Savings and temporary cash investments			491,588.	2	511,644
	3	Pledges and grants receivable, net			158,480.	3	232,172
	4	Accounts receivable, net			4,712.	4	5,343
	5	Loans and other receivables from any current or				-	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		,		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			57,645.	8	27,862
As	9				92,596.	9	173,474
		Land, buildings, and equipment: cost or other			,		,
	lou	basis. Complete Part VI of Schedule D	10a	296,284.			
	h	Less: accumulated depreciation		282,654.	24,761.	10c	13,630
	11	Investments - publicly traded securities		/	376,185.	11	, 391,486
	12	Investments - other securities. See Part IV, line 1			,	12	,
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			458,330.	15	1,492,746
	16	Total assets. Add lines 1 through 15 (must equa			3,999,954.	16	3,589,177
	17	Accounts payable and accrued expenses			464,298.	17	628,754
	18	Grants payable			,	18	,
	19	Deferred revenue				19	10,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities	~~	trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
	20	parties, and other liabilities not included on lines					
		of Schedule D			472,005.	25	1,273,385
	26	Total liabilities. Add lines 17 through 25		·····	936,303.	26	1,912,139
	20	Organizations that follow FASB ASC 958, che	ck here	X	, -		
es		and complete lines 27, 28, 32, and 33.					
ŭ	27	.			2,905,171.	27	1,547,152
3ala	28				158,480.	28	129,886
Ē		Organizations that do not follow FASB ASC 9			,		,
٦.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
	, <u> </u>				3,063,651.		1,677,038
et	32	Total net assets or fund balances		1	2,002,021,	32	1,077,050

Form **990** (2022)

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Docus

sign	Envelope ID: 7190129C-3E4D-4579-BAF6-04F72D230803				
	MAKE-A-WISH FOUNDATION OF GREATER LOS				
	n 990 (2022) ANGELES	95-410702	4	Pa	_{ge} 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			187.
2	Total expenses (must equal Part IX, column (A), line 25)	2			793.
3	Revenue less expenses. Subtract line 2 from line 1	3			606.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3		651.
5	Net unrealized gains (losses) on investments	5		,	556.
6	Donated services and use of facilities	6		2,	437.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1	677	020
Pa	column (B)) rt XII Financial Statements and Reporting	10	1	, 077,	038.
14					
	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	1		103	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	20		
	separate basis, consolidated basis, or both:	ona			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2022)

SCHEDULE A		Dublic Cha	rity Status an	d Duk	lia Si	innort		OMB No. 1545-0047
(Form 990)			nization is a section 501					2022
			47(a)(1) nonexempt cha					ZUZZ
Department of the Treasury Internal Revenue Service			ttach to Form 990 or Fo					Open to Public Inspection
Name of the organizat		-	Form990 for instruction	is and the	latest inf	ormation.	Employe	r identification number
Name of the organizat	ANGELE		N OF GREATER LOD				Employei	95-4107024
Part I Reason	for Public (Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructior	IS.	
			For lines 1 through 12, cl					
	-		on of churches described	•	-	I)(A)(i).		
2 A school des	cribed in sect	tion 170(b)(1)(A)(ii).(Attach Schedule E (Form	ו 990).)				
3 🔄 A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 A medical re	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat								
•	•		llege or university owned	l or operat	ed by a go	overnmental u	nit describ	ed in
		Complete Part II.)	e a set e la constitución e a subject de la constitución de la const		70/1-1/41/41	4.5		
		-	nental unit described in a					aublic described in
, o. gau.		omplete Part II.)	ntial part of its support fr	om a gove	ernmental		le general	public described in
			(1)(A)(vi). (Complete Par	н II)				
			in section 170(b)(1)(A)(,	ed in coniu	unction with a	land-grant	college
5	-	-	ulture (see instructions).		-		-	-
university:		9999	,,,,,		·····, ···,	,		
10 An organizat	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
income and	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
See section	509(a)(2). (Co	mplete Part III.)						
11 An organizat	on organized a	and operated exclus	ively to test for public sat	fety. See	section 50	09(a)(4).		
-	-	-	ively for the benefit of, to	-			•	
		-	ed in section 509(a)(1) o					Check the box on
	•		f supporting organizatior		-		-	
			upervised, or controlled	•	-			
	-		gularly appoint or elect a	majority c	of the aired	tors or truste	es of the si	lpporting
		complete Part IV, Se	l or controlled in connect	ion with it	e cupporte	d organizatio	n(c) by ba	ling
			anization vested in the sa			-		-
	•	st complete Part IV,					ge the sup	Joned
	()	• • •	g organization operated	in connec	tion with. a	and functional	lv integrate	ed with.
). You must complete I				.,	,
			porting organization oper				ted organi	zation(s)
that is not	functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attenti	veness
requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
e 🗌 Check this	box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
functionally	/ integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.			
f Enter the number		•						
g Provide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
organizatio			(described on lines 1-10	in your govern	ing document?	support (see in	,	support (see instructions)
			above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , ,
								ļ
Total								

