Form 8868 (Rev. January 2024)	Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.	

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

	rations required to file an income tax return other than F					
	Form 7004 to request an extension of time to file incon	ne tax retur	ns.			
Part I - Id	dentification					
Type or Print	Name of exempt organization, employer, or other file MAKE-A-WISH FOUNDATION OF METRO NEW YOF	Taxpayer	ridentificatio	on number (TIN)		
	AND WESTERN NEW YORK		15641			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 500 5TH AVENUE , 2900					
return. See instructions.	City, town or post office, state, and ZIP code. For a f NEW YORK, NY 10110-2999	foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fi	ile a separa	te application for each return)			0 1
	ion Is For	Return	Application Is For			Return
, approun		Code				Code
Form 990) or Form 990-EZ	01	Form 4720 (other than individual)			09
	20 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
)-T (trust other than above)	06	Form 5330 (individual)			13
)-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
time to file If this a Plan	ou enter your Return Code, complete either Part II or Pa e Form 5330. pplication is for an extension of time to file Form 5330, n Name		C			
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **990**

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

OMB No. 1545-0047

Open to Public

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

	rtment of th al Revenue	he Treasury e Service	Go to www.irs.gov/	Form990 for instructions and	the latest in	formation.	Inspection		
ΑF	or the 2	2023 calenda	ar year, or tax year beginning	EP 1, 2023 and	d ending A	UG 31, 2024			
	heck if	C Name of	organization			D Employer identific	ation number		
a	pplicable:		-WISH FOUNDATION OF METRO	NEW YORK					
	Address change	AND WE:	STERN NEW YORK						
	Name change	Doing bu	usiness as			11-2645641			
	Initial return		and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone number			
	Final return/	500 5TI	H AVENUE		2900	212-957-9474			
	termin- ated	-1	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	17,807,063.		
	Amendeo	NEW IOI	RK, NY 10110-2999			H(a) Is this a group re			
	Applica- tion pending		nd address of principal officer: JOHN	I HEALEY		for subordinates			
		SAME AS				H(b) Are all subordinates in			
		npt status:) (insert no.) 4947(a)(1)	or 527	1 '	list. See instructions		
	Vebsite:	-				H(c) Group exemption			
		rganization: 🗋 Summary	X Corporation Trust A	ssociation Other	L Year	of formation: 1983 N	State of legal domicile: NY		
ГС					JED WE CE				
e			e the organization's mission or mos SHES FOR CHILDREN WITH CR		IER, WE CF	CAIL DIFE			
Governance					and of more	than 05% of its not ass	ata		
/err		heck this box	ing members of the governing body	ontinued its operations or dispo		1 1	21		
ĝ			ependent voting members of the go				21		
<u>م</u>			of individuals employed in calendar				78		
Activities &			of volunteers (estimate if necessary)				1140		
cti∕			d business revenue from Part VIII, c				0.		
Ă			business taxable income from Form				0.		
				, ,		Prior Year	Current Year		
n	8 C	ontributions a	and grants (Part VIII, line 1h)			12,941,442.	12,778,918.		
Revenue	9 Pr	rogram servic	ce revenue (Part VIII, line 2g)			164,175.	164,175.		
eve	10 In	vestment inc	come (Part VIII, column (A), lines 3, 4		313,899.	,899. 674,778			
£	11 O	ther revenue	(Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		-618,102.	-93,724.		
	12 To	otal revenue -	- add lines 8 through 11 (must equa	I Part VIII, column (A), line 12)		12,801,414.	13,524,147.		
			nilar amounts paid (Part IX, column			5,825,517.	6,694,733.		
			o or for members (Part IX, column (0.	0.		
es			compensation, employee benefits			6,589,310.	7,061,827.		
Expenses			undraising fees (Part IX, column (A),			0.	0.		
ă			ng expenses (Part IX, column (D), lii		·	2 961 700	2 012 000		
ш			es (Part IX, column (A), lines 11a-110			2,861,799. 15,276,626.	3,012,098.		
			s. Add lines 13-17 (must equal Part			-2,475,212.	16,768,658. -3,244,511.		
- 2		evenue less e	expenses. Subtract line 18 from line	12		ginning of Current Year	End of Year		
t Assets or d Balances	20 To	otal accote (P	Part X, line 16)			28,756,206.	27,369,776.		
Asse	20 TO					3,488,202.	3,145,930.		
Net /	22 N		fund balances. Subtract line 21 fron			25,268,004.	24,223,846.		
		Signature				, , -	, , ,		
Und	er penalti	ies of perjury, I	declare that I have examined this return	, including accompanying schedule	es and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	correct,	Signed bý: and complete.	declare that I have examined this return Declaration of preparer (other than offic	er) is based on all information of w	/hich preparer	has any knowledge.	•		
		Whitney	Viggiano	·		5/6/2025			
Sig	า 🧣	SignaterecolorH	f iccer 21			Date			
Her		HITNEY REI	CHENBACKER VIGGIANO, CHIE	FINANCIAL OFFICER					
	T	Type or print na	ame and title						
	F	Print/Type prep	parer's name	Preparer's signature		Date Check	PTIN		
Paid	MZ	ALLORY GOO	D	MALLORY GOOD	0	5/02/25 self-employe	ed P01704765		
Prep		Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN	41-0746749		
Use	Onlv F	Firm's address	150 S WARNER ROAD, SUITE	310					

Phone no.(215) 643-3900 KING OF PRUSSIA, PA 19406 X Yes May the IRS discuss this return with the preparer shown above? See instructions

332001 12-21-23

LHA For Paperwork Reduction Act Notice, see the separate instructions.

No

Form	MAKE-A-WISH FOUNDATION OF METRO NEW YORK AND WESTERN NEW YORK	11-264564	Page 2
_	t III Statement of Program Service Accomplishments		- Fage
	Check if Schedule O contains a response or note to any line in this Part III		X
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?	[Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total exp	enses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$11,130,117. including grants of \$6,694,733.) (Rever	າue \$	164,175.
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 11,130,117.		1
			Form 990 (2023
22000	2 12-21-23		(2020
J200	2		

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

	990 (2023) AND WESTERN NEW YORK 11-26456	41	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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	
	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
40	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	<u> ''</u>		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	x
	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	<u> </u>		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
332003			990	(2023)

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MAKE-A-WISH FOUNDATION OF METRO NEW YORK

	1990 (2023) AND WESTERN NEW YORK 11-26456	41	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		┝──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ψ
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	1
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32	2	162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
Ū	(gambling) winnings to prize winners?	1c	х	
33200	4 12-21-23			(2023)

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

Form	990 (2023) AND WESTERN NEW YORK 11-264564	1	Р	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 78									
	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?	3a 3b		X						
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	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)?	<u>4a</u>		X						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
	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	0		x						
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>								
D	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). Did the exercise the provided to the power of C_{2} mode particular and partly for goods and consistent provided to the power of th	7-	х							
	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 75	X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	А							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x						
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c								
		7e		x						
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		x						
f	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g								
-	If the organization received a contribution of qualified intellectual property, did the organization life rorm 8099 as required?	79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
0		8								
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
с	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.		0000							
332005	12-21-23	Form	990	(2023)						

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MAKE-A-WISH FOUNDATION OF METRO NEW YORK

