** 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)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2023 calendar year, or tax year beginning SEI	2 1, 2023 and e	nding A	JG 31, 2024	•
В	Check if	C Name of organization			D Employer identifi	cation number
	applicable					
Г	Addres		CO			
F	Name change				85-0347088	
F	Initial	Number and street (or P.O. box if mail is not delive	vered to street address) B	oom/suite	E Telephone numbe	
F	Final	7400 TIBURON STREET NE	A1		505-888-9474	
_	☐return/ termin ated		IP or foreign postal code		G Gross receipts \$	2,499,694.
Г	Amend	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re		
F	return Applic		LISTER		for subordinates	
	Ition pendir	SAME AS C ABOVE			H(b) Are all subordinates in	—
$\overline{}$	Tayay	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or	527		list. See instructions
	Websit		(IIISELL IIO.) 4947(a)(1) 01	JZ1		
			ociation Other	I Voor	H(c) Group exemption 1986	•
	art I	Summary	Ociation Other	L TEAL (or iorination, 1900 r	M State of legal domicile: NM
	_		::::	WF CD	<u> </u>	
ė	1	Briefly describe the organization's mission or most s LIFE-CHANGING WISHES FOR CHILDREN WITH		t, WE CK	EATE	
aŭ					U 050/ - 6't t	1-
Governance	2	Check this box if the organization discont	sets.			
Š	3	Number of voting members of the governing body (F			3	12
		Number of independent voting members of the gove				
<u>e</u> s	5	Total number of individuals employed in calendar ye				6
Activities &	6	Total number of volunteers (estimate if necessary)				75
Act	7 a	Total unrelated business revenue from Part VIII, colu				0.
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
<u>e</u>	8				2,104,888.	2,413,845.
enc	9				450.	300.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			23,877.	31,989.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-81.	0.
	12	Total revenue - add lines 8 through 11 (must equal F	art VIII, column (A), line 12)		2,129,134.	2,446,134.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,106,903.	1,148,255.
	14	Benefits paid to or for members (Part IX, column (A),	line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		490,276.	530,796.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin			0.	0.
90	. b	Total fundraising expenses (Part IX, column (D), line	25) 198,49	55.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		301,832.	331,710.
	18	Total expenses. Add lines 13-17 (must equal Part IX	column (A), line 25)		1,899,011.	2,010,761.
	19	Revenue less expenses. Subtract line 18 from line 1	2		230,123.	435,373.
Net Assets or	G C			Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			2,388,263.	2,956,897.
ASS	21	Total liabilities (Part X, line 26)			138,561.	205,103.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from li	ne 20		2,249,702.	2,751,794.
P	art II	Signature Block				
Und	ler pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules a	ınd stateme	nts, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer		
		Docusigned by:			4/10/20	<u> </u>
Sig	n	Signature of officer			Date	
Hei	re	SARA LISTER, PRESIDENT & CEO				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Pate Check	PTIN
Pai	d		ACQUELINE ECKMAN	0 4	1/09/25 if self-employ	P01300648
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP		•	i .	41-0746749
	Only	Firm's address 20 EAST THOMAS ROAD, SUITE				
	-	PHOENIX, AZ 85012			Phone no. (60	2) 266-2248
Ma	v the IF	RS discuss this return with the preparer shown above	e? See instructions			X Yes No

	990 (2023) MAKE-A-WISH FOUNDATION OF NEW MEXICO	85-0347088	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х Х
1	Briefly describe the organization's mission: TOGETHER, WE CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ye	es X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses,	and
4a	(Code:) (Expenses \$1,619,340. including grants of \$1,148,255.) (Revenue)	ue \$	300.)
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
ŦIJ	(Code:) (expenses \$	е \$,
4c	(Code:) (Expenses \$	ie\$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	TEXPONDOS W INCIDIO IN TORVENUE D		

85-0347088

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	4.44		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Δ.
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <i>``</i> _		
	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,"			
.0	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
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		х

332003 12-21-23

Form **990** (2023)

Form	990 (2023) MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347	880	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			
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	. 20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"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		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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			.,
	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?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
· u	Check if School do O contains a reconomic or note to any line in this Dort V			
	Check if Schedule O contains a response or note to any line in this Part v			L Ni
4-	Enter the number reported in box 3 of Form 1006. Enter 0, if not explicable	4	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1c	Х	
332004	4 12-21-23			(2023)

Form	990 (2023) MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-034708	88	F	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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	"		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	4 a		
D	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e		7e		х
_		7f		x
f				+
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
h	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			
_		1		
		44-		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	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		Х
	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.			
	, ,			

332005 12-21-23

Form **990** (2023)

MAKE-A-WISH FOUNDATION OF NEW MEXICO Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NM

exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Upon request Other (explain on Schedule O)

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

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the year?