Schedule Artern angl 202 MURLING 95-110724 Page 2 Fart II Support Schedule for Organizations Described in Sections 170(b)(1/k)(A)(M) 100 </th <th>0</th> <th>М7</th> <th>AKE-A-WISH FOU</th> <th>NDATION OF GRE</th> <th>ATTER LOS</th> <th></th> <th></th> <th></th>	0	М7	AKE-A-WISH FOU	NDATION OF GRE	ATTER LOS			
Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(r) and 170(b)(1)(A)(r) Complete only if you checked the box in lines 5, or 6 of Part III. Section A: Public Support Section A: Public Support Eastern A: Public Support Datestar part (of fixel yrab spinning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Indication and the stream of the stream of the organization the stream of the stream of the organization is behalf (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Indication and the stream of the strea	Scher						95-41070	24 Page 2
(Complete only flyou checked the box on line 5.7, or 8 of Part 1 or if the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III. Section A. Public Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total I difts, garts, continutions, and membrahip fees received. (Do not include any truncaus garts.) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 difts, garts, continutions, and the organization failed to query and				Described in S	Sections 170(b)(1)(A)(iv) and		
Section A: Public Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (d) 2022 (f) Total Cilled graver (or fiscal year beginning in) methods my hunsular grants) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (d) 2022 (f) Total Include any hunsular grants) (a) 389, 127. (a) 245, 197. (a) 552, 025. (a) 556, 677. (a) 495, 085. 21, 940, 111. It have been beard to or expended on its behaff (a) 389, 127. (a) 245, 197. (a) 552, 025. (a) 556, 677. (a) 495, 085. 21, 940, 111. The value of services or facilities threshold by a governmental unit to the organization included on line 1 that exceeds 296 of the amount shown on line 11. (a) 389, 127. (a) 245, 197. (a) 952, 025. (a) 858, 677. (a) 495, 085. 21, 940, 111. Celledar yser (filtical year beginning in) (column (f) (a) 2019 (c) 2020 (d) 2021 (d) 2022 (f) Total Celledar yser (filtical year beginning in) (column (f) (a) 2019 (c) 2020 (d) 2021 (d) 2022 (f) Total Celledar yser (filtical year beginning in) (column (f) (a) 2019 (c) 2020 (d) 2022 (f) Total <td< th=""><th></th><th></th><th>-</th><th></th><th>-</th><th></th><th></th><th></th></td<>			-		-			
Delefed ryser (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gits, grants, contributions, and membership bees rockived. (Do not include any 'unusual grants.') (a) 389, 127. 4, 245, 197. 3, 952, 025. 4, 856, 677. 4, 495, 085. 21, 940, 111. 2 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalt (a) 389, 127. 4, 245, 197. 3, 952, 025. 4, 856, 677. 4, 495, 085. 21, 940, 111. 3 The value of services or facilities turnished by agovernmental unit to the organization without charge (a) 389, 127. 4, 245, 197. 3, 952, 025. 4, 856, 677. 4, 495, 085. 21, 940, 111. 5 The portion of total contributions by each person (60r r than a governmental unit or publicly supported organization) included on line 1 that exceeds 286 the amount shown on line 11, column (f) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 8 Gross income from interest. 3, 81, 127. 4, 245, 137. 3, 952, 023. 4, 858, 677. 4, 495, 085. 21, 940, 111. 7 Amounts from line 4 (a) 2018 (b) 2019<		fails to qualify under the tests	listed below, pleas	e complete Part III	.)			
I Gifts grants, contributions, and membership less received. (Do not include any 'unusual grants,') 4, 389, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. 2 Tax revenues level of the organization sheering and the avery services or solidies frumished by a governmental unit to the organization sheering without charge 4, 369, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. 2 Tax value of total contributions in the organization without charge 4, 369, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. 4 Total. Add lines 1 through 3 4, 369, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. amount shown on line 11, column () 9, 200. (1) 2019 (2) 2020 (1) 704. 9, 127. Clinear yare (fines live to total contribution) 4, 389, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. Clinear yare (fine them areas on other 11, column () 6) 2000 (1) Total 9, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. Column () 6) 2000 (1) 2019 (2) 2020 (1) Tot	Sect	tion A. Public Support						
membership fees received. (Do not include any Unsural grants) 4, 389, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. 2 Tax revenues levied for the organ- lation's benefit and ther paid to or expended in its behalt 1 1 4, 389, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. 3 The value of services or facilities turnished by a governmental unit or patients in through 3. 4, 389, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. 5 The portion of total continuotions by each person (ofter than a governmental unit or publicly supported organization include and in the threaceded 2% of the amount shown on line 11, column (f) 4, 389, 127. 4, 245, 197. 3, 952, 025. 4, 858, 677. 4, 495, 085. 21, 940, 111. 6 Public support, Substrume them ket. 21, 331, 942. 21, 331, 942. 21, 331, 942. Section B. Jord I (a) 2018 (b) 2019 (c) 2020 (d) 2023 (d) 2022. (f) Total supported organization in the 4. 7 Maxuts from line 4 (d) 2018 (b) 2019 (c) 2020. (d) 2022. (f) Total supported organization securities loss, rents. royalis, and income from interast. 18, 161. <td>Calen</td> <td>dar year (or fiscal year beginning in)</td> <td>(a) 2018</td> <td>(b) 2019</td> <td>(c) 2020</td> <td>(d) 2021</td> <td>(e) 2022</td> <td>(f) Total</td>	Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants.") 4,389,127. 4,245,197. 3,952,025. 4,858,677. 4,495,085. 21,940,111. 2 Tax revenues levied for the organization in the paid to or expended on its behalf 4 4 4 4,389,127. 4,245,197. 3,952,025. 4,858,677. 4,495,085. 21,940,111. 3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization without charge in the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11. 4,389,127. 4,245,197. 3,952,025. 4,858,677. 4,495,085. 21,940,111. 6 Public support 4,389,127. 4,245,197. 3,952,025. 4,858,677. 4,495,085. 21,940,111. 6 Public support 1 <td< th=""><td>1 (</td><td>Gifts, grants, contributions, and</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	1 (Gifts, grants, contributions, and						
2 Tax revenues levied for the organization of the tay and the paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 three exceeds 2% of the amount shown on line 11, column (f) 6 Public support. 10 Other final exceeds 2% of the amount shown on line 11, column (f) 6 Cales and the exceeds 2% of the amount shown on line 11, column (f) 7 Anounts from line 4. 8 Cales are set or final exceeds 2% of the amount shown on line 11, column (f) 9 Ret income from interest, dividends, payments received on socurilise loans, ends, royatties, and income from similar sources 18 .16 10 Other income. Do no include gain or inserves 11 Total support. Additions of the organization's first, second, third, forth, or fifth tax years as section 50% (c)(3) organization, check this box and stop here Set (.set instructions) 12 333, 962. 9 Net income from unitarization's first, second, third, fourth, or fifth tax years as a section 50% (c)(3) 0 Total support tex-related set (set								
icreation's bonefit and either paid to or expended on its behalf			4,389,127.	4,245,197.	3,952,025.	4,858,677.	4,495,085.	21,940,111.
or expended on its behalf		•						
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MAKE-A-WISH FOUNDATION OF GREATER LOS