	MAKE-A-WISH FOUNDATION OF METRO NEW YORK					
Form	990 (2023) AND WESTERN NEW YORK		11-26456		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough	7b below, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other			
-	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
-				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74	more members of the governing body?	•		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		
U.				76		x
0				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0-	x	
	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		^
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		~	
40					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}	′es," d	escribe			
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	'S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finano	cial	
	statements available to the public during the tax year.		· · · · · · · · · · · · · · · · · · ·			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	WHITNEY VIGGIANO - 212-957-9474					
	500 5TH AVENUE , 2900, NEW YORK, NY 10110-2999					
332006	12-21-23			Form	9 90	(2023)
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Form 990 (2023)	AND WESTERN NEW YORK	11-2645641	Page 7
Part VII Compensa	ation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated	
Employees	s, and Independent Contractors		
Check if Sche	edule O contains a response or note to any line in this Part VII		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and title Average hours per weak (git any hours for weak below Description below below Description below below Peoptable compension from organization Reportable compension from the organization Estimated and compension Estimated and the organization (1) PHILIP LUSSIER 35.00 X X 366,722. 0. 23,808. (1) PHILIP LUSSIER 35.00 X X 245,013. 0. 852. (1) PHILIP LUSSIER 35.00 X X 245,013. 0. 852. (3) TAMERER FITZERALD 35.00 X 188,711. 0. 14,513. (5) NIXA DURGENT FITZER X 188,711. 0. 14,513. (6) MAURENT MARCHINE 35.00 X 190,048. 0. 6,422. (6) NEXADERTING OFFICER X 120,048. 0. 6,422. (6) NEXADERTIN MARCHINE 35.00 X 123,946. 0. 0. (6) NEXADERTIN MARCHINE 35.00 X 123,946.	(A)	(B)	(C)					(D)	(E)	(F)	
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(6) BENJAMIN MARCHIONE 35,00 x 147,437. 0. 12,829. (7) LEIGHANN BUSCEMI 35,00 x 142,021. 0. 5,223. (8) BLIZABETH MERKOURIS 35,00 x 142,021. 0. 5,223. (9) WESLEY ALEXANDER 35,00 x 135,490. 0. 4,920. (10) DIANA LOPEZ 35,00 x 123,946. 0. 4,518. 01 INMA LOPEZ 35,00 x 120,955. 0. 0. 01 DIANA LOPEZ 35,00 x 120,955. 0. 0. 01 NILIAM BRILLIANT 3.00 x 120,955. 0. 0. 011 WILABER X X 0. 0. 0. 012. MICHAEL X X 0. 0. 0. 113 WILLIAM X X X 0. 0. 0. 114 MARIE ARIGO 1	(5) ANIKA DAUGHTRY	35.00									
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(7) LEIGHANN BUSCEMI 35.00 X 142,021. 0. 5,223. (8) ELIZABETH MERKOURIS 35.00 X 135,490. 0. 4,920. DIRECTOR, PHILANTHROPY X 135,490. 0. 4,920. (9) WESLEY ALEXANDER 35.00 X 123,946. 0. 4,518. (10) DIANA LOPEZ 35.00 X 120,955. 0. 0. (11) WILLIAM BRILLIANT 3.00 X X 0. 0. (12) MICHAEL MOCKUS 3.00 X X 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. 0. (14) MARIGO 1.00 X X 0. 0. 0. 0. 0. DIRECTOR X X 0.	(6) BENJAMIN MARCHIONE	35.00									
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(14) MARIE ARRIGO 1.00 1.00 0. <t< td=""><td></td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		3.00									
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(15) STEVE BURNS 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) JULIA BUNYATOV-GODDARD 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		1.00									
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(16) JULIA BUNYATOV-GODDARD1.00x0.0.0.DIRECTORx1.00x0.0.0.(17) SARI CHANG1.00x0.0.0.DIRECTORx0.0.0.0.		1.00									
DIRECTOR X 0. </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(17) SARI CHANG 1.00 x 0.		1.00	-								
DIRECTOR X 0. 0. 0.			х						0.	0.	0.
		1.00									_
	DIRECTOR		Х						0.	0.	

332007 12-21-23

Form 990 (2023)

12530502 131839 A195131

2023.05070 MAKE-A-WISH FOUNDATION OF A1951311

8

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

	990 (2023) AND WESTERN 1			11-26456	41	Р	Page 8						
Part	Section A. Onicers, Directors, Trus		bloy	ees,			ghes	t C		· /	-		
			(B) (C) Average Position						(D) (E)			(F)	
	Name and title	Average	(do				1 than c	one	Reportable	Reportable		Estimat	
		hours per					s both pr/trust		compensation	compensation		amount	
		week					1		- from	from related		other	
		(list any hours for	recto						the	organizations	co	mpensa	
		related	or di	ee			ated		organization	(W-2/1099-MISC/		from th	
		organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		rganizat and relat	
		below	ual tr	tional		ploye	t con /ee		1099-1420)			ganizati	
		line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				gamzat	10113
(18)	JACLYN COHEN	1.00	_			×	1 0	4					
DIREC	TOR		х						0.	0.			0.
(19)	JOHN CORTESE	1.00											
DIREC	TOR		х						0.	0.			Ο.
(20)	BRIAN DONAGHY	1.00											
DIREC	TOR		х						0.	0.			0.
(21)	EMMA FINE	1.00											
DIREC	TOR		х						0.	0.			0.
(22)	TREVOR FREELAND	1.00											
DIREC	TOR		Х						0.	0.			0.
(23)	JAMES GALOWSKI	1.00											
DIREC	TOR		Х						0.	0.			0.
	ANNMARIE IMPARATO	1.00											
DIREC			Х						0.	0.			0.
	MICHAEL NENNER	1.00											
DIREC			х						0.	0.			0.
	NAVEEN SHAHANI	1.00											
DIREC			Х						0.	0.	-		0.
	Subtotal								1,894,642.	0.	-	90,	,887.
	Total from continuation sheets to Part VI								0.	0.	-		0.
	Total (add lines 1b and 1c)								1,894,642.	0.		90,	,887.
	Total number of individuals (including but n	ot limited to th	ose	liste	d ac	ove) wn	o re	eceived more than \$100,	JUU of reportable			14
	compensation from the organization											Yes	
2	Did the organization list any former officer,	director truct			mol	~~~~	~ ~r	hio	hast componented ampl			100	
	c				•								x
	ine 1a? If "Yes," complete Schedule J for s										3	+	
	For any individual listed on line 1a, is the su											v	
	and related organizations greater than \$150										4	X	
	Did any person listed on line 1a receive or a												
	rendered to the organization? <i>If</i> "Yes," com on B. Independent Contractors	plete Schedule	e J fo	or sl	ıch i	oers	on .				5		X
		magazatad ind	000	ndor	-+		otor		ant reactived mare than t	100.000 of compose	ation	from	
	Complete this table for your five highest co	•	•							· ·	ation	rom	
	the organization. Report compensation for t	the calendar ye	eare	nair	ig w		or wi			ear.		(0)	
	(A) Name and business	address							(B) Description of s	ervices		(C) pensatio	on
GIVE													
GIVE KIDS THE WORLD 210 S BASS RD, KISSIMEE, FL 34746 LODGING								320	,063.				
	LLROOM OPERATOR LLC												
	LL STREET, NEW YORK, NY 10005								RENTAL SPACE, FOOD	BEVERAGE		292	,257.
	LONG ISLAND								,	/		,	
	OLEDO STREET, FARMINGDALE, NY 13	1735							LIMO SERVICE			121	,024.
	. ,											,	
2	Total number of independent contractors (ii	ncluding but no	ot lin	niter	t to	thos	e lis	ted	above) who received mo	ore than			