State the name, address, and telephone number of the person who possesses the organization's books and records SARA LISTER - 505-888-9474

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

7400 TIBURON STREET NE, A1, ALBUQUERQUE, NM 87109

Form **990** (2023)

Х

16a

16h

Form 990 (2023) MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347088 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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.

г	_	1								
- 1		Check this box i	if neither the	organization no	or any related	organization	compensated	any current	officer directo	or or trustee

Check this box if neither the organization n	(C)					ısaı	(D)	(E)	(F)	
Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	itior more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SARA LISTER	40,00	1								
PRESIDENT & CEO				Х				139,558.	0.	13,010.
(2) JON PAUL ESPINOZA	1.00	1								
CHAIR		Х		Х				0.	0.	0.
(3) SEASON CHAVEZ	1.00	1								
VICE CHAIR		Х		Х				0.	0.	0.
(4) MANDY FUNCHESS	1.00	1								
TREASURER		Х		Х				0.	0.	0.
(5) COLLEEN BERGER	1.00	1								
SECRETARY		Х		Х				0.	0.	0.
(6) ANGELIC GRIEGO	1.00									
DIRECTOR		Х						0.	0.	0.
(7) AUBRY PADILLA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) BRAD COOK	1.00									
DIRECTOR (THRU 9/7/23)		Х						0.	0.	0.
(9) CHRIS ARCHULETA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CHRIS WOODS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVID STUHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DEENA CRAWLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DERRICK CUENCA	1.00									
DIRECTOR (THRU 1/1/24)		Х						0.	0.	0.
(14) ERIN CHISOLM	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MARK BENNETT	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
		<u> </u>								
		1								
		<u> </u>								<u> </u>

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Part VII Section	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(0	C)			(D)	(E)			(F)	
N	ame and title	Average	(do		Pos heck		າ than d	one	Reportable	Reportable		Es	timate	ed
		hours per week	box	, unles	ss pe	rson i	s both	n an	compensation	compensatio		an	nount	of
		(list any							from the	from related organization		com	other pensa	tion
		hours for	director				- - - -		organization	(W-2/1099-MIS		l	om th	
		related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations below	nal trus	onal t		ployee	comp		1099-NEC)			l	d relat	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga 	anizati	ons
		,	=	=	0	×	王亚	Œ						
			ł											
1h Subtotal			<u> </u>	l			l	<u> </u>	139,558.		0.		13	010.
c Total from c	ontinuation sheets to Part VI	I. Section A							0.		0.		,	0.
	nes 1b and 1c)								139,558.		0.		13,	010.
	r of individuals (including but n								eceived more than \$100,	000 of reportable				
compensatio	n from the organization													1
													Yes	No
3 Did the organ	nization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	es, " complete Schedule J for s											3		Х
•	idual listed on line 1a, is the su	•		•					•	•		4	Х	
	organizations greater than \$150 on listed on line 1a receive or a											4	A	
	he organization? <i>If</i> "Yes." com	•				•			ū			5		Х
	endent Contractors	piete Scriedale	<i>- 0 1</i> 0	JI SU	<i>1</i> C11	Jers	OII .							
1 Complete this	s table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa:	tion fro	om	
the organizat	ion. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)		_	(0		
	Name and business	address	NO	NE					Description of s	ervices		compe	nsatio	n
								\dashv						