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Schedule A	(Form 990)	2022	ANGELES			
Part III	Support	Schedule fo	r Organizations	Described in S	ection 509(a)(2))

ANGELES

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
Section C. Computation of Publ						
15 Public support percentage for 2022 (-	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on ala not check a	box on line 14, 19	a, or 190, check t	his box and see in		
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MAKE-A-WISH FOUNDATION OF GREATER LOS

Page 4

No Yes

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3a

Schedule A (Form 990) 2022 Part IV Supporting Organizations

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

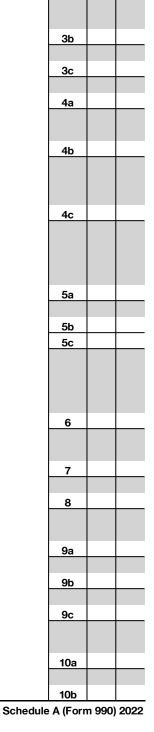
Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

ANGELES

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

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	MAKE-A-WISH FOUNDATION OF GREATER LOS			
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Pa	rt IV Supporting Organizations (continued)			
			Yes	
1	Has the organization accepted a gift or contribution from any of the following persons?			Γ
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		Γ
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			Γ
	detail in Part VI.	11c		Γ
ec	tion B. Type I Supporting Organizations	•		
			Yes	Τ
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	e 1		Г
	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			t
	organization(s) that operated, supervised, or controlled the supported organization of the trian the supported in in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
		2		Г
20	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		1
_			Yes	Т
	Ware a majority of the exercitation's directors of tructors during the tay year also a majority of the directors		Tes	┝
I	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			E
2	the supported organization(s). tion D. All Type III Supporting Organizations	1		1
			Vee	Т
			Yes	┝
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			E
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		┝
	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			E
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		┝
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		

- а 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 instruction <u>s).</u>		_
---	--	---	---	--	---

17

- 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

За

Yes No

12390709 131839 A202468

	MAKE-A-WISH FOUNDATION OF GREATER	LOS		05 4105004
Sched Part	Ule A (Form 990) 2022 ANGELES V Type III Non-Functionally Integrated 509(a)(3) Supportionally Integrated 509(a)(3) Su	a Orazni	zationa	95-4107024 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			. Dort VII) Soo instructions
	All other Type III non-functionally integrated supporting organizations must			n Part VI). See Instructions.
				(B) Current Year
Sectio	n A - Adjusted Net Income		(A) Prior 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			
I	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		
ectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d .	Total (add lines 1a, 1b, and 1c)	1d		
e l	Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 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		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
ectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		Type III supporting or	anization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

	MAKE-A-WISH FOUNDAT	ION OF GREATER LOS				
	dule A (Form 990) 2022 ANGELES			95	-4107024	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	<u>d)</u>		
Sect	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		3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)		0	(***)	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 20	-
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years			_		
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years			_		
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.			_		
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.			_		
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

MAKE-A-WISH FOUNDATION OF GREATER LOS

	MAKE-A-WISH FOUNDATION OF GREATER LOS		_
Part IV, Sec line 1; Part	tental Information. Provide the explanations required by Part II, line 10; Part II, line 17a d etion A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	1 and 2; Part IV, Section V, Section B, line 1e; P	
	I, LINE 10, EXPLANATION FOR OTHER INCOME:		
GROSS FUNDRAISING	REVENUE		
2018 AMOUNT: \$ 4	95,822.		
2019 AMOUNT: \$ 5	84,897.		
2020 AMOUNT: \$ 2	5,403.		
2021 AMOUNT: \$ 6	67,793.		
2022 AMOUNT: \$ 7	15,910.		
OTHER REVENUE			
2018 AMOUNT: \$ 1	,929.		
2019 AMOUNT: \$ 3	65.		
2020 AMOUNT: \$ 3	66.		
2021 AMOUNT: \$ 3	9,542.		
2022 AMOUNT: \$ 0			
GROSS GAMING REVEN	UE		
2018 AMOUNT: \$ 1	,747.		
2019 AMOUNT: \$ 0			
2020 AMOUNT: \$ 0			
2021 AMOUNT: \$ 0			
2022 AMOUNT: \$ 2	4,978.		
		Sobodula A /Farm	000\ 000
232028 12-09-22	20	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

Employer identification number

95-4107024

Name of the organiza	ation
	MAKE-A-WIS
	ANGELES

.