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS 3

Form 990 (2023)

332008 12-21-23

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

Form 990AND WESTERN	FOUNDATION NEW YORK								11-26456	541
	rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	es (continued)	
(A)		(D)	(E)	(F)						
Name and title	Average hours	(c	heck		ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
(27) SHEILA PELUSO	1.00									
DIRECTOR		х						0.	0.	
(28) ARTURO POIRE	1.00									
DIRECTOR	1 00	Х						0.	0.	
29) TRACIE RODBURG DIRECTOR	1.00	x						0.	0.	
(30) RABIA SHEIKH	1.00					-		0.	0.	
DIRECTOR		x						0.	0.	
(31) STEPHEN THOMAS	1.00								·	
DIRECTOR		х						0.	0.	
	_									
	-		-			-				
		L			L					
		-								
					<u> </u>					
		1								

332201 04-01-23

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

						NEW YOR	K	NEW TOTAL		11-264564	1 P	age 9
Pa	rt V	111										
			Check if Schedule O	cont	<u>ains a r</u>	esponse	or note to any lin	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exc from tax ur sections 512	nder
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b d e f g h a b c d e	Fundraising events Related organizations Government grants (contri- All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f WISH ASSIST FEES	ribut gran I abo lines	ions) ts, and ve la-1f		Business Code 900099	12,778,918.	164,175.			- 514
ш			All other program service Total. Add lines 2a-2f					164,175.				
	3 4 5	3	Investment income (inclue	ding of ta	dividen x-exemp	ds, intere	est, and proceeds	470,480.			470,	480.
		b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss Gross amount from sales of	6a 6b 6c		Real	(ii) Personal					
enne		b c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c	3,5	52,016. 47,718. 04,298.						
Other Rev	8	а	Net gain or (loss) Gross income from fundraisi including \$ 3, contributions reported on Part IV, line 18 Less: direct expenses	ng e 549 line	/ents (no <u>, 187 .</u> 1c). Se	ot of e 8a	634,356.	204,298.			204,	298.
			Net income or (loss) from					-100,842.			-100,	842.
		b	Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from			9a 9b						
	10	a b	Gross sales of inventory, and allowances Less: cost of goods sold Net income or (loss) from	less	returns	<u>10a</u> <u>10</u> a						
				Juic	5 51 111	encory	Business Code					
Miscellaneous Revenue	11	а	OTHER INCOME				900099	7,118.			7,	118.
lane		b										
scel		C										
Mis			All other revenue					7,118.				
	12	e	Total. Add lines 11a-11d					13,524,147.	164,175.	0.	581	054.
33200	12 9 12-:	21-:	Total revenue. See instruction	0115				,-2-,1,	1 201,173.		Form 990	

12530502 131839 A195131

2023.05070 MAKE-A-WISH FOUNDATION OF A1951311

11

	990 (2023) AND WESTERN NEW Y			11-264	5641 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	polete column (A)	
3001	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		скрепаса	general expenses	expenses
•	and demostic acueromente. Cas Dart IV line 01	50,000.	50,000.		
2	Grants and other assistance to domestic	,	, .		
-	individuals. See Part IV, line 22	6,644,733.	6,644,733.		
3	Grants and other assistance to foreign	, , -	, , .		
U	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,				
U	trustees, and key employees	1,283,778.	411,690.	618,706.	253,382.
6	Compensation not included above to disqualified		,		
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,699,950.	2,086,981.	1,059,689.	1,553,280.
8	Pension plan accruals and contributions (include	2,000,000			1,000,100.
0	section 401(k) and 403(b) employer contributions)	77,982.	34,298.	14,770.	28,914.
9		511,758.	220,563.	130,065.	161,130.
9 10	Other employee benefits	488,359.	204,567.	135,452.	148,340.
	Payroll taxes	100,000.	201,007.		110,010.
11	Fees for services (nonemployees):				
	Management				
		10,568.		10,568.	
	Accounting	10,500.		10,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	94,461.		94,461.	
	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
9	column (A), amount, list line 11g expenses on Sch 0.)	417,394.	97,290.	165,745.	154,359.
12	Advertising and promotion	3,909.	2,752.	957.	200.
13	Office expenses	241,946.	78,134.	105,671.	58,141.
14	Information technology	66,426.	2,267.	33,738.	30,421.
15	Royalties				· · · · ·
16	Occupancy	690,479.	363,293.	107,922.	219,264.
17	Travel	46,514.	10,749.	17,756.	18,009.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	72,790.	2,332.	17,255.	53,203.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,570.	39,285.	19,643.	19,642.
23	Insurance	58,209.	31,783.	22,001.	4,425.
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	NATIONAL DUES	1,056,321.	834,494.	105,632.	116,195.
b	MISCELLANEOUS	144,609.	4,934.	73,449.	66,226.
с	REPAIRS AND MAINTENANCE	24,507.	9,972.	7,878.	6,657.
d	MEMBERSHIP DUES	5,395.		365.	5,030.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	16,768,658.	11,130,117.	2,741,723.	2,896,818.
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)				
00004					Form 990 (2023)

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Form 990 (2023)

12530502 131839 A195131

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

		MAKE-A-WISH FOUNDATION	OF METRO	NEW YORK			
	990 (2	2023) AND WESTERN NEW YORK				11-264	5641 Page 1
Par	τX	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			917,448.	1	536,802
	2	Savings and temporary cash investments				2	210,929
	3	Pledges and grants receivable, net			5,949,089.	3	5,333,957
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial contribut	or, or 35%			
		controlled entity or family member of any of these	persons			5	
	6	Loans and other receivables from other disqualifie	d persons (as	defined			
		under section 4958(f)(1)), and persons described in		6			
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				306,536.	9	544,012
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	682,294.			
	b		10b	583,412.	177,452.	10c	98,882
	11	Investments - publicly traded securities			19,411,348.	11	18,954,532
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,994,333.	15	1,690,662		
	16	Total assets. Add lines 1 through 15 (must equal			28,756,206.	16	27,369,776
	17	Accounts payable and accrued expenses			1,479,463.	17	1,793,725
	18	Grants payable				18	
	19	Deferred revenue			155,367.	19	134,639
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
s	22	Loans and other payables to any current or former	r officer, direc	tor,			
Liabilities		trustee, key employee, creator or founder, substar	ntial contribut	or, or 35%			
abil		controlled entity or family member of any of these	persons			22	
Ë	23	Secured mortgages and notes payable to unrelate	d third partie	s		23	
	24	Unsecured notes and loans payable to unrelated t	hird parties			24	
	25	Other liabilities (including federal income tax, paya	bles to relate	d third			
		parties, and other liabilities not included on lines 1	7-24). Compl	ete Part X			
		of Schedule D			1,853,372.	25	1,217,566
	26	Total liabilities. Add lines 17 through 25			3,488,202.	26	3,145,930
		Organizations that follow FASB ASC 958, check	k here	X			
Sec		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions	13,993,930.	27	13,732,762		
Ba	28	Net assets with donor restrictions	11,274,074.	28	10,491,084		
pu		Organizations that do not follow FASB ASC 958	3, check here				
ŗ,		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco	ome, or other	funds		31	
Net	32	Total net assets or fund balances			25,268,004.	32	24,223,846
	33	Total liabilities and net assets/fund balances			28,756,206.	33	27,369,776

Form **990** (2023)