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Check if Schedule O contains a response or note to any line in the Part VIII CA	· u	1 L V	•••	_	or note to any line	a in this Part VIII			
December				Officer in Schedule O Contains a response	or note to any line	(A)	(B) Related or exempt	(C) Unrelated	Revenue excluded from tax under
Page	s, Grants Amounts	1	b c	Membership dues 1b 1c					
Page	utions, Gift her Similar		е	Government grants (contributions) All other contributions, gifts, grants, and					
Page	Contrik and Ot		_	Noncash contributions included in lines 1a-1f	405,375.	2,413,845.			
Securities Sec									
g Total. Add lines 2a-2f 300. 3 Investment income (including dividends, interest, and other similar amounts) 31,989. 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents 6a 6b 6c	ø	2	а	WISH ASSIST FEES	900099	300.	300.		
g Total. Add lines 2a-2f 300. 3 Investment income (including dividends, interest, and other similar amounts) 31,989. 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents 6a 6b 6c	, kic		b						
g Total. Add lines 2a-2f 300. 3 Investment income (including dividends, interest, and other similar amounts) 31,989. 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents 6a 6b 6c	Ser		С						
g Total. Add lines 2a-2f 300. 3 Investment income (including dividends, interest, and other similar amounts) 31,989. 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents 6a 6b 6c	an eve		d						
g Total. Add lines 2a-2f 300. 3 Investment income (including dividends, interest, and other similar amounts) 31,989. 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents 6a 6b 6c	ogr Be		е						
Total. Add lines 2a2f. 300. 3 Investment income (including dividends, interest, and other similar amounts) 31,989. 31,989. 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 (i) Real (ii) Personal 6 a 6 c c Rental income or (loss) 6 c c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory 8 b Less: cost or other basis and sales expenses 7 c Gain or (loss) 7 c c Gain or (loss) 7 c c Gain or (loss) 7 c c Rental income or (loss) 7 c c Rental income or (loss) 8 c Gross income from fundraising events (not including \$ 276,971. or contributions reported on line 1c). See Part IV, line 18 8 53,560. c Ret income or (loss) from fundraising events 9 a Gross income from gaming activities 8 9 a 9 b Less: direct expenses 8 b 53,560. c Ret income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Cross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less re	Pro		f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses 6 b B Gc Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales sepenses 7 b C D D D D D D D D D D D D D D D D D D						300.			
A income from investment of tax-exempt bond proceeds Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross income from fundraising events c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 276, 971_ of contributions reported on line 1c). See Part IV, line 18 B Less: direct expenses C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code		3		Investment income (including dividends, interest	est, and				
10				other similar amounts)		31,989.			31,989.
10 10 10 10 10 10 10 10		4		Income from investment of tax-exempt bond p	oroceeds				
Section Sect		5							
b Less: rental expenses 6b c c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b c C Gain or (loss) 7c d Net gain or (loss) 7c c d Net gain or (loss) 7c c contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b 53,560. c Net income or (loss) from fundraising events 0. 9 a Gross income from gaming activities. See Part IV, line 19 9b Less: direct expenses 9b c c Net income or (loss) from gaming activities or Net income or (loss) from gaming activities or Net income or (loss) from gaming activities or Net income or (loss) from sales of inventory less returns and allowances 10a loss from sales of inventory Business Code				(i) Real	(ii) Personal				
The state of the s		6	а	Gross rents 6a					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b			b	Less: rental expenses 6b					
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b			С	Rental income or (loss) 6c					
assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 8 a Gross income from fundraising events (not including \$ 276,971. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses C Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses D D D D D D D D D D D D D D D D D D D			d	` '					
b Less: cost or other basis and sales expenses 7b		7	а	Gross amount from sales of (i) Securities	(ii) Other				
and sales expenses 7b 7c				assets other than inventory 7a					
C Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$276,971.\ of contributions reported on line 1c). See Part IV, line 18 8a 53,560. C Net income or (loss) from fundraising events 0. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b c Net income or (loss) from sales of inventory 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b c Net income or (loss) from sales of inventory 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b c Net income or (loss) from sales of inventory 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory 10 a Gross s	ne		b						
8 a Gross income from fundraising events (not including \$ 276,971. of contributions reported on line 1c). See Part IV, line 18 8a 53,560. b Less: direct expenses	len/		С						
8 a Gross income from fundraising events (not including \$ 276,971. of contributions reported on line 1c). See Part IV, line 18 8a 53,560. b Less: direct expenses	Re								
Part IV, line 18	Jer	8	а	including \$ of					
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d				• • • • • • • • • • • • • • • • • • • •	53,560.				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a			b		53,560.				
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a Business Code 11 a B C C C C C C C C C C C C C C C C C C						0.			
b Less: direct expenses 9b		9	а	Gross income from gaming activities. See					
b Less: direct expenses 9b				Part IV, line 19					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code d All other revenue e Total. Add lines 11a-11d			b						
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Business Code d All other revenue e Total. Add lines 11a-11d									
b Less: cost of goods sold		10	а		a				
C Net income or (loss) from sales of inventory Business Code C d All other revenue e Total. Add lines 11a-11d			b						
11 a									
e Total. Add lines 11a-11d	, 0				Business Code				
e Total. Add lines 11a-11d	ño 6	11	а						
e Total. Add lines 11a-11d	ane		b						
e Total. Add lines 11a-11d	eve		С						
e Total. Add lines 11a-11d	Aisc		d	All other revenue					
12 Total revenue. See instructions 2,446,134. 300. 0. 31,989.									
		12		Total revenue. See instructions		2,446,134.	300.	0.	31,989.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	r organizations must com	nolete column (A)	
00011	Check if Schedule O contains a respons			, ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	САРСПОСО
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	1,148,255.	1,148,255.		
3	Grants and other assistance to foreign	, ,	, , ,		
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	145,000.	86,897.	25,062.	33,041.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	309,345.	185,356.	53,590.	70,399.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,590.	8,163.	2,275.	3,152.
9	Other employee benefits	26,938.	16,163.	4,579.	6,196.
10	Payroll taxes	35,923.	21,521.	6,239.	8,163.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	42,574.	2,795.	38,825.	954.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	15,964.	262.	7,377.	8,325.
12	Advertising and promotion				
13	Office expenses	39,134.	13,579.	9,550.	16,005.
14	Information technology	8,066.	400.	6,866.	800.
15	Royalties				
16	Occupancy	34,068.	20,352.	5,914.	7,802.
17	Travel	11,305.	37.	6,319.	4,949.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,345.		3,112.	12,233.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	948.	546.	255.	147.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CHAPTER DUES	164,306.	115,014.	23,003.	26,289.
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,010,761.	1,619,340.	192,966.	198,455.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

