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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2015 Open to Rublic

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

<u> </u>	ror une	2015 Calendar year, or tax year beginning SEF 1, 2015 and er	naing A	UG 31, 2010	
В	Check if	C Name of organization		D Employer identific	cation number
é	applicable	MAKE-A-WISH FOUNDATION OF ORANGE COUNTY	Y		
	Addres	S AND DUE THEAND ENDINE THE			
	Name chang	Doing business as	-	33-0	036556
	Initial	Number and street (or P.O box if mail is not delivered to street address)	oom/suite	E Telephone numbe	r
F	Final	I 3230 ET. CAMENO DEAT.	00	(714	
	termin			G Gross receipts \$	6,118,281.
Γ	Ameno			H(a) Is this a group re	
F	Applic			for subordinates	
_	pendir	3230 EL CAMINO REAL, SUITE 100, IRVINE,	CA	H(b) Are all subordinates in	
$\overline{}$	Tay ay	empt status X 501(c)(3)	T T	1 ` '	list. (see instructions)
		te: DOCIE.WISH.ORG	<u></u>	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Voor		State of legal domicile: CA
	artil	Summary	L rear	or formation. 1303 N	Julia de logar dofficio. C11
		Briefly describe the organization's mission or most significant activities MAKE—	A-WTS	H FOINDATTO	N OF ORANGE
Se		COUNTY AND THE INLAND EMPIRE GRANTS THE W	TCHEC	OF CHILDRE	
Activities & Governance					
er.	1	Check this box If the organization discontinued its operations or dispose	ed of more	1 1	ssets 16
ó		Number of voting members of the governing body (Part VI, line 1a)		3	16
જ		Number of independent voting members of the governing body (Part VI, line 1b)		4	
es		Total number of individuals employed in calendar year 2015 (Rant V, line 2a)	., ė	5	35
Ξ		Total number of volunteers (estimate if necessary)	!	6	643
Act		Total unrelated business revenue from Part VIII column(C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34 0 2017		7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,515,079.	4,322,242.
	9	Program service revenue (Part VIII, line 2g)		165,255.	186,110.
8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		255,654.	181,922.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,265.	-72,034.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,948,253.	4,618,240.
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,490,121.	2,578,702.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,723,933.	1,737,727.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber	h	Total fundraising expenses (Part IX, column (D), line 25) 672,06	2.		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		868,617.	956,427.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,082,671.	5,272,856.
		Revenue less expenses Subtract line 18 from line 12		-134,418.	-654,616.
2.6	3	heverlue less expenses oubtract line to normaine 12	Be	ginning of Current Year	End of Year
sets or	20	Total assets (Part V. line 15)		3,432,321.	3,283,724.
ASS Bal	24	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,889,420.	2,388,030.
Net As	21	Net assets or fund balances Subtract line 21 from line 20	—	1,542,901.	895,694.
	art II	Signature Block		1,312,3010	03370310
		lities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the hest of m	v knowledge and helief it is
		et, and complete. Peclaration of preparer (offer the officer) is besed on all information of whic			/
	, correc	is and complete. Pecial automati preparer (order that yrights) is based on all inflation of which	л ргорагог	1.5/1	W/17
٥.		Signature of officer		Date	
Sig		STEPHANIE MCCORMICK, PRESIDENT & CEO			
He	re	Type or print name and title		* *	w
		·		Date/ / Check	PTIN
D-'		Print/Type preparer's name Proparer's signature	<u> </u>		
Pai		DAN O'CONNOR	1/	self-employ	33-0310569
	parer	Firm's name HASKELL & WHITE LLP		Firm's EIN	22-0210203
USE	Only	Firm's address 300 SPECTRUM CENTER DR, STE 300		Db 0.4	0_450_6200
_		IRVINE, CA 92618		Phone no. 9 4	9-450-6200
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