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	MAKE-A-WISH FOUNDATION OF METRO NEW YORK					
Form	990 (2023) AND WESTERN NEW YORK	11-2645	641	Pa	_{ge} 12	
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13	,524,	147.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	,768,	658.	
3	Revenue less expenses. Subtract line 2 from line 1	3	- 3	,244,	511.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25	,268,	004.	
5	Net unrealized gains (losses) on investments	5	2	,200,	353.	
6	Donated services and use of facilities	6				
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))					
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			

Form **990** (2023)

SCHEDULE A (Form 990)	Public Cha	rity Status an	d Public	Support		OMB No. 1545-0047			
(1 0111 000)		nization is a section 501		ion or a section		2023			
Department of the Treasury Internal Revenue Service	Α	47(a)(1) nonexempt cha ttach to Form 990 or Fo 'Form990 for instructior	rm 990-EZ.	t information.		Open to Public Inspection			
Name of the organization	ON MAKE-A-WISH FOUNDATIO	ON OF METRO NEW YOR	K		Employer	identification number			
	AND WESTERN NEW YORK					11-2645641			
	or Public Charity Status.				IS.				
	private foundation because it is: (
	vention of churches, or association			(b)(1)(A)(i).					
	cribed in section 170(b)(1)(A)(ii).			A \/:::\					
	a cooperative hospital service org earch organization operated in co			~ /	Viii) Enter	the hospital's name			
city, and state			acsenbed in 3e			the hospital s hame,			
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	b)(1)(A)(iv). (Complete Part II.)	5		5					
	te, or local government or governr	nental unit described in	section 170(b)(1)(A)(v).					
7 X An organizati	on that normally receives a substa	ntial part of its support fr	om a governmer	ntal unit or from th	ne general j	oublic described in			
section 170(I	b)(1)(A)(vi). (Complete Part II.)								
	trust described in section 170(b)		,						
	al research organization described			•	°.	•			
	or a non-land-grant college of agric	culture (see instructions).	Enter the name,	city, and state of	the college	e or			
university:	on that normally readines (1) more	than 22 1/20/ of its sum	art from contribu	itiana mambarak	in face on	d areas ressints from			
	on that normally receives (1) more ed to its exempt functions, subjections and the second second second second second second second second second s								
	nrelated business taxable income					-			
	509(a)(2). (Complete Part III.)				jun _unorr c				
	on organized and operated exclus	ively to test for public sat	ety. See sectio	n 509(a)(4).					
12 An organizati	on organized and operated exclus	ively for the benefit of, to	perform the fun	ctions of, or to ca	rry out the	purposes of one or			
more publicly	supported organizations describe	ed in section 509(a)(1) o	r section 509(a)	(2). See section	509(a)(3). 🤇	Check the box on			
lines 12a thro	ugh 12d that describes the type o	f supporting organization	and complete li	nes 12e, 12f, and	l 12g.				
	upporting organization operated, s	-	•						
	ed organization(s) the power to re		majority of the c	lirectors or truste	es of the su	upporting			
	n. You must complete Part IV, So				va (a) huu hau				
	upporting organization supervised nanagement of the supporting org			-		-			
	n(s). You must complete Part IV,		ine persons tha	Control of maria	ge the supp	Joned			
	ctionally integrated. A supportir		n connection wi	th, and functiona	llv integrate	ed with			
	ed organization(s) (see instructions								
d 🗌 Type III no	n-functionally integrated. A supp	oorting organization oper	ated in connection	on with its suppo	rted organiz	zation(s)			
that is not f	unctionally integrated. The organi	zation generally must sati	sfy a distributior	n requirement and	an attentiv	/eness			
requiremen	t (see instructions). You must co	mplete Part IV, Sections	A and D, and P	art V.					
	box if the organization received a			is a Type I, Type	II, Type III				
•	integrated, or Type III non-functio	nally integrated supportir	ng organization.			[]			
	of supported organizations ng information about the supporte	d organization(c)							
g Provide the followi (i) Name of suppo		(iii) Type of organization	(iv) Is the organization li	sted (v) Amount o	f monetary	(vi) Amount of other			
organization		(described on lines 1-10 above (see instructions))	in your governing docum	— support (see ii	nstructions)	support (see instructions)			
Total									

	M2	AKE-A-WISH FOU	NDATION OF MET	RO NEW YORK			
Schedule A (Forn	11 000/ 2020	ND WESTERN NEW				11-26456	i ugo 🗖
Part II Su	pport Schedule for	Organizations	Described in S	Sections 170(b	o)(1)(A)(iv) and	170(b)(1)(A)(vi	
	mplete only if you checke			-	n failed to qualify u	nder Part III. If the	organization
	to qualify under the tests	s listed below, pleas	se complete Part II	l.)			
Section A. Pu	ublic Support						
Calendar year (or	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants	s, contributions, and						
membership	o fees received. (Do not						
include any	"unusual grants.")	8,595,894.	8,262,729.	12,488,850.	12,941,442.	12,778,918.	55,067,833.
2 Tax revenue	es levied for the organ-						
ization's ber	nefit and either paid to						
or expended	d on its behalf						
3 The value of	f services or facilities						
furnished by	y a governmental unit to						
the organiza	ation without charge						
4 Total. Add I	ines 1 through 3	8,595,894.	8,262,729.	12,488,850.	12,941,442.	12,778,918.	55,067,833.
5 The portion	of total contributions						
by each per	son (other than a						
government	al unit or publicly						
	organization) included						
	at exceeds 2% of the						
amount sho	wn on line 11,						
column (f)							3,877,135.
	ort. Subtract line 5 from line 4.						51,190,698.
Section B. To	otal Support						
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	om line 4	8,595,894.	8,262,729.	12,488,850.	12,941,442.	12,778,918.	55,067,833.
8 Gross incon	ne from interest,						
dividends, p	payments received on						
	ans, rents, royalties,						
	from similar sources	306,910.	371,420.	796,135.	492,385.	470,480.	2,437,330.
	from unrelated business						
	hether or not the						
	regularly carried on						
	ne. Do not include gain						
	the sale of capital	110,105	50.056	0 0	445 000	<i></i>	
	lain in Part VI.)	119,406.	53,976.	2,877,337.	445,892.	641,474.	4,138,085.
	ort. Add lines 7 through 10						61,643,248.
	pts from related activities,	-				12	471,500.
	s. If the Form 990 is for th						
	n, check this box and stop						
	omputation of Publi		-	1 (20)			02 04
	ort percentage for 2023 (I					14	83.04 % 75.74 %
	ort percentage from 2022					15	/0
	pport test - 2023. If the c						(v)
	The organization qualifies		•				
	pport test - 2022. If the c						
-	ere. The organization qual		•••				
	and-circumstances test						
	ganization meets the fact			-	-	VI how the organiz	ation
	acts-and-circumstances te	-			-	To and line 1E is 1	
	and-circumstances test	-					U% 0r
	the organization meets the						
•	n meets the facts-and-circu ndation. If the organizatio		•	. ,			
	nadion. In the organizatio			, 100, 17a, 01 17D	, oneon this box al		(Form 990) 2023
						Sonoulo A	

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Schedule A (Form 990) 2023

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

11-2645641 Page **3**

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AND WESTERN NEW YORK

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by I	ine 13, column (f)))	17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the			on line 14, and lin	ne 15 is more than :	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organization	ation	
b 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
332023 12-21-23					Sched	lule A (Form 990) 2023
		17	1			

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Schedule A (Form 990) 2023

1

2

No Yes

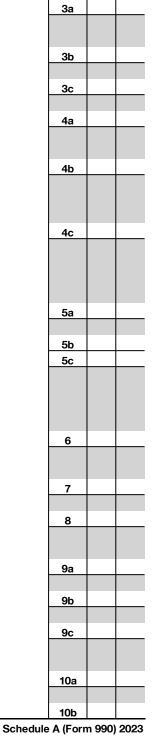
AND WESTERN NEW YORK Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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MAKE-A-WISH FOUNDATION OF METRO NEW YORK

Schedule A (Form 990) 2023	AND WESTERN NEW YORK	11-2645641	Pa	age 5
Part IV Supporting Organ	izations (continued)			
			Yes	No
11 Has the organization accepted	a gift or contribution from any of the following persons?			