<u>Par</u>	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,786,538.	1	2,073,143
	2	Savings and temporary cash investments			7,629.	2	17,662
	3	Pledges and grants receivable, net			67,496.	3	269,113
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu	ualified per	ns sons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in sect	ion 4958(c)(3)(B)		6	
_s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	3,421.	8	24,00		
AS	9	Duran sid some server and defermed also some			48,812.	9	59,61
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	1 1	1,063.			
	b	Less: accumulated depreciation		283.	992.	10c	78
	11	Investments - publicly traded securities	388,392.	11	434,10		
	12	Investments - other securities. See Part IV, lii	,	12	,		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	84,983.	15	78,47		
	16	Total assets. Add lines 1 through 15 (must e			2,388,263.	16	2,956,89
	17	Accounts payable and accrued expenses			64,003.	17	153,41
	18	Grants payable			,	18	,
	19	Deferred revenue	1,682.	19	2,60		
	20	Tax-exempt bond liabilities	, , , , , , , , , , , , , , , , , , ,	20	,		
	21	Escrow or custodial account liability. Comple			21		
_	22	Loans and other payables to any current or f					
20		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of		· · · · · · · · · · · · · · · · · · ·		22	
La	23	Secured mortgages and notes payable to un	•			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of O also also by	•	·	72,876.	25	49,08
	26	Total liabilities. Add lines 17 through 25			138,561.	26	205,10
		Organizations that follow FASB ASC 958,	check here	X			<u> </u>
Se		and complete lines 27, 28, 32, and 33.	oncok ner				
Š	27	All a contract of the contract			2,182,162.	27	2,602,98
ge	28	Net assets with donor restrictions	67,540.	28	148,80		
2		Organizations that do not follow FASB AS			,		
2		and complete lines 29 through 33.	0 000, 0110				
5	29	Capital stock or trust principal, or current fur	nde			29	
ers	30	Paid-in or capital surplus, or land, building, o				30	
22	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,249,702.	32	2,751,79
Ż	33	Total liabilities and net assets/fund balances			2,388,263.	33	2,956,89
	33	Total habilities and het assets/fund palatices			2,000,200.	<i>3</i> 3	Form 990 (202

	1990 (2023) MAKE-A-WISH FOUNDATION OF NEW MEXICO	85-0347088	i	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	446,	134.
2	Total expenses (must equal Part IX, column (A), line 25)	2		010,	
3	Revenue less expenses. Subtract line 2 from line 1	3			373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	249,	702.
5	Net unrealized gains (losses) on investments	5		45,	717.
6	Donated services and use of facilities	6		21,	002.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,	751,	794.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	are sudite, explain why an Cabadula O and describe any steps taken to undergo such audite		O.		

332012 12-21-23

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347088 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,647,287.	1,451,418.	1,807,996.	2,104,888.	2,413,845.	9,425,434.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,647,287.	1,451,418.	1,807,996.	2,104,888.	2,413,845.	9,425,434.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,362,432.
6	Public support. Subtract line 5 from line 4.						8,063,002.
	ction B. Total Support						· · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,647,287.	1,451,418.	1,807,996.	2,104,888.	2,413,845.	9,425,434.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		673.	8,079.	23,877.	31,989.	64,618.
9	Net income from unrelated business			·	·	,	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	74,942.	530.	19,501.	37,421.	53,560.	185,954.
11	Total support. Add lines 7 through 10	·		·	·	·	9,676,006.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	750.
	First 5 years. If the Form 990 is for th	•	,				
	organization, check this box and stop						
Sec	ction C. Computation of Publi		_				
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	83.33 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	87.56 %
16a	33 1/3% support test - 2023. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did not	check a box on li				
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line			
	more, and if the organization meets th	-					
	organization meets the facts-and-circu	ımstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 1 <u>7b</u>	, check this box a	nd see instructions	
				<u> </u>	<u> </u>	Schedule A	Form 990) 2023

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

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

Sec	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(3) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotal
-	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	Total. Add lines 1 through 5					+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	1	
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	ret second third	fourth or fifth tax	vear as a section	-I 501(c)(3) organizatio	n
17	check this box and stop here	ŭ		•	•	. , . ,	· —
Sec	etion C. Computation of Publi					•••••	
	Public support percentage for 2023 (li			column (f))		15	%
						16	<u> </u>
	Public support percentage from 2022 ction D. Computation of Inves					10	90
	Investment income percentage for 20			ine 13 column (f)\		17	%
	Investment income percentage from 2					18	
ıya	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	 a. or 19b. check th 	ns box and see in	structions	