		0036336	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPI	DE CDANE	
			5
	THE WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDIT	IONS TO	
	ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH, AND JOY.		
_	Did the constant of the consta		
2	Did the organization undertake any significant program services during the year which were not listed on		.
	the pnor Form 990 or 990-EZ?	∟ Yes	X No
_	If "Yes," describe these new services on Schedule O.		TE
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L 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 measure		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses,	and
	revenue, if any, for each program service reported		
4a	/ / (Hevelide #	186,	110.)
	THE MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND		AS
	FULFILLED MORE THAN 5,600 WISHES SINCE ITS INCEPTION IN 198	3. THE	
	CHAPTER EMPLOYS 30 FULL-TIME STAFF MEMBERS AND IS SUPPORTED		
	CONSTITUENCY OF APPROXIMATELY 643 VOLUNTEERS. NINETEEN OF T		
	VOLUNTEERS DEDICATED THEIR TIME AND TREASURE SERVING ON THE		F
	DIRECTORS AND OVERSEEING THE CHAPTER'S GOVERNANCE, DEVELOPM		
	MANAGEMENT ACTIVITIES. DIRECTORS MAY SERVE UP TO SIX CONSECU		
	ON THE BOARD WITH ONE-YEAR, THREE-YEAR AND TWO-YEAR TERMS R	ESPECTIV	ELY.
	OUR MISSION IS DELIVERED ALMOST ENTIRELY BY AMAZING WISH GRA	ANTING	
	VOLUNTEERS.		
	WISHES ARE GRANTED AT ABSOLUTELY NO EXPENSE TO THE FAMILY.	ALL COST	S
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		
			—— <i>'</i>
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		
₩.	(Code) (Expenses \$ including grants of \$) (Revenue \$		·········'
		· · ·	
		-	
		<u>_</u>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 4,196,217.		
532002 12-16-		Form 9	90 (2015)

			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	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_=_		
_	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	î K	\$ /xampo	3.24
	as applicable.	ĹĹ.	ĺú	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	He		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign ındıvıduals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ˈ <u> </u>	
	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? If "Yes,"		١,,	
	complete Schedule G, Part III	19_	X	
		Form	990 ((2015)

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ĺ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		,,	
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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	04-		
٦	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	-	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2.50	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	200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1,000	
	instructions for applicable filing thresholds, conditions, and exceptions)	£ 3		v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		 -
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2015)

	990 (2015) AND THE INLAND EMPIRE, INC. 33-0036	556	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable) ·	* /	×
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	ĺ	\
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		٠,
·	(gambling) winnings to prize winners?		X	
0-		1c		
28	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 35	:		1
_			X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	***	a	چې
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			13
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			\vdash
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3	¥3. ¥	£ %:
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	» i.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	├─
		 ""	 -	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			x
	1 1	7c		12
	If "Yes," indicate the number of Forms 8282 filed during the year	┨╻		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	⊢
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_ ^		٠.
	sponsoring organization have excess business holdings at any time during the year?	8		—
9	Sponsoring organizations maintaining donor advised funds.	l .		2.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	,		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1 '
11	Section 501(c)(12) organizations. Enter			l
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		è -	
	amounts due or received from them.)	L	3 6 3	12.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1000 1000 1000	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 9	,š	*
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.	1		j "
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	g >>>	**	Î vêr
	organization is licensed to issue qualified health plans	∞ ئد	· 🌞 3 · · ·	l' 19
_	Enter the amount of reserves on hand	J	; ;	
U	Entor the amount of reserves of mana	127	1 "	1 A

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form **990** (2015)

AND THE INLAND EMPIRE, INC.