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported*

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

Section D.	All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a	a governmental entity (see instruction <u>s).</u>
-----	--	---	---

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

11a

11b

11c

1

2

Yes

No

No

Yes No

12530502 131839 A195131

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7	t on No	ov. 20, 1970 (<i>explain in</i>	Part VI). See instruction (B) Current Year (optional)
All other Type III non-functionally integrated supporting organizations must composed on A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 2 Add lines 1 through 3. 2 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 6	1 2 3 4 5 6	ections A through E.	(B) Current Year
on A - Adjusted Net Income 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 2 Add lines 1 through 3. 2 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 6	1 2 3 4 5 6	<u>u</u>	
Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 6	2 3 4 5 6	(A) Prior Year	
Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8	2 3 4 5 6		
Other gross income (see instructions) 2 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8	3 4 5 6		
Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 6	4 5 6		
Depreciation and depletion E 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) E Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) E	6		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8	6		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8			
maintenance of property held for production of income (see instructions)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8			
Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8			
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
	·		
on B - Minimum Asset Amount	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities 1a	a		
Average monthly cash balances 1k	b		
Fair market value of other non-exempt-use assets 10	с		
Total (add lines 1a, 1b, and 1c) 1c	d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions 7	7		
Minimum Asset Amount (add line 7 to line 6) 6	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally integ			

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

	MARE A WISH FOONDAT	ION OF MEIKO NEW IORK			
_	dule A (Form 990) 2023 AND WESTERN NEW YOR				1-2645641 Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	(a)(3) Supporting Orga	nizations (continu	ued)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6 7	
7	Total annual distributions. Add lines 1 through 6.	he examination is reasonable			
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			10	
10	Line 8 amount divided by line 9 amount	(i)	(;;)		(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(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				
e	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)				
j	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 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

				OF METRO NEW Y	JRK	11 0045011	-
chedule A Part VI	(Form 990) 2023 Supplemental Info		RN NEW YORK			11-2645641	Page
	Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4b,), lines 2 and 3;	, 4c, 5a, 6, 9a, 9b Part IV, Section E	, 9c, 11a, 11b, and 11 , lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a Ic; Part IV, Section B, lines and 3b; Part V, line 1; Par lete this part for any addit	s 1 and 2; Part IV, Sectic t V, Section B, line 1e; F	on C, Part V,
CHEDULE	A, PART II, LINE 10), EXPLANATI	ON FOR OTHER	INCOME:			
HER							
)19 AMOU	UNT: \$ 0.						
)20 AMOU	NT: \$ 0.						
21 AMOU	NT:\$ 18,575.						
22 AMOU	UNT: \$ 0.						
)23 AMOU	JNT: \$ 7,118.						
ROSS FUN	IDRAISING INCOME						
)19 AMOU	NT: \$ 119,406.						
20 AMOU	JNT:\$ 53,976.						
)21 AMOU	JNT: \$ 2,858,762.						
)22 AMOU	JNT: \$ 445,892.						
)23 AMOU	JNT:\$ 634,356.						

Schedule B	Schedule of Contributors	Schedule of Contributors		
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.			
Name of the organizatio	n MAKE-A-WISH FOUNDATION OF METRO NEW YORK AND WESTERN NEW YORK		ployer identification number	
Organization type (che		I	11-2043041	
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

General Rule

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

Special Rules

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

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

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

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.

	B (Form 990) (2023) rganization		Page 2
	VISH FOUNDATION OF METRO NEW YORK		
AND WEST	TERN NEW YORK		11-2645641
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$2,515,	673. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$1,606,	685. Person 685. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$846,	291. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$300,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$260,	004. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

2023.05070 MAKE-A-WISH FOUNDATION OF A1951311

24

Schedule B (Form 990) (2023) Name of organization

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is need	ded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio	ate)	(d) Date received
1	TRAVEL, MEALS & ENTERTAINMENT, SUPPLIES			
		\$6	58,797.	08/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
2	TRAVEL, MEALS & ENTERTAINMENT			
		\$1,60	06,685.	08/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim (See instructio		(d) Date received
		\$		

25

Schedule B (Form 990) (2023)

12530502 131839 A195131

2023.05070 MAKE-A-WISH FOUNDATION OF A1951311

Employer identification number

Schedule	B (Form 990) (2023)		Page				
Name of o	organization		Employer identification number				
MAKE-A-V	NISH FOUNDATION OF METRO NEW YORK						
AND WEST	TERN NEW YORK		11-2645641				
	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	Use duplicate copies of Part III if additional	space is needed.	ss for the year. (Enter this into, once.) *				
(a) No.		1					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
		(c) mansier of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	,,, _,, _						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd 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	(2)	(-, 3	(<i>u</i> , <i>2</i> coortpace of the second				
		() -					
	(e) Transfer of gift						
	Transformed						
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Farti							
		(e) Transfer of gift					
		(-,					
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to transferee				
	,		•				

Schedule B (Form 990) (2023)

26 2023.05070 MAKE-A-WISH FOUNDATION OF A1951311

4

	HEDULE D		OMB No. 1545-0047			
Depart	ment of the Treasury), 11a, 11b, 11c, 11d Attach to Form 990.	11e, 11f, 12a, or 12b.		Open to Public Inspection
	I Revenue Service e of the organization	Go to www.irs.gov/Form99 MAKE-A-WISH FOUNDATION OF N		id the latest mormation.	Employor	identification number
Nam	e of the organizatio	AND WESTERN NEW YORK				11-2645641
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Othe	r Similar Funds or A		
		answered "Yes" on Form 990, Part IV, lir				
		. ,	(a) Donor ac	vised funds	(b) Funds an	d other accounts
1	Total number at en	d of year			(-)	
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5		n inform all donors and donor advisors in		s held in donor advised fu	nde	
5	-	n's property, subject to the organization's	-			Yes No
6		n inform all grantees, donors, and donor a				
Ŭ		oses and not for the benefit of the donor o				
	impermissible priva				•	Yes No
Par		ation Easements. Complete if the or	manization answered	"Yes" on Form 990 Part I	V line 7	
1		ervation easements held by the organizati			v, iii o v.	
•		of land for public use (for example, recrea	• • • • •	Preservation of a his	torically impo	tant land area
		natural habitat		Preservation of a cel		
		of open space				
2		through 2d if the organization held a quali	fied conservation cor	tribution in the form of a c	onservation e	asement on the last
-	day of the tax year.					at the End of the Tax Year
а					2a	
b						
	-	ation easements on a certified historic str				
		ation easements included on line 2c acqu				
u		ure listed in the National Register	•		2d	
3		ation easements modified, transferred, re			•	the tax
	year	,,, _,, _				,
4		where property subject to conservation early	sement is located			
5		ion have a written policy regarding the pe		pection, handling of		
	-	prcement of the conservation easements i		, J		Yes No
6	,	hours devoted to monitoring, inspecting,				s during the year
			Ū.	, C		0
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and	d enforcing conservation e	asements dur	ing the year
			-	-		
8	Does each conserv	ation easement reported on line 2d above	e satisfy the requirem	ents of section 170(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9		e how the organization reports conservati				
	balance sheet, and	include, if applicable, the text of the foot	note to the organizati	on's financial statements t	hat describes	the
		ounting for conservation easements.				
Par	rt III Organiza	tions Maintaining Collections o	f Art, Historical ⁻	Freasures, or Other	Similar Ass	sets.
	Complete if	the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization e	elected, as permitted under FASB ASC 95	58, not to report in its	revenue statement and ba	alance sheet w	vorks
	of art, historical trea	asures, or other similar assets held for pu	blic exhibition, educa	tion, or research in furthera	ance of public	
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that	describes these items.		
b	If the organization e	elected, as permitted under FASB ASC 95	58, to report in its rev	enue statement and baland	ce sheet works	s of
	art, historical treasu	ures, or other similar assets held for public	c exhibition, educatio	n, or research in furtherand	ce of public se	rvice,
	-	ng amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
	.,					
2	If the organization r	received or held works of art, historical tre	easures, or other simil	ar assets for financial gain	, provide	
	the following amounts required to be reported under FASB ASC 958 relating to these items:					
		on Form 990, Part VIII, line 1				
b	Assets included in	Form 990, Part X			\$	
LHA	For Paperwork Re	duction Act Notice, see the Instruction	s for Form 990.		Sche	dule D (Form 990) 2023
332051	09-28-23		~=			
			27			