SH	FOUNDATION	OF	GREATER	LOS

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule I	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
	ISH FOUNDATION OF GREATER LOS		
ANGELES			95-4107024
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	
1		\$1,482	Person X Payroll □ Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
2	Name, address, and ZIP + 4		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Ins Type of contribution
3		\$292	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
4	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5			Person X ,000. Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6_		\$108	, 362. Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

22 2022.06000 MAKE-A-WISH FOUNDATION OF A2024681

12390709 131839 A202468

	rganization		Employer identification number
AKE-A-W NGELES	ISH FOUNDATION OF GREATER LOS		95-4107024
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	55 410/024
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7		\$182,	500. Person X Fayroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8		\$100,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
9		\$250,	000. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

12390709 131839 A202468

	rganization IISH FOUNDATION OF GREATER LOS			er identification number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is neede	1	4107024
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	TRAVEL, M&E, SUPPLIES	_		
1		\$2	<u>,000.</u>	08/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
2	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	—		
		\$468	<u>,338.</u>	08/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	I	(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		¢		

24

Schedule B (Form 990) (2022)

12390709 131839 A202468

2022.06000 MAKE-A-WISH FOUNDATION OF A2024681

Schedule	B (Form 990) (2022)				Page	
Name of o	organization				Employer identification number	
MAKE-A-W	VISH FOUNDATION OF GREATER LOS					
ANGELES					95-4107024	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	hrough (e) and the followin charitable, etc., contributions of \$	ig line entry. For o	rganizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Dese	cription of how gift is held	
		(e) Transf	er of gift			
			er of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	yift	(d) Desc	cription of how gift is held	
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Dese	cription of how gift is held	
		(e) Transf	er of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	yift	(d) Dese	cription of how gift is held	
		e) Transf	er of gift	1		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	

Page 4

			Supplementa Complete if the orga				OMB No. 1545-0047	—
(Forn	n 990)	I	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d				_
	ment of the Treasury I Revenue Service	Go	م to www.irs.gov/Form99	Attach to Form 990. O for instructions ar	d the latest informatio	n.	Open to Public Inspection	
Nam	e of the organizatio	on MAKE-A-W	ISH FOUNDATION OF G	REATER LOS		Employe	r identification numbe	r
D		ANGELES					95-4107024	
Par			ining Donor Advise ' on Form 990, Part IV, lir		r Similar Funds or	Accounts.	Complete if the	
	organization		on rom 550, r art rv, m	(a) Donor ad	vised funds	(b) Funds ar	nd other accounts	—
1	Total number at en	d of vear		(4) 2 0.101 42		(2) - 21/20 22		—
2			(during year)					_
3			ing year)					_
4								_
5			rs and donor advisors in		s held in donor advised	funds		_
	are the organization	n's property, sub	ject to the organization's	exclusive legal contro	ol?		. Yes No	0
6	Did the organizatio	n inform all grant	ees, donors, and donor a	dvisors in writing tha	t grant funds can be use	ed only		
	for charitable purpo	oses and not for t	the benefit of the donor c	r donor advisor, or fo	r any other purpose con	nferring		
	impermissible priva		-				Yes N	0
Par	t II Conserva	ation Easeme	ents. Complete if the or	ganization answered	"Yes" on Form 990, Par	t IV, line 7.		_
1			nts held by the organizati	· · ·	<u> </u>			
		•	c use (for example, recrea	tion or education)	Preservation of a h			
	—	f natural habitat			Preservation of a c	certified historic	structure	
•		of open space		.				
2			organization held a quali	fied conservation cor	tribution in the form of a		easement on the last	
_	day of the tax year.							<u> </u>
a L	Total number of co							—
b	Total acreage restr	-						—
c d			on a certified historic str			2c		—
u	d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d							
3			modified, transferred, rel				a the tax	—
Ŭ	year			eased, extinguished,		ganzatori dani	g the tax	
4		where property su	bject to conservation eas	sement is located				
5		,	n policy regarding the pe		pection, handling of			
	U U		conservation easements in				Yes No	0
6	Staff and volunteer	hours devoted t	o monitoring, inspecting,	handling of violations	, and enforcing conserv	ation easement	s during the year	
7	Amount of expense	es incurred in mo	nitoring, inspecting, hand	lling of violations, and	l enforcing conservatior	n easements du	ring the year	
8			reported on line 2(d) abov					
-							Yes No	0
9		-	zation reports conservati					
			able, the text of the footr	note to the organization	on's financial statements	s that describes	the	
Par	organization's acco	tions Mainta	ining Collections of	f Art. Historical	reasures, or Othe	r Similar As	sets.	—
			answered "Yes" on Form		,			
1 a			tted under FASB ASC 95		revenue statement and	balance sheet v	works	_
14	e e	•	similar assets held for pul	•				
	·		of the footnote to its final		•			
b			tted under FASB ASC 95			ance sheet work	is of	
			nilar assets held for public					
	provide the followir	ng amounts relati	ng to these items:					
	(i) Revenue includ	ded on Form 990,	, Part VIII, line 1			\$		
	(ii) Assets include							
2	If the organization	received or held v	works of art, historical tre					
			e reported under FASB A					
а			t VIII, line 1					
b	Assets included in	Form 990, Part X						
LHA	For Paperwork Re	eduction Act Not	tice, see the Instruction	s for Form 990.		Sche	edule D (Form 990) 202	22
232051	09-01-22			26				
				26				