33-0036556

Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 16 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Î a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SHIN-JA KAMMANN - 714-573-9474 3230 EL CAMINO REAL, SUITE 100, IRVINE 92602

Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0· in columns (\check{D}), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if neither the organizat		orga	aniza			npei	nsaț			
(A)	(B)	l	(C) Position					(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					rs bot		compensation from	compensation from related	amount of other
	(list any	įį						the	organizations	compensation
	hours for	a a				B B		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	tras	nal tr		loyee	omo:				and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employes	Former			organizations
///	line)	르	Ē	븅	a a	를	ā			
(1) KATHLEEN BARDSLEY	1.00	1,,						_		0
DIRECTOR	1 00	Х			<u> </u>			0.	0.	0.
(2) JOHN OTT	1.00	, ,								0
DIRECTOR	1.00	Х			_		_	0.	0.	0.
(3) MITSY WILSON DIRECTOR	1.00	.						0.	0.	•
(4) TERRI SACKS	1.00	Х			_		_	<u> </u>	U •	0.
DIRECTOR	1.00	х						0.	0.	0.
(5) HEATHER HART	1.00	Δ		Н	_	\vdash		0.	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(6) DR. VIOLET SHEN	1.00	Δ		\vdash				U •	<u>_</u>	0.
DIRECTOR	1.00	х						0.	0.	0.
(7) WHIT BATCHELOR	1.00	Λ	_					· · · · · · · · · · · · · · · · · · ·	· ·	
DIRECTOR	1.00	х						0.	0.	0.
(8) COREY DONALDSON	1.00				┢╌					
DIRECTOR		x						٥.	0.	0.
(9) HARRIET LEHMAN	1.00	 			<u> </u>	-				
DIRECTOR		x						l o.	0.	0.
(10) KOMRON TARKESHIAN	1.00	 		М						
DIRECTOR		x						0.	0.	0.
(11) JASON LANTGEN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) STEPHANIE MCCORMICK	40.00									
PRESIDENT & CEO		1		х				211,651.	0.	18,123.
(13) MELVIN TOBARU	1.00									
DIRECTOR		1		x				0.	0.	0.
(14) MICHAEL HICKMAN	1.00									
CHAIR		1		x				0.	0.	0.
(15) JOAN DONNELLAN	1.00									
CHAIR-SECRETARY & GOVERNANCE				Х				0.	0.	0.
(16) MIKE LEDNOVICH	1.00									
CHAIR-AUDIT COMMITTEE		L		Х			<u> </u>	0.	0.	0.
(17) JESSICA REICHER	1.00									
TREASURER		<u>L</u> .		X				0.	0.	0.

532007 12-16-15

Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) (B)				(C)				(D)	(E)		ĺ	(F)	
Name and title	Average		Position (do not check more th			e than one		Reportable	Reportable			timate	
	hours per week			ess pe nd a d					compensation	n j		nount	of
	(list any	├		Г	T	Г	Ĺ	from the	from related organizations			other pensa	ation
	hours for	direct	1	1	1	-		organization	(W-2/1099-MIS		i .	om the	
	related	10 B3	stee	ł	ł	nsate	ł	(W-2/1099-MISC)	(_,		anızat	
	organizations	Individual trustee or directo	Institutional trustee		Key employee	Highest compensated employee		1			and	d relat	ed