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	MAKE-A-WISH	FOUNDATION OF M	IETRO NEW YORK						
Sche	dule D (Form 990) 2023 AND WESTERN	NEW YORK				11-264	5641	P	age 2
	t III Organizations Maintaining Col	llections of Art,	Historical Tre	asures, or Othe	r Similar	Assets	(contin		
3	Using the organization's acquisition, accession	, and other records,	check any of the fe	ollowing that make s	significant u	se of its			
	collection items (check all that apply).		-	-	-				
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е		0.0					
с	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain I	how they further th	e organization's exe	mpt purpos	e in Part)	KIII.		
5	During the year, did the organization solicit or r	eceive donations of	art, historical treas	ures, or other simila	r assets				
	to be sold to raise funds rather than to be main			•			Yes		No
Par							ne 9, or		
	reported an amount on Form 990, Part 2		-						
1a	Is the organization an agent, trustee, custodian	, or other intermedia	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII an								
							Amount		
с	Beginning balance				1c				
	Additions during the year				1d				
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on For						Yes		No
	If "Yes," explain the arrangement in Part XIII. C]
Par	t V Endowment Funds Complete if th	e organization answ	vered "Yes" on For	n 990, Part IV, line ⁻	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance	10503571.	9,945,840.	11545594.	9,99	96,268.	9,	286,	993.
b	Contributions	1,976.	205,673.	69,420.	11	L0,545.		311,	263.
	Net investment earnings, gains, and losses	1,725,802.	1,051,614.	-1201109.	1,88	35,814.		834,	475.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	516,936.	699,556.	468,065.	44	17,034.		436,	463.
f	Administrative expenses								
g	End of year balance	11714413.	10503571.	9,945,840.	115	545593.	9,	996,	268.
2	Provide the estimated percentage of the currer	t year end balance	(line 1g, column (a))	held as:					
а	Board designated or guasi-endowment	46.3780	%						
b	Permanent endowment 30.5950	%	-						
с	Term endowment 23.0270 %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess		on that are held an	d administered for t	he				
	organization by:	Ū					ſ	Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the or								
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or oth	ner (b) Cost	or other (c) A	Accumulate	d	(d) Bool	< value	e
		basis (investme	ent) basis (other) de	epreciation				
1a	Land								
	Buildings								
	Leasehold improvements			376,496.	300,8	352.		75,	644.
	Equipment			305,798.	282,5	560.		23,	238.
	Other								
-	I. Add lines 1a through 1e. (Column (d) must eau		line 10c. column	(B))				98,	882.

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 AND WESTERN NEW Y	ORK	1:	1-2645641	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
(a) D	Description		(b) Book v	/alue
(1) DUE FROM NATIONAL			5	577,937.

(2) DUE FROM OTHER CHAPTERS	204,304.
(3) SECURITY DEPOSITS	16,376.
(4) RIGHT-OF-USE ASSETS - OPERATING	892,045.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,690,662.
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO NATIONAL	29,475.
(3) DUE TO OTHER CHAPTERS	229,596.
(4) LEASE LIABILITY - OPERATING	958,495.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,217,566.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

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MAKE-A-WISH	FOUNDATION (OF METRO	NEW YORK
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	MAKE-A-WISH FOUNDATION OF METRO NEW YO	RK			
Sche	dule D (Form 990) 2023 AND WESTERN NEW YORK			11-264	45641 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	16,605,330.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,200,353.		
b	Donated services and use of facilities	2b	975,291.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,175,644.
3	Subtract line 2e from line 1			3	13,429,686.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,461.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	94,461.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	13,524,147.	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	17,649,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a	975,291.		
b	Prior year adjustments	2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	975,291.
3	Subtract line 2e from line 1			3	16,674,197.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,461.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	94,461.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	16,768,658.
Pa	t XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b a	and 2b; Part V, line 4	; Part X, li	ne 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT IS RESTRICTED TO GRANTING WISHES. THE

ORGANIZATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 5%

OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS

THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE

DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE FOUNDATION

CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY,

OVER THE LONG TERM, THE FOUNDATION EXPECTS THE CURRENT SPENDING POLICY TO

ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 6% ANNUALLY. THIS IS

CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING

POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM

30

AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND

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Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

MAKE-A-WISH FOUNDATION OF METRO NEW YORK

AND WESTERN NEW YORK

INVESTMENT RETURN.

Schedule D (Form 990) 2023

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

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

501(C)(3) AND SECTION 7A AND THE EPTL SECTION 8-13.4 OF THE NEW YORK STATE

DEPARTMENT OF LAW CHARITIES BUREAU. HOWEVER, THE FOUNDATION REMAINS

SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR

BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR

WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED

AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE

OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN

AS A WHOLE.