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Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4 -		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
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	10a		
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MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347088 Schedule A (Form 990) 2023 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 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 5 5 Income tax imposed in prior year

Schedule A (Form 990) 2023

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

6

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990) 2023 MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347088 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	V
Sect	ion 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			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	Г	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 1a	1		

Schedule A (Form 990) 2023

Breakdown of line 7:
 Excess from 2019
 Excess from 2020
 Excess from 2021
 Excess from 2022
 Excess from 2022
 Excess from 2023

Schedule A (Form 990) 20)23 MAKE	-A-WISH FOUNI	DATION OF NEW	WEXICO		85-0347088	Page 8
Part VI Suppleme Part IV, Sect line 1; Part IV	ental Informatio tion A, lines 1, 2, 3b, V, Section D, lines 2 nes 5, 6, and 8; and 1	3c, 4b, 4c, 5a, 6, and 3; Part IV, Se	9a, 9b, 9c, 11a, ection E, lines 1c	11b, and 11c; Part I	V, Section B, lines 1 Part V, line 1; Part \	r 17b; Part III, line 12; I and 2; Part IV, Section V, Section B, line 1e; Pa nal information.	n C,
SCHEDULE A, PART II	, LINE 10, EXPL	ANATION FOR (OTHER INCOME	:			
GROSS FUNDRAISING R	EVENUE						
2019 AMOUNT: \$ 72	,613.						
2020 AMOUNT: \$ 53	0.						
2021 AMOUNT: \$ 19	,501.						
2022 AMOUNT: \$ 37	,421.						
2023 AMOUNT: \$ 53	,560.						
OTHER REVENUE							
2019 AMOUNT: \$ 2,	329.						

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347088 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 \$ 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).

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

Schedule B (Form 990) (2023)

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Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF NEW MEXICO	85-0347088

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	* \$ 180,931.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person X Payroll

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ame of or	ganization		Employer identification number
AKE-A-W	ISH FOUNDATION OF NEW MEXICO		85-0347088
Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
8		\$ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
10		\$57	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		 \$	Person Payroll Noncash

(b)

(a)

(c)

(Complete Part II for noncash contributions.)

(d)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION OF NEW MEXICO

85-0347088

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
1	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	_					
		 \$\$	08/31/24				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
5	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	_					
			08/31/24				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		_					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		_					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		_					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		_					

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** MAKE-A-WISH FOUNDATION OF NEW MEXICO 85 - 0347088Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization MAKE-A-WISH FOUNDATION OF NEW MEXICO **Employer identification number** 85-0347088

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose conferr	ing
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	on or education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic struc		2c
d	Number of conservation easements included on line 2c acquire		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ised, extinguished, or terminated by the organi	zation during the tax
_	year		
4	Number of states where property subject to conservation ease	<u>'</u>	
5	Does the organization have a written policy regarding the perio		□ v □ v.
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	anding of violations, and emorcing conservation	or easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation ea	sements during the year
•	Amount of expenses induited in monitoring, inspecting, naridin	ig or violations, and emoreing conservation ca.	sements during the year
8	Does each conservation easement reported on line 2d above s	atisfy the requirements of section 170(h)(4)(R)(i)
Ŭ			
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	9	
Par		Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial	ial statements that describes these items.	·
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB ASC		
а	Revenue included on Form 990, Part VIII, line 1		\$
<u>b</u>	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions f		Schedule D (Form 990) 2023

332051 09-28-23

Sche	ddio D (i 0iiii 000) 2020	FOUNDATION OF						347088	Р	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histor	rical Tre	asures, or	Other S	imilar Asse	ets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	ny of the f	ollowing that i	make sign	ificant use of it	S		
	collection items (check all that apply).									
а	Public exhibition	d	<u> </u>	oan or exc	hange prograr	m				
b	Scholarly research	е	. O	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they	/ further th	e organization	n's exemp	t purpose in Pa	ırt XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, histo	orical treas	sures, or other	similar as	sets			
	to be sold to raise funds rather than to be ma						[Yes		No
Par	t IV Escrow and Custodial Arrang		te if the or	ganization	answered "Y	es" on Fo	rm 990, Part IV	, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for co	ontribution	s or other ass	ets not ind	cluded			
	on Form 990, Part X?						[Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amour	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						? [Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided in Pa	art XIII .				
Par	t V Endowment Funds Complete if	the organization ans	wered "Y	es" on For	m 990, Part IV	/, line 10.				
		(a) Current year	(b) Pri	or year	(c) Two years	back (d	Three years bad	ck (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a.	column (a)) held as:	<u> </u>		·		
a	Board designated or quasi-endowment	•	% %	σοιαιτιτ (α)) 1101d do.					
h	Permanent endowment	%								
c		/0 %								
Ū	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	tion that a	are held an	nd administere	d for the				
oa	organization by:	331011 Of the organiza	ition that e	arc ricid ar	id administere	d for the			Yes	No
	9							3a(i)	1.00	
L	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.	tions listed as requir		adula DO				3a(ii)		
_								3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment für	ias.						
	Complete if the organization answered		Part IV I	ine 11a S	ee Form 990	Part X lin	e 10			
	Description of property	(a) Cost or o	i i		or other		umulated	(d) Boo	k vol.	
	Description of property	basis (investn			(other)		eciation	(u) 600	n valu	e
10	Land	· · · · · · · · · · · · · · · · · · ·		24013	(23,101)	Зорго	.5.4.1011			
_	Land									
b	Buildings				+					
	Leasehold improvements	I			1,063.		283.			780.
	Equipment				1,000.		203.			, 50.
	Add lines 1a through 1e. (Column (d) must o		V line 10-		(D))					780.