	below	Mdu	triti	1 2	E E	hesto	Former				orga	anızatı	ons
	line)	亨	is:	Officer	Ke	E E	톤	 			<u> </u>		
(18) JEFF WACHA	40.00			l <u></u>				104.075			ĺ		
VICE PRESIDENT OF OPERATIONS	1 00	<u> </u>	<u> </u>	X	_	┞-	<u> </u>	104,076.		0.	<u> </u>	8,0	79.
(19) JANINE LOMBARDI	1.00		1		j]			J	_	1		_
VICE-CHAIR	1 00	┡	ļ	X		ـــ	<u> </u>	0.		0.	<u> </u>		0.
(20) CATHI KILLIAN	1.00	-		.			ļ			_			^
CHAIR-BRAND ADVANCEMENT COMMITTEE	40.00	ļ	┡	X	<u> </u>	├	┡	0.		0.	<u> </u>		0.
(21) SARAH PIZZARUSO	40.00	4	ĺ		ĺ		ĺ	105 750		_	ĺ		^
VICE PRESIDENT OF MARKETING & DEVELO	40.00	┡	<u> </u>	⊢	<u> </u>	X	⊢	105,750.		0.	<u> </u>		0.
(22) DEBRA FINSTER	40.00	-				x	l	126 602		0.	1		0.
VICE PRESIDENT OF MAJOR GIFTS	 	├	⊢	⊬	⊢	1^	⊢	126,693.		٠.	⊢–		
	<u> </u>	┨					l						
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		┨	İ								1		
		╁	\vdash		-	\vdash	\vdash	 					
		1	1		1						1		
1b Sub-total	-	_		Ц			<u> </u>	548,170.		0.	2	6,2	02.
c Total from continuation sheets to Part VI	II. Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)							•	548,170.		0.	2	6,2	02.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bove	e) w	ho r	received more than \$100	0,000 of reportabl				
compensation from the organization									•				4
												Yes	No
3 Did the organization list any former officer,	director, or tri	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		ú.	.3	
line 1a? If "Yes," complete Schedule J for s	uch individual										_3		X
4 For any individual listed on line 1a, is the su	um of reportab	le c	omp	ensa	atior	n and	d ot	ther compensation from	the organization		Z:	Ž.	
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sch	edul	e J	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services		À.	قد	
rendered to the organization? If "Yes," com	plete Schedul	e J į	or s	uch	pers	son					5	لــــــا	X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	pens	ation f	rom	
the organization Report compensation for	the calendar y	ear	end	ing v	vith	or w	<u>rithii</u>		year.				
(A)	addraga	3.77	~ *****				-	(B)		_	(C		
Name and business	aguress	N	INC	<u> </u>			\dashv	Description of s	services		compe	Isalio	
							H						
	 -												
							\dashv					-	
											——		
							-						
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									1				
2 Total number of independent contractors (i	ncluding but r	ot li	mite	d to	the	se li	ster	d above) who received n	nore than	2990		. 4	1
\$100,000 of compensation from the organi	_	.56 11				0		2 22010, 1110 10001460 11		, i	1	`^,	ili Like
Treates of companion non-the organi										s,*	Form	990 (2015)