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

FOUNDATION AT AUGUST 31, 2024 AND 2023. THE FOUNDATION FILES INCOME TAX

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

JURISDICTIONS.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities a	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on				[.] 19,	or if the	2023	
	C	organization entered more than \$15 Attach to Form 990 o						Open to Public	
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection	
Name of the organization		H FOUNDATION OF METRO NEW Y	ORK					ntification number	
Part I Fundrais		Complete if the organization answe	rod "V	oo" or	Earm 000 Dart IV li	no 1	11-264564		
	complete this part		rea r	es or	Form 990, Part IV, III	nei	7. FOIII 990-EZ	. mers are not	
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 									
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	e fur	ndraiser is to be	9	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in whitor or licensing.	ch the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

MAKE-A-WISH FOUNDATION OF METRO NEW YORK AND WESTERN NEW YORK 11-2645641 Schedule G (Form 990) 2023 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GALA - METRO NY GALA - BUFFALO 6 col. (c)) (event type) (event type) (total number) Revenue 607,424. 2,004,046 1,572,073 4,183,543. 1 Gross receipts 2 Less: Contributions 1,650,346 531,784. 1,367,057 3,549,187. **3** Gross income (line 1 minus line 2) 353,700 75,640. 205,016 634,356. 4 Cash prizes 2,572. 4,416 6,988. 2,000 5 Noncash prizes 6,405 8,405. Direct Expense: 189,240. 77,394. 164,245. 430,879. 6 Rent/facility costs 0. 0. 10,404, 10,404. 7 Food and beverages 111,190 827 17,135 129,152. 8 Entertainment 89,398. 3,482. 56,490. 149,370. 9 Other direct expenses 735,198. 10 Direct expense summary. Add lines 4 through 9 in column (d) -100,842. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses **3** Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes % Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain:

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Schedule G (Form 990) 2023

Yes

No

No

	MAKE-A-WISH FOUNDATION OF METRO NEW YORK				
Schedule G (Form 990) 2023	AND WESTERN NEW YORK	11-26456	41	Pa	ge 3
	aming activities with nonmembers?	L	Yes		No
	eficiary or trustee of a trust, or a member of a partnership or other entity formed				1
13 Indicate the percentage of gamin	a activity conducted in:	L	Yes		No
		13a			%
					<u> </u>
	e person who prepares the organization's gaming/special events books and records		•		
Name					
Address					
15a Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue?] Yes] No
of gaming revenue retained by th	ning revenue received by the organization \$ and the amo e third party \$	unt			
c If "Yes," enter name and address	of the third party:				
Name					
Address					
16 Gaming manager information:					
Name					
Gaming manager compensation	\$				
Description of services provided					
Director/officer	Employee Independent contractor				
17 Mandatory distributions:	r state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?			Yes		No
	required under state law to be distributed to other exempt organizations or spent in	<u> </u>			
organization's own exempt activi					
Part IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a sapplicable. Also provide any additional information. See instructions.	ınd Part III, li	nes 9, 9	9b, 10	Ĵb,
		Sobodula O	(Fer	000)	2000
332083 09-13-23	34	Schedule G	(Form	99U)	2023

		MAKE-A-WISH	FOUNDATION OF	METRO NEW YOF	ĸ			
Schedule G	a (Form 990) Supplemental Info	AND WESTERN	NEW YORK			11-	2645641	Page 4
Part IV	Supplemental Info	rmation _{(contin}	ued)					
							Schedule G (Form 990)

332084 04-01-23

SCHEDULE I (Form 990) 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. Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization MAKE-A-WISH FOUNDATION OF METRO NEW YORK									
Name of the organiz	ation		IETRO NEW YORK					Employer identification number	
	AND WESTERN N							11-2645641	
 Does the organ criteria used to Describe in Particular to the particular to	I Information on Grants a nization maintain records to a award the grants or assist art IV the organization's pro- and Other Assistance to	to substantiate the stance?	oring the use of grant	funds in the United	States.			X Yes No	
1 (a) Name and	t that received more than address of organization government	\$5,000. Part II can (b) EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
	NDATION OF AMERICA D AVE., SUITE 400 16	86-0481942	501(C)(3)	50,000.	0.			GRANTING WISHES TO CRITICALLY ILL CHILDREN	
	mber of section 501(c)(3) a mber of other organizations		•	e line 1 table					
J Enter total Nu	nuer of other organizations	s insted in the line 1						·····	

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

Schedule I (Form 990) 2023 AND WESTERN NEW YORK

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WISHES GRANTED	657	4,742,825.	1,901,908.	FMV	TRAVEL, M&E, SUPPLIES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE MAKE-A-WISH FOUNDATION OF METRO NEW YORK AND WESTERN NEW YORK DOES NOT

PROVIDE CASH GRANTS TO INDIVIDUALS BUT RATHER GRANTS WISHES TO CHILDREN

WITH CRITICAL ILLNESSES. THE ORGANIZATION ALLOCATES FUNDS DIRECTLY TO THE

VENDOR FOR THE WISH EXPENSES, WITH THE EXCEPTION OF TRAVEL STIPENDS (IE

MEALS, TIPS, GAS, ETC). ALL WISH EXPENSES ARE SUPPORTED BY APPROPRIATE

DOCUMENTATION WHICH IS RETAINED BY THE ORGANIZATION.

SCH I, PART II, LINE 1

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Page 2

	n 990) AND WESTERN NEW YORK	11-2645641	Page 2
Part IV Su	Ipplemental Information		

AS PART OF THE NATIONAL ORGANIZATION'S WISH FULFILLMENT FUND, CHAPTERS

MAY DONATE FUNDS TO OTHER CHAPTERS TO UNDERWRITE THE COST OF WISHES.

Schedule I (Form 990)

332291 04-01-23

sc	HEDULE J	Compensation Information	L	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	23	2
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to		lic
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
	e of the organization		Employer id	entificatio	on nu	mber
	-	AND WESTERN NEW YORK	11-26	45641		
Pa	rt I Question	s Regarding Compensation	L			
	•				Yes	No
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1 b		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	'	ation of the CEO/Executive Director, but explain in Part III.				
		ther organizations X Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?		. 41.		x
с	-	eive payment from an equity-based compensation arrangement?				X
	•	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the re					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the n					
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		. 7	Х	──
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
_				8		X
9		id the organization also follow the rebuttable presumption procedure described in		-		
	Regulations section			9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 AND WESTERN NEW YORK

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.

11-2645641

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHILIP LUSSIER	(i)	306,086.	80,636.	0.	0.	23,808.	410,530.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAUREEN FITZGERALD	(i)	205,013.	40,000.	0.	0.	852.	245,865.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GINA FLORESCU	(i)	177,649.	35,650.	0.	7,338.	10,464.	231,101.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WHITNEY REICHENBACKER VIGGIANO	(i)	158,298.	31,413.	0.	4,049.	10,464.	204,224.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANIKA DAUGHTRY	(i)	158,848.	31,200.	0.	6,422.	0.	196,470.	0.
CHIEF MISSIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BENJAMIN MARCHIONE	(i)	128,332.	19,105.	0.	4,537.	8,292.	160,266.	0.
REGIONAL DIR. WESTERN NY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

Schedule J (Form 990) 2023 AND WESTERN NEW YORK

Part III Supplemental Information

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

PART I, LINE 7:

BONUS PAYMENTS ARE BASED ON A PERCENTAGE OF SALARY BASED ON GOALS SET

YEARLY BY THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. AT THE

END OF THE FISCAL YEAR, THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF

THE ORGANIZATION AGAINST THE GOALS TO DETERMINE THE BONUS FOR THE FISCAL

YEAR FOR ALL EMPLOYEES.