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

Schedule D (Form 990) 2023

49,088.

(9)

Sche	dule D (Form 990) 2023 MAKE-A-WISH FOUNDATION OF NEW MEXICO			85-0347088	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Re	turn	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<u> </u>	
1				1	2,734,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا	45,717.		
a	Net unrealized gains (losses) on investments	2a 2b	242,872.		
b	Donated services and use of facilities	2c	242,072.		
c d	Recoveries of prior year grants Other (Describe in Part XIII.)	2d			
e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	288,589.
3	Subtract line 2e from line 1				2,446,134.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,446,134.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With E	xpenses per P	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,232,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	221,870.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	221,870.
3	Subtract line 2e from line 1			3	2,010,761.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	•			•
	Add lines 4a and 4b			4c	0.
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,010,761.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part X, line 2; P	art XI,
	YX, LINE 2:				
THE	FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCO	OME AND			
NEW	MEXICO INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CO	ODE			
(IRC	e) SECTION 501(C)(3). HOWEVER, THE FOUNDATION REMAINS SUBJECT TO	O INCOME			
TAXE	S ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS,				
	·				
REGU	CLARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICE	CH IT			
WAS	GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS	S THE			
NET	INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OR	PINION			
OF M	IANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS	5 A			
WHOL	·E.				
MANA	GEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE				

Schedule D (Form 990) 2023 MAKE-A-WISH FOUNDATION OF NEW MEXICO	85-0347088	Page 5
Schedule D (Form 990) 2023 MAKE-A-WISH FOUNDATION OF NEW MEXICO Part XIII Supplemental Information (continued)		
FOUNDATION AT AUGUST 31, 2024 AND 2023. THE FOUNDATION FILES INCOME TAX		
FOUNDATION AT AUGUST 31, 2024 AND 2023. THE FOUNDATION FILES INCOME TAX		
RETURNS IN THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE		
JURISDICTIONS.		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2023

QUZJ
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization						Employer ide	ntification number
	H FOUNDATION OF NEW MEXICO					85-034708	
Fundraising Activities. required to complete this par	 Complete if the organization answett. 	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais		g activ	ities.	Check all that apply.			
a Mail solicitations	e Solicita	tion of	non-g	overnment grants			
b Internet and email solicitations	f Solicitat	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	ising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, P				-		Yes	
b If "Yes," list the 10 highest paid indiv		ant to	agree	ments under which th	ne fur	ndraiser is to be)
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total List all states in which the organization or licensing.	on is registered or licensed to solicit o			or has been notified	it is e	exempt from re	l gistration
or moontaing.							
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z .			Schedule	G (Form 990) 2023

Page 2

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
		or randialising event continuations and gri	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WINE AND WISHES	LOVE AT FIRST WISH	3	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	245,489.	44,056.	40,986.	330,531.
Œ		Less: Contributions	202,569.	44,056.	30,346.	276,971.
	3	Gross income (line 1 minus line 2)	42,920.		10,640.	53,560.
	4	Cash prizes				
v		Noncash prizes	4,860.			4,860.
shense	6	Rent/facility costs	12,402.		5,189.	17,591.
Direct Expenses	7	Food and beverages	21,591.		5,451.	27,042.
Ω		Entertainment				
	9	Other direct expenses				4,067.
	10	Direct expense summary. Add lines 4 through	. ,			53,560.
Pa	ırt I	Net income summary. Subtract line 10 from light Gaming. Complete if the organization				0.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000, 1 art 10, mile 10, or 1	eported more than	
			(a) Diana	(b) Pull tabs/instant	(a) Oth an aramin a	(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue				
Š	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu	_	0		
		the organization licensed to conduct gaming a No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
3320	82 09	9-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 MAKE-A-WISH FOUNDATION OF NEW MEXICO 85	-0347088	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
Ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
_	of gaming revenue retained by the third party \$		
,	If "Yes," enter name and address of the third party:		
•	7 1 100, office that addition of the time party.		
	Name		
	- Name		
	Address		
	Address		
16	Gaming manager information:		
16	Gaming manager information.		
	Name		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatany diatributions:		
	Mandatory distributions:		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?	res	∟ No
C	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I		0h 10h
ıa		art III, lines 9, 8	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990)	MAKE-A-WISH FOUNDATION OF NEW MEXICO	85-0347088	Page 4
Part IV	- _{orm 990)} Supplemental Infor	mation (continued)		
-				
-				
-				
-				