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usign I	Envelope ID: 7190129C-3E4D-4579-BAF6-04F	-72D230803				
	MAKE-A-WISH	I FOUNDATION OF GREAT	ER LOS			
Sche	dule D (Form 990) 2022 ANGELES			9	5-4107024	Page 2
	rt III Organizations Maintaining C	ollections of Art, Hist	orical Treasures, o	r Other Similar A	ssets (conti	
3 a b c 4 5 Pai	Using the organization's acquisition, accessic collection items (check all that apply): Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's co During the year, did the organization solicit o to be sold to raise funds rather than to be marked to be sold to raise funds rather than to be marked reported an amount on Form 990, Par Is the organization an agent, trustee, custodia on Form 990, Part X?	on, and other records, check d e ollections and explain how th r receive donations of art, hi <u>aintained as part of the organ</u> gements. Complete if the t X, line 21. an or other intermediary for	k any of the following tha Loan or exchange progr Other	t make significant use am on's exempt purpose i er similar assets "Yes" on Form 990, P sets not included	of its n Part XIII.	No
С	Beginning balance			1 C		
	Additions during the year					
е	Distributions during the year			<u>1e</u>		
f	Ending balance					
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21, for	escrow or custodial acco	ount liability?	Ves	No No
	If "Yes," explain the arrangement in Part XIII.					
Par	rt V Endowment Funds. Complete i	f the organization answered	"Yes" on Form 990, Part Prior year (c) Two yea		s back (e) Fou	
b c f g 2 a b c	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses organization by: (i) Unrelated organizations	% % uld equal 100%. ssion of the organization tha	at are held and administe			Yes No
	(ii) Related organizations					
	If "Yes" on line 3a(ii), are the related organiza				3b	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	ent.) Dout V line 10		
	Complete if the organization answered		1			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k value
	Land					
	Buildings					
С	Leasehold improvements		48,164.	47,254	<u>+.</u>	910.

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

Schedule D (Form 990) 2022

3,050.

9,670.

13,630.

e Other

155,691.

79,709.

158,741.

89,379.

d Equipment

	ATION OF GREATER LO	DS	95-4107024 Page 3
Schedule D (Form 990) 2022 ANGELES Part VII Investments - Other Securities.			95-4107024 Page 3
Complete if the organization answered "Yes" of	n 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" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1) DUE FROM NATIONAL			358,313.
(2) DUE FROM OTHER CHAPTERS			521,011.
(3) SECURITY DEPOSITS			35,668.
(4) RIGHT-OF-USE ASSETS - OPERATING			577,754.
(5)			
(6)			
(7)			
(8)			
(9)			1 400 746
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		. 1,492,746.
Complete if the organization answered "Yes" of	n 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			
(1) DUE TO NATIONAL			220,816.
(3) DUE TO OTHER CHAPTERS			294,668.
(4) LEASE LIABILITY - FINANCING			1,094.
(5) LEASE LIABILITY - OPERATING			756,807.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,273,385.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

X

232053 09-01-22

	MAKE-A-WISH FOUNDATION OF GREATER	LOS			
Sche	dule D (Form 990) 2022 ANGELES			95-4107	7024 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,561,641.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,556.		
b	Donated services and use of facilities	2b	909,271.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	910,827.
3	Subtract line 2e from line 1			3	4,650,814.
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	106.		
b	Other (Describe in Part XIII.)	4b	-5,733.		
с	Add lines 4a and 4b			4c	-5,627.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,645,187.
Par	t XII Reconciliation of Expenses per Audited Financial Sta	tements With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	6,948,254.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	906,834.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)		5,733.		
е	Add lines 2a through 2d			2e	912,567.
3	Subtract line 2e from line 1			3	6,035,687.
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	106.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	106.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u>}.)</u>		5	6,035,793.
Par	t XIII Supplemental Information.				

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

29

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

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

SECTION 501(C)(3) AND SECTIONS 12586 AND 12587 OF THE CALIFORNIA

GOVERNMENT CODE. HOWEVER, THE FOUNDATION REMAINS SUBJECT TO INCOME TAXES

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

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

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

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

IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

232054 09-01-22

Schedule D (Form 990) 2022

Docus	sign Envelope ID: 7190129C-3E4D-4579-BAF6-04F72D230803		
	MAKE-A-WISH FOUNDATION OF GREATER LOS		
ļ	Schedule D (Form 990) 2022 ANGELES	95-4107024	Page 5
l	Part XIII Supplemental Information (continued)		
:	FOUNDATION AT AUGUST 31, 2023 AND 2022. THE FOUNDATION FILES INCOME TAX		
1	RETURNS IN THE U.S. FEDERAL JURISDICTION AND ONE STATE JURISDICTION.		
	PART XI, LINE 4B - OTHER ADJUSTMENTS:		
	SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO		
	THE STATEMENT OF REVENUE -5,733.		
•			
	PART XII, LINE 2D - OTHER ADJUSTMENTS:		
	SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO		
-			
	THE STATEMENT OF REVENUE 5,733.		
•			
•			
-			
		Schedule D (Form	n 990) 2022

12390709 131839 A202468

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on				r 19, d	or if the	2022	
	C	organization entered more than \$15 Attach to Form 990 c			-				
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruct				ı.		Open to Public Inspection	
Name of the organization		H FOUNDATION OF GREATER LOS					Employer ide	ntification number	
Deut L. Frankreis	ANGELES						95-410702		
	complete this part	Complete if the organization answe t.	red "Y	es" or	ı Form 990, Part IV, li	ne 17	. Form 990-EZ	filers are not	
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-ge govern lising e ling of onal fu	overnment grants nment grants events ficers, directors, trust indraising services?		Yes		
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursuation.	ant to	agreer	nents under which th	ie fun	draiser is to be	9	
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or con	(iii) Did fundraiser have custody or control of contributions?			mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from re	gistration	