11-2645641

Page 3

SC	HEDULE M		Nonc	ash Contri	butions		OMB No. 1	545-004	.7
(Fo	orm 990)						20	7 2	
		Complete if the org	anizations	answered "Yes" o	n Form 990, Part IV, lines 2	29 or 30.			
	ment of the Treasury I Revenue Service	Go to youry in	s gov/Eorm	Attach to Form 9	90. Is and the latest information	2	Open to Inspe		ic
	e of the organization		-				r identificatio		nher
- tain	AND WESTERN NEW YORK								ind ci
Par	rt I Types of	Property							
	L		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on		(d) d of determin ontribution ar		 S
				items contributed	Form 990, Part VIII, line 1g				
1									
2	Art - Historical treas								
3		rests							
4		tions							
5		ehold goods							
6		icles							
7									
8		y	x	6	81,732.	EM17			
9		/ traded		0	01,752.				
10		held stock							
11	Securities - Partner trust interests	snip, LLC, or							
12	Securities - Miscella	aneous							
13	Qualified conservat								
	Historic structures								
14		tion contribution - Other							
15	Real estate - Reside								
16		nercial							
17									
18									
19									
20		supplies							
21									
22									
23		າຣ							
24	Archeological artifa		v	924	1 0 6 0 0 1 1				
25	· · · · · · · · · · · · · · · · · · ·	& SUPPLIE)	X	834	1,000,211.	COST/SELLING	J PRICE		
26	Other ()							
27	Other ()							
<u>28</u>	Other ()							
29		3283 received by the organiz		, ,				0	
	for which the organ	nization completed Form 82	os, Part V, L	Jonee Acknowledge	ement 29				Na
20-	During the year dia	d the exception reactive by		n any proporty rap	arted in Dort L lines 1 through	ab 00 that it		Yes	No
30a					orted in Part I, lines 1 throug				
			_		ch isn't required to be used		200		х
L		or the entire holding period?	<i>(</i>				<u>30a</u>		<u> </u>
	•	he arrangement in Part II.	onliny that w	quires the review of	of any nonstandard contribut	tions?	04	х	
31	-	• • •	-	-	of any nonstandard contribu		31		
32a		ion hire or use third parties		-			32a		x
h	If "Yes," describe in						020		
33			olumn (c) fo	r a type of property	for which column (a) is che	cked			
	describe in Part II.								
For F	Paperwork Reduction	on Act Notice, see the Inst	tructions for	r Form 990.		Sche	dule M (Forn	n 990)	2023

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	MAKE-A-WISH FOUNDATION OF METRO NEW YOF		_
Schedule N	M (Form 990) 2023 AND WESTERN NEW YORK Supplemental Information. Provide the information required by is reporting in Part I, column (b), the number of contributions, the number this part for any additional information.	11-2645641 Part I, lines 30b, 32b, and 33, and whether the organiz er of items received, or a combination of both. Also cor	Page 2 zation mplete
SCHEDULE	E M, PART I, COLUMN (B):		
THE AMOU	JNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS		
RECEIVED).		
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SCHEDULE O	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.		-EZ OMB No. 1545-0047 2023 Open to Public Inspection	
(Form 990)				
Department of the Treasury Internal Revenue Service				
Name of the organization	NINE I VIEW BOUNDIELON OF VEEDO NEW VODV	Employe	r identification numbe	
	AND WESTERN NEW YORK	11-2	645641	
FORM 990, PART III,	LINE 4A			
THE MAKE-A-WISH FOU	INDATION OF METRO NEW YORK AND WESTERN NEW YORK			
CREATES LIFE-CHANGI	NG WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.			
CHILDREN MUST HAVE	A REFERRAL FROM AN APPROVED REFERRAL SOURCE, HAVE			
REACHED THE CHRONOL	OGICAL AGE OF 2 YEARS AND BE UNDER THE AGE OF 18,			
MUST HAVE A CRITICA	L ILLNESS AND NEVER HAVE BEEN GRANTED A WISH BEFORE			
TO QUALIFY FOR OUR	WISH PROGRAM. NO CHILD WHO MEETS THESE CRITERIA IS			
DENIED OUR SERVICES	. THE FOUNDATION GRANTED 657 WISHES TO CHILDREN			
DURING THE FISCAL Y	YEAR END AUGUST 31, 2024.			
TOTAL COST OF WISHE	S GRANTED FOR THE FISCAL YEAR WAS \$7,585,114. OF			
THIS AMOUNT, \$975,2	91 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED			
IN-KIND CONTRIBUTIC	NS SUCH AS TRAVEL AND TRAVEL SERVICES,			
TRANSPORTATION, LOI	GING AND OTHER SERVICES, AND THE USE OF FACILITIES			
TO COMPLETE A CHILI	'S WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE			
AMOUNTS ARE INCLUDE	D AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE			
FOR THE FORM 990, H	OWEVER, THE IRS REQUIRES THE \$975,291 OF CONTRIBUTED			
SERVICES AND USE OF	FACILITIES BE EXCLUDED FROM BOTH REVENUE AND			
EXPENSE.				

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FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF

DIRECTORS WITH RESPECT TO THE DAY TO DAY BUSINESS OPERATIONS OF THE

CORPORATION WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION. THE EXECUTIVE

COMMITTEE SHALL SUBMIT TO THE BOARD OF DIRECTORS FOR ITS CONSIDERATION

RESOLUTIONS CONCERNING ANY UNUSUAL OR EXTRAORDINARY MATTERS AFFECTING THE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

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 Name of the organization
 MAKE-A-WISH FOUNDATION OF METRO NEW YORK
 Employer identification number

 AND WESTERN NEW YORK
 11-2645641

OPERATION OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED

ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS

REVIEWED BY MANAGEMENT AND THE FINANCE AND AUDIT COMMITTEE, AND ANY CHANGES

INCORPORATED INTO THE FILING. ONCE THIS DETAILED REVIEW IS COMPLETE, THE

DRAFT OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR

REVIEW AND COMMENTS PRIOR TO FILING WITH THE IRS.

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 MANAGER 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 CONFLICT

OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE INCLUDES, BUT ARE NOT

LIMITED TO, THE FOLLOWING (1) DETERMINING THE NATURE OF THE CONFLICT VIA

VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON (2) FULLY

DISCLOSING CONFLICTING INTERESTS TO THE BOARD (3) THE CONFLICTED PERSON

RECUSES HIMSELF-HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE

TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT

AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.

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FORM 990, PART VI, SECTION B, LINE 15A:

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Schedule O (Form 990) 20	MAKE-A-WISH FOUNDATION OF METRO NEW YORK	Page Employer identification number
tame of the organization	AND WESTERN NEW YORK	11-2645641
THE PRESIDENT/CEO'S	COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE	
OF THE BOARD, CONSIS	STING OF INDEPENDENT PERSONS. IT IS REVIEWED AGAINST	
NATIONAL BENCHMARKII	NG SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS BY	
MAKE-A-WISH FOUNDAT:	ION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED B	У
STATE ORGANIZATIONS	AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE BOARDS	
DISCUSSIONS AND DEC	ISIONS WERE CONTEMPORANEOUSLY DOCUMENTED. DOCUMENTATION	1
INCLUDES THE TERMS (OF THE TRANSACTION AND THE DATE IT WAS APPROVED, THE	
MEMBERS PRESENT DUR:	ING DELIBERATIONS AND THOSE WHO VOTED ON IT, AND THE	
COMPARABILITY DATA I	RELIED UPON AND HOW IT WAS OBTAINED.	
THE SAME PROCESS LI	STED ABOVE IS USED FOR OTHER STAFF, USING THE SAME	
INSTRUMENTS. SALARII	ES FOR STAFF OTHER THAN THE PRESIDENT/CEO ARE DECIDED B	Y
THE PRESIDENT/CEO II	N CONSULTATION WITH THE EXECUTIVE COMMITTEE. ALL SALARY	
INCREASES ARE BASED	ON METRICS FROM PERFORMANCE REVIEWS.	
THIS PROCESS WAS LAS	ST COMPLETED IN 2023.	
FORM 990, PART VI, S	SECTION C, LINE 19:	
THE ORGANIZATION MAI	KES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIA	AL STATEMENTS AVAILABLE UPON REQUEST.	

Schedule O (Form 990) 2023

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