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	OUNDATION OF 1	IEW MENTOO					Employer identification number 85-0347088		
Part I General Information on Grants		NEW MEXICO					65-0347086		
Does the organization maintain records criteria used to award the grants or ass	to substantiate the stance?				-				
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-								

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85-0347088

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WISHES GRANTED	109	162,683.	985,572.	FMV	TRAVEL, M&E, SUPPLIES
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	I .
PART I, LINE 2:					
FOR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A FI	LE IS ESTABLI	SHED IN			
ACCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURES.	тик ситго т	S			
INTERVIEWED BY THE WISH GRANTING STAFF TO UNDERSTA	ND THE CHILD'	S WISH			
REQUEST. A WISH BUDGET IS CREATED BY WISH STAFF A	ND APPROVED B	Y WISH			
MANAGEMENT. WISH EXPENSES ARE GENERATED BY WISH F	ULFILLMENT ST	AFF AND			
REVIEWED AND APPROVED BY WISH MANAGEMENT TO ENSURE	THAT COSTS A	LIGN WITH			
THE WISH BUDGET. ONCE THE WISH HAS BEEN GRANTED A	ND ALL EXPENS	ES PAID, THE			
WISH FILE IS CLOSED.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347088

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

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

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

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

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

(A) Name and Title (i) Base compensation (ii) Bonus & incentive compensation (1) SARA LISTER (i) 121,558. 18,000. 0. 0. 5,584. PRESIDENT & CEO (ii) 0. 0. 0. 0. 0. 0. (ii) (iii) (i	7,426.		reported as deferred on prior Form 990
PRESIDENT & CEO (i) (i) (ii) (i) (ii) (ii) (ii) (ii) (ii) (iii) (iii			
PRESIDENT & CEO (ii) 0. 0. 0. 0. 0. 0. 0. (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii	0.	0.	0.
(ii) (i) (iii)			
(ii) (i) (iii)			
(i) (i) (ii) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiiiii)			
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(i)			

Schedule J (Form 990) 2023	MAKE-A-WISH FOUNDATION OF NEW MEXICO	85-0347088	Page 3
Part III Supplemental Information	n		
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 I	Part II. Also complete this part for any additional information.	
PART I, LINE 7:			
•			
INCENTIVE PAY IS DETERMINED	D BY THE CHAIR OF THE BOARD IN CONSULTATION WITH		
THE BOARD OF DIRECTORS AT	THE END OF EACH FISCAL YEAR. IT IS BASED ON JOB		
PERFORMANCE AND THE SUCCESS	S OF THE CHAPTER IN MEETING GOALS AND METRICS.		
THE AMOUNT CAN BE UP TO 159	F OF THE PRESIDENT/CEO'S SALARY PER EMPLOYMENT		
CONTRACT.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

		MAKE-A-WISH FOUNDA	ATION OF N	NEW MEXICO		85-	0347088	3	
Pai	tl 1	Types of Property				•			
	•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determini	•	s
1	Art - Wo	orks of art							
2		torical treasures							
3		ctional interests							
4		and publications							
5		g and household goods							
6	Cars an	d other vehicles							
7		nd planes							
8		ual property							
9	Securitie	es - Publicly traded							
10	Securiti	es - Closely held stock							
11		es - Partnership, LLC, or							
	trust int	erests							
12	Securitie	es - Miscellaneous							
13	Qualifie	d conservation contribution -							
	Historic	structures							
14	Qualifie	d conservation contribution - Other							
15	Real est	tate - Residential							
16	Real est	tate - Commercial							
17	Real est	tate - Other							
18		bles							
19		ventory							
20		nd medical supplies							
21		my							
22		al artifacts							
23	Scientifi	ic specimens							
24		ogical artifacts							
25	Other	(WISH RELATED)	Х	345	395,498.	FAIR VALUE			
26	Other	(SPECIAL EVENTS)	Х	31	9,877.	FAIR VALUE			
27	Other	()							
28	Other								
29	Number	of Forms 8283 received by the organi	ization during	the tax year for co	ontributions				
	for whic	h the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29			0	
								Yes	No
30a	During t	the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must ho	old for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt	purposes for the entire holding period	?				30a		Х
b		describe the arrangement in Part II.							
31	Does th	e organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	tions?	31	Х	
32a	Does th	e organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contribu	utions?					32a		Х
b	If "Yes,"	' describe in Part II.							
33	If the or	ganization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe	e in Part II.							