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

Schedule G (Form 990) 2022

232081 10-27-22

MAKE-A-WISH FOUNDATION OF GREATER LOS

Da	nedu	Ile G (Form 990) 2022 ANGELES	SH FOUNDATION OF GRE			4107024 Page 2
F 6	art	5				
		of fundraising event contributions and g	-		÷ .	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			GALA	TRAILBLAZE	3	col. (c)
ക			(event type)	(event type)	(total number)	
Revenue						
Rev S	1	Gross receipts	1,608,866.	63,550.	75,878.	1,748,294
	_ ,	Less: Contributions	921,389.	54,075.	56,920.	1,032,384
	2			,	,	_,,
	3	Gross income (line 1 minus line 2)	. 687,477.	9,475.	18,958.	715,910
	4	Cash prizes				
		•				
s	5	Noncash prizes	476.	1,519.	1,492.	3,487
ense	6	Rent/facility costs	180,928.	4,944.	6,342.	192,214
Direct Expenses						
rect	7	Food and beverages	145,953.	184.	4,126.	150,263
ā		Entertainment	244,457.	0.	2,101.	246,558
	9	Other direct expenses		2,828.	10,630.	, 129, 12
	10	Direct expense summary. Add lines 4 through				721,64
	11	Net income summary. Subtract line 10 from	line 3, column (d)			-5,73
P a	art		n answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
	<u> </u>	\$15,000 on Form 990-EZ, line 6a.		(L) Dull tabe/instant		(
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Revenue						(
ř	1	Gross revenue			24,978.	24,978
		Out arises				
ses	2	Cash prizes				
xpenses	3	Noncash prizes				
Ξ.						
Direct	4	Rent/facility costs				
	5	Other direct expenses			100.	100
				Yes %	Yes %	
			└── Yes %			
	6	Volunteer labor			X No	
			No		X No	10
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)	□ No	X No	
	7		gh 5 in column (d)	□ No	X No	
	7	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	gh 5 in column (d)	□ No	X No	
-	7 8 En	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line iter the state(s) in which the organization cond	gh 5 in column (d)	□ No	X No	24,87
а	7 8 En a Ist	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line iter the state(s) in which the organization cond the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: CA activities in each of these s	No No	X No	24,87
a	7 8 En a Ist	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line iter the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: CA activities in each of these s	No No	X No	24,878
b	7 8 En a Is 1 5 If "	Direct expense summary. Add lines 2 througout Net gaming income summary. Subtract line atter the state(s) in which the organization cond the organization licensed to conduct gaming 'No," explain:	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: CA activities in each of these s	No	X No	
a b 0a	En a Is : o If "	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line</u> iter the state(s) in which the organization cond the organization licensed to conduct gaming 'No," explain: ere any of the organization's gaming licenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: CA activities in each of these s	No	X No	24,878
a b 0a	En a Is : o If "	Direct expense summary. Add lines 2 througout Net gaming income summary. Subtract line atter the state(s) in which the organization cond the organization licensed to conduct gaming 'No," explain:	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: CA activities in each of these s	No	X No	24,878
a b	En a Is : o If "	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line</u> iter the state(s) in which the organization cond the organization licensed to conduct gaming 'No," explain: ere any of the organization's gaming licenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: CA activities in each of these s	No	X No	24,87

MAKE-A-WISH	FOUNDATION	OF	GREATER	LOS

Sob	edule G (Form 990) 2022 ANGELES	95-41070	21	Doc	
	edule G (Form 990) 2022 ANGELES 2 Does the organization conduct gaming activities with nonmembers?		Yes	X	je 3
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	∟	162	<u> </u>	NO
	to administer charitable gaming?		Yes	X	No
13	Indicate the percentage of gaming activity conducted in:	···· <u> </u>			
	The organization's facility	13a		.00	%
	An outside facility			00.00	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	····	-		
	Name MICHAEL K. KALLHOFF				
	Address 11390 W OLYMPIC BLVD SUITE 300 - LOA ANGELES, CA 90064				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X	No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amour	t			
	of gaming revenue retained by the third party \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name KATE TIDWELL				
	Gaming manager compensation \$538.				
	Gaming manager compensation \$538.				
	Description of services provided MANAGER OF SPECIAL EVENTS				
	Director/officer				
	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vaa	x	No
	retain the state gaming license?	L	Yes		NO
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th organization's own exempt activities during the tax year	e			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III, li	nes 9.	9b. 10	b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			0.0, 10	~,
2320	33 10-27-22 Sc	hedule G	(Form	990) 2	2022

	MAKE-A-WISH FOUNDATION OF GREATER LOS		
Schedule C	(Form 990) ANGELES	95-4107024	Page 4
Part IV	(Form 990) ANGELES Supplemental Information (continued)		
		• • • • • •	
		Schedule G (rorm 990)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.										
Name of the organization	IAKE-A-WISH F	OUNDATION OF G		sige wither most for	the latest morning			Employer identification number				
Governments, and Individuals in the United States 21 Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Oper Internal Revenue Service Oper Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Oper Internal Revenue Service Oper Internal Revenue Service Employer identification Name of the organization MAKE-A-WISH FOUNDATION OF GREATER LOS ANGELES Employer identification 95-41 Part I General Information on Grants and Assistance Image: Complete if the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of yolunation (book (g) Description of (h) Purpose				95-4107024								
Part I General Informa	tion on Grants a	nd Assistance										
criteria used to award t	he grants or assis	stance?				-						
Part II Grants and Othe	r Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any				
.,	U U	(b) EIN	• •		noncash	valuation (book, FMV, appraisal,		(h) Purpose of grant or assistance				

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

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

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

Schedule I (Form 990) 2022

MAKE-A-WISH FOUNDATION OF GREATER LOS

Schedule I (Form 990) 2022	ANGELES	95-4107024	Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IISHES GRANTED	330	435,703.	2,277,011.	FMV	TRAVEL, M&E, SUPPLIES
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
ART I, LINE 2:					
OR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A	FILE IS ESTABLI	SHED IN			
CCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURE					
CONDANCE WITH MARE-A-WISH FOUNDATION PROCEDURE	. INE CHILU I	۵.			
NTERVIEWED BY THE WISH GRANTING STAFF TO UNDERS	TAND 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.

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47			
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20					
Depa	tment of the Treasury	Attach to Form 990.		-	Open to Public				
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	E	Inspe					
Nan	e of the organizatior		Employer id		on nui	nber			
Da	rt I Questions	ANGELES s Regarding Compensation	95-41	07024					
Га					Vee	Na			
10	Chack the energy	ata bay(aa) if the presentation provided any of the following to ar far a person listed on Form	000		Yes	No			
la		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,						
	First-class or c								
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fee							
		pending account							
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or							
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
_		s, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
		-,							
3	Indicate which, if an	y, of the following the organization used to establish the compensation of the organization's	.						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization							
		tion of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		ompensation consultant III Compensation survey or study							
	X Form 990 of ot		ommittee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a rel	ated organization:							
а	Receive a severance	e payment or change-of-control payment?		. 4a		x			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4 c		x			
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n						
	contingent on the re								
а	The organization?			5a		X			
b		ation?		5b		X			
		r 5b, describe in Part III.							
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n						
	contingent on the n								
а						X			
b	Any related organiza			6b		X			
_		r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	v				
~		es 5 and 6? If "Yes," describe in Part III		. 7	X				
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x			
~				8					
9		d the organization also follow the rebuttable presumption procedure described in							
	Regulations section			9					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2022			

232111 10-18-22

Schedule J (Form 990) 2022

ANGELES

MAKE-A-WISH FOUNDATION OF GREATER LOS

95-4107024

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MICHAEL KALLHOFF	(i)	252,428.	36,925.	0.	7,582.	9,931.	306,866.	0.	
PRESIDENT & CEO (THRU 12/1/2023)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JOHN SEIBER	(i)	156,574.	0.	0.	3,718.	8,989.	169,281.	0.	
CDO (THRU 9/7/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JAYA VADLAMUDI	(i)	139,261.	0.	0.	3,759.	8,146.	151,166.	0.	
VP, MARKETING (THRU 11/21/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

MAKE-A-WISH FOUNDATION OF GREATER LOS

Schedule J (Form 990) 2022	ANGELES	95-4107024	Page 3

Part III Supplemental Information

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

PART I, LINE 7:

THE PRESIDENT & CEO RECEIVED AN INCENTIVE BONUS PAYMENT BASED UPON

OBJECTIVE CONSIDERATIONS SUCH AS OPERATING CASH FLOW AND WISH GRANTING

GOALS.

	HEDULE M		Nonc	ash Contri	ibutions				OMB No. 1	545-004	7
(Fo	rm 990)								20	22)
	ment of the Treasury	Complete if the org		Attach to Form 9	90.				Open to	Publi	•
				990 for instruction	is and the latest i	nformatio			Inspe		-
Nam	e of the organization	MAKE-A-WISH FOUNDA ANGELES	ATION OF C	KEATER LOS			En	n ployer id ۹5	entificatio -410702		nper
Par	rt I Types of							32	±10/02	T	
	- , , , , , , , , , , , , , , , , , , ,		(a)	(b)	(c)				(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contr amounts repor Form 990, Part V	ted on		Method of cash contr		•	S
1	Art - Works of art									_	
2	Art - Historical treas										
3		rests									
4		ions									
5		hold goods									
6		icles									
7											
8		/									
9		v traded									
10		held stock									
11	Securities - Partners										
12	Securities - Miscella										
13	Qualified conservati										
	Historic structures										
14		ion contribution - Other									
15		ential									
16		nercial									
17											
18											
19											
20		supplies									
21		•••pp									
22											
23		IS									
24		cts									
25		RELATED)	X	208	5	41,529.	FMV				
26	· · · · · · · · · · · · · · · · · · ·	AL EVENTS	X	1		, 48,017.	-				
27	Other (/ }									
28	Other (/ }					1				
29		283 received by the organiz	zation during	, g the tax vear for co	ontributions		•				
		ization completed Form 82	-			29				0	
	and organ		,, L		···-					Yes	No
30a	During the year did	the organization receive by	y contributio	n any property rep	orted in Part I. line	s 1 throu	gh 28. tha	t it			
		st 3 years from the date of	-	•••••			-				
		or the entire holding period?	•						30a		х
h		ne arrangement in Part II.									
31		on have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard	d contribu	tions?		31	х	
		on hire or use third parties									
	contributions?	of the of use third parties		•	· ·				32a		х
h	If "Yes," describe in								JEa		
33		didn't report an amount in c	olumn (c) for	r a type of property	for which column	(a) is che	cked				
	describe in Part II.					13, 13 0110					

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

Schedule M (Form 990) 2022

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MAKE-A-WISH FOUNDATION OF GREATER LOS	
Schedule M (Form 990) 2022 ANGELES	95-4107024 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of the number of the numbe	3, and whether the organization
is reporting in Part I, column (b), the number of contributions, the number of items received, or a com	bination of both. Also complete
this part for any additional information.	
SCHEDULE M, PART I, COLUMN (B):	
SCHEDOLE M, FART I, COLOMN (B):	
THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS	
RECEIVED.	
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(Form 990)	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.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization		Employe	r identification number
	ANGELES	95-4	107024
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	WEEN THE AGES OF 2 1/2 AND 18. FOR WISH KIDS, JUST		
THE ACT OF MAKING	THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO		
COMPLY WITH THEIR	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	3 DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE		
MAKE-A-WISH FOUNDA	TION OF GREATER LOS ANGELES GRANTED 330 LIFE CHANGING		
WISHES IN THE FISC	AL YEAR ENDING AUGUST 31, 2023. THE TOTAL COST OF		
WISHES GRANTED FOR	THE FISCAL YEAR WAS \$5,028,123. OF THIS AMOUNT,		
\$877,534 WAS CONTR	BUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND		
CONTRIBUTIONS SUCH	AS TRAVEL AND TRAVEL SERVICES, TRANSPORTATION,		
LODGING, AND OTHER	SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S		
	STATEMENT PURPOSES, THESE AMOUNTS ARE INCLUDED AS		
	JE AND GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER,		
THE IRS REQUIRES T	HIS AMOUNT BE EXCLUDED FROM BOTH REVENUE AND EXPENSE.		
FORM 990, PART VI,	SECTION A, LINE 1A:		
	CORS SHALL APPOINT AN EXECUTIVE COMMITTEE COMPOSED OF 3		
THE BOARD OF DIREC			
	ONE OF WHOM SHALL BE THE BOARD CHAIR, TO SERVE AS THE		
OR MORE DIRECTORS,	ONE OF WHOM SHALL BE THE BOARD CHAIR, TO SERVE AS THE		
OR MORE DIRECTORS, EXECUTIVE COMMITTE			
OR MORE DIRECTORS, EXECUTIVE COMMITTE UNLESS LIMITED IN	S OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE,		edule O (Form 990) 202