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

Schedule M (Form 990) 2023 MAKE-A-WISH FOUNDATION OF NEW MEXICO	85-0347088	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	33, and whether the organi	zation
is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	mbination of both. Also cor	mplete
this part for any additional information.		
CCUPDITE M DADW T COLUMN (D).		
SCHEDULE M, PART I, COLUMN (B):		
THE AMOUNTS IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS		
RECEIVED.		

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Publi

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number

OMB No. 1545-0047

MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347088 PART III LINE 4A, DESCRIPTION OF PROGRAM SERVICE: IT IS THE FOUNDING PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY ELIGIBLE CHILD, BETWEEN THE AGES OF 2 1/2 AND 18, FOR WISH KIDS, JUST THE ACT OF MAKING THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO COMPLY WITH THEIR MEDICAL TREATMENTS. WITH OUR WISH MAKING PROCESS WE STRIVE TO BRING A SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY DIFFICULT TIMES AND DELIVER A JOYFUL LIFE CHANGING EXPERIENCE WHETHER THE WISH IS A PRINCESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS OTHER POSSIBILITIES DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE MAKE-A-WISH FOUNDATION OF NEW MEXICO GRANTED 109 LIFE CHANGING WISHES IN THE FISCAL YEAR ENDING AUGUST 31, 2024. THE TOTAL COST OF WISHES \$188,170 GRANTED FOR THE FISCAL YEAR WAS \$1,807,509. OF THIS AMOUNT, WAS CONTRIBUTED 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 WISH. FOR FINANCIAL STATEMENT PURPOSES. THESE AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER THE IRS REQUIRES THIS AMOUNT BE EXCLUDED FROM BOTH REVENUE AND EXPENSE. FORM 990, PART VI, SECTION A, LINE 1A: EXECUTIVE COMMITTEE: THE CHAIR OF THE EXECUTIVE COMMITTEE SHALL BE THE CHAIRMAN OF THE CORPORATION. BY MAJORITY VOTE OF THE DIRECTORS IN OFFICE THE BOARD OF DIRECTORS MAY, BY RESOLUTION DULY ADOPTED, ESTABLISH AN EXECUTIVE COMMITTEE, WHICH SHALL CONSIST OF FOUR OR MORE DIRECTORS INCLUDING CHAIRMAN, VICE CHAIRMAN, SECRETARY, AND TREASURER. THE EXECUTIVE

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LHA 332211 11-14-23

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

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** MAKE-A-WISH FOUNDATION OF NEW MEXICO 85-0347088 COMMITTEE HAS PERMISSION TO ACT WITH FULL BOARD OF DIRECTORS AUTHORITY. PROVIDED THE EXECUTIVE COMMITTEE SUBMIT A COMPLETE REPORT TO THE BOARD OF DIRECTORS REGARDING ANY ACTION TAKEN ON BEHALF OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE ACCOUNTING FIRM WAS REVIEWED BY THE FOUNDATION'S PRESIDENT/CEO. THE FORM 990 WAS THEN PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD, COMPOSED OF FINANCIAL AND BUSINESS PROFESSIONALS, FOR REVIEW AND COMMENTS. SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER, EMPLOYEE, BOARD MEMBER, AND VOLUNTEER, SUCH STATEMENTS MUST BE SIGNED UPON DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND REVIEWED BY THE VOLUNTEER COORDINATOR IF THEY ARE FROM VOLUNTEERS. AND THE PRESIDENT/CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICTS OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE INCLUDES, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) DETERMINING THE NATURE OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON. (2) FULLY DISCLOSING CONFLICTING INTERESTS TO THE BOARD, (3) THE CONFLICTED PERSON RECUSES HIMSELF/HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE

Schedule O (Form 990) 2023	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF NEW MEXICO	Employer identification number 85-0347088
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 15A:	
FOR 2024 COMPENSATION, THE CEO'S COMPENSATION IS DETEREMINED BY THE BOARD	
OF DIRECTORS. THE CEO IS HIRED WITH AN EMPLOYMENT CONTRACT THAT IS	
APPROVED BY THE BOARD OF DIRECTORS AND ANY SALARY INCREASE IS APPROVED BY	
THE BOARD OF DIRECTORS DURING THE BUDGET PROCESS AT THE END OF EACH FISCAL	
YEAR.	
THE CEO HOLDS ANNUAL PERFORMANCE REVIEWS WITH STAFF MEMBERS. BASED ON	
THOSE REVIEWS, THE CEO PROPOSES ANY SALARY INCREASES DURING THE ANNUAL	
BUDGETING PROCESS THAT ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.	_
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	