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OF THE BUSINESS AND AFFAIRS OF THE CORPORATION BETWEEN MEETINGS OF THE	
BOARD OF DIRECTORS; PROVIDED, HOWEVER, THAT THE EXECUTIVE COMMITTEE SHALL	
NOT HAVE THE AUTHORITY IN THE FOLLOWING MATTERS: (I) FILLING VACANCIES ON,	
R INCREASING OR DECREASING THE MEMBERS OF, THE BOARD OF DIRECTORS OR ANY	
COMMITTEE OF THE BOARD OF DIRECTORS; (II) ADOPTION, AMENDMENT OR REPEAL OF	
THESE BYLAWS OR THE ARTICLES OF INCORPORATION; OR (III) ANY MATTERS	
PROHIBITED BY LAW. THE SECRETARY OF THE CORPORATION SHALL SEND TO EACH	
DIRECTOR A SUMMARY REPORT OF THE BUSINESS CONDUCTED AT ANY MEETING OF THE	
XECUTIVE COMMITTEE.	
ORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM	
INGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE	
CCOUNTING FIRM IS REVIEWED BY THE FOUNDATION'S PRESIDENT AND CEO. THE	
ETURN IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE	
OR THEIR REVIEW. SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A COMPLETE COPY	
OF THE FORM 990 IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO	
ILING WITH THE INTERNAL REVENUE SERVICE.	
YORM 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,	
MPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
NNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
EVIEWED BY THE VOLUNTEER MANAGER IF THEY ARE FROM VOLUNTEERS, AND THE	
RESIDENT/CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS	
NONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICT	Schedule O (Form 990) 202

Schedule O (Form 990) 2022 Name of the organization MAKE-A-WISH FOUNDATION OF GREATER LOS	Page 2 Employer identification number
ANGELES	95-4107024
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 (3) THE CONFLICTED PERSON	
RECUSES HIMSELF-HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE	
TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT	
AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE TOTAL COMPENSATION (INCLUDING BASE SALARY, BENEFITS, AND INCENTIVE	
PAYMENTS) OF THE FOUNDATION'S PRESIDENT/CEO AND OFFICERS WAS REVIEWED AND	
APPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS COMPRISED	
SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHOM HAD A CONFLICT OF INTEREST	
WITH RESPECT TO THE PROPOSED COMPENSATION ARRANGEMENTS. COMPENSATION IS	
REVIEWED AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY	
FEW YEARS BY MAKE-A-WISH FOUNDATION OF AMERICA AND BY LOCAL SALARY SURVEYS	
CONDUCTED BY STATE ORGANIZATIONS, LIKE THE CALIFORNIA NONPROFITS	
ASSOCIATION AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE REVIEW OF	
APPROPRIATE COMPARABILITY INFORMATION REGARDING THE COMPENSATION PAID BY	
OTHER SIMILARY SITUATED NONPROFIT ORGANIZATIONS TO THEIR CEO'S AND TOP	
MANAGEMENT OFFICIALS IS MADE TO ENSURE THAT THE COMPENSATION PROPOSED FOR	
THE CORRESPONDING EXECUTIVE AT THE FOUNDATION IS REASONABLE AND APPROPRIATE	
BASED ON COMPARABLE MARKET DATA. THE FOUNDATION CONTEMPORANEOUS RECORDS	
INCLUDE (1) THE TERMS OF THE COMPENSATION ARRANGEMENTS (INCLUDING THE DATES	
THEY WERE APPROVED), (2) THE NAMES OF BOARD MEMBERS WHO WERE PRESENT DURING	
THE DISCUSSIONS AND WHO VOTED ON THE ARRANGEMENTS, AND (3) A DESCRIPTION OF	
THE COMPARABILITY DATA RELIED UPON BY THE FOUNDATION BEFORE THE	
COMPENSATION ARRANGEMENTS WERE APPROVED.	

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Schedule O (Form 990) 2022

		Pag
lame of the organization	MAKE-A-WISH FOUNDATION OF GREATER LOS ANGELES	Employer identification numb 95-4107024
	ANGE 10	55 410/024
HE SAME PROCESS LIS	STED ABOVE IS USED FOR OTHER STAFF, USING THE SAME	
	S FOR STAFF OTHER THAN THE PRESIDENT/CEO ARE DECIDED	ВҮ
HE PRESIDENT/CEO IN	CONSULTATION WITH THE EMPLOYEE'S IMMEDIATE SUPERVISO	R
ITHIN LIMITS SET BY	THE BOARD-APPROVED BUDGET. ALL SALARY INCREASES ARE	
ASED ON METRICS FRO	DM PERFORMANCE REVIEWS.	
יססאג ממה האסייי געד כ	2007TON C ITNE 19.	
ORM 990, PART VI, S	ESTHE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLIC	CY
	IENTS AVAILABLE UPON REQUEST.	