Form 990 (2015)

Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b 483 567 Fundraising events 1¢ Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 3,838,675 743,018. g Noncash contributions included in lines 1a-1f \$ 4,322,242 Total. Add lines 1a-1f Business Code 2 a WISH ASSIST FEES 900099 186,110 186,110 Program Service Revenue All other program service revenue 186,110. Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 77,040. 77,040. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,295,572 assets other than inventory b Less: cost or other basis 1,176,110 14.580 and sales expenses 119,462 -14,580 c Gain or (loss) 104,882 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 483,567. of including \$ contributions reported on line 1c). See Part IV, line 18 199,423 287 859 b Less: direct expenses -88 436 88 436. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 28,890 Part IV, line 19 19,125 b Less direct expenses 9.765 9,765. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 5,873 and allowances 2,367 b Less: cost of goods sold 3,506 c Net income or (loss) from sales of inventory 3,506 Miscellaneous Revenue Business Code ADJUSTMENT TO PLEDGES 11 a 3,131 3 131 All other revenue Total. Add lines 11a-11d 3,131. 41**0**03 Total revenue. See instructions. 4,618,240. 186,110. 109,888. 0.

Form 990 (2015)

AND THE INLANT
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21			. 4 %	*					
2	Grants and other assistance to domestic	2,578,702.	2,578,702.							
3	Individuals. See Part IV, line 22 Grants and other assistance to foreign	2,370,7020	2/3/0//020							
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members			XX X	<i>\$1</i>					
5	Compensation of current officers, directors,									
	trustees, and key employees	229,056.	135,120.	66,907.	27,029.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	1,212,402.	702,982.	171,493.	337,927.					
7	Other salaries and wages	1,212,402.	702,302.	1/1,495.	337,327					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,844.	26,857.	7,893.	6,094.					
9	Other employee benefits	140,178.	87,605.	25,315.	27,258.					
10	Payroll taxes	115,247.	67,303.	18,128.	29,816.					
11	Fees for services (non-employees):			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
	Management									
b	Legal	5,238.	3,223.	759.	1,256. 9,572.					
С	Accounting .	41,779.	25,982.	6,225.	9,572.					
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17		<u> </u>		6 227					
f	Investment management fees	26,506.	16,266.	3,903.	6,337.					
g	Other (If line 11g amount exceeds 10% of line 25,	40 007	22,875.	5,053.	12,159.					
	column (A) amount, list line 11g expenses on Sch 0.)	40,087.	22,013.	3,033.	29,315.					
12	Advertising and promotion	17,821.	12,175.	2,085.	3,561					
13	Office expenses	17,021.	12,113	2,0031	7,000					
14 15	Information technology Royalties	-								
16	Occupancy	337,825.	212,053.	46,237.	79,535.					
17	Travel	23,391.	12,359.	4,902.	6,130.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	56,973.	29,100.	4,289.	23,584					
20	Interest	161 006	407 011	45 400	10 602					
21	Payments to affiliates .	161,026.	127,211.	15,122.	18,693. 13,799.					
22	Depreciation, depletion, and amortization	58,632. 12,242.	36,797. 7,726.	8,036. 1,589.	2,927					
23	Insurance		1,120.	1,303.	2,321					
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, if line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	MISCELLANEOUS	74,027.	47,937.	10,116.						
b	DETAINTAGE AND DUDT TOARTO	34,636.	20,615.							
С		27,362.	18,532.	3,203.	5,627					
d	POSTAGE AND SHIPPING	9,567.	4,797.	636.	4,134.					
е	All other expenses	- 656 256	1 100 010	404 595	<u> </u>					
25	Total functional expenses. Add lines 1 through 24e	5,272,856.	4,196,217.	404,577.	672,062					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.			1						
	Check here fig. 16 If following SOP 98-2 (ASC 958-720)	l			Form 990 (2015					

532010 12-16-15

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable. net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(e) voluntary employers and sponsoring organizations (section 501(c)(e) voluntary employers beneficiary organizations (see nstrt). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Pregald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D Less: accumulated depreciation 10b 187,123. 269,417. 10c 290,7: 11 Investments - poblicly traded securities 12 Investments - poblicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Acid lines 1 flough 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Escrive or outstodial account liability. Complete Part IV of Schedule D 20 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 20 Tare accent portion of the liabilities in the liabilities ento included on lines 17:24). Complete Part X of Schedule D 21 Complete Part IV (1/20) Seys, check here IV and complete lines 27 through 29, and lines 33 and 34. 22 Unrestricted net assets 23 Total liabilities. Add lines 17 through 29. 24 Unrestricted net assets 25 Other habilities (including deveral ancome tax, payables to related third parties and other labilities encluding federal ancome tax, payables to related third parties 25 Other habilities (includ	Par	tΧ	Balance Sheet			
1			Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable. net 5 Loans and other raceivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other raceivables from other disqualified persons (as defined under section 4958(i)(1)), persons described in section 4958(i)(3)(8), and contributing employers and sponsoring organizations of section 50 (i)(9) voluntary employers and sponsoring organizations (see nist). Complete Part II of Sch. L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Sch. L 10b 187,123. 269,417. 10c 290,77 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 13 Investments - other securities See Part IV, line 11 14 Intangbite assets 15 Other assets. See Part IV, line 11 15 Investments - other securities See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Escrow or custodial account lability. Complete Part IV of Schedule D 20 Tax-exempt bond labilities 19 Deferred revenue 20 Tax-exempt bond labilities 21 Escrow or custodial account lability. Complete Part IV of Schedule D 22 Loans and other payable to unrelated third parties. Add lines 17 through 29, and lines 33 and 34. 19 Secured mortgages and notes payable to unrelated third parties. Part IV of Schedule D 25 Total Itabilities. Add lines 17 through 29 and lines 33 and 34. 10 Unrestricted net assets 27 Permanently restricted net assets 28 Torporarily restricted net assets 29 Permanently restricted net assets 20 Total restriction of the search				Beginning of year		End of year
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0)1), persons described in section 4958(0)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees and deferred charges 10a Land, buildings, and equipment; cost or other basis Complete Part IV of Schedule D 10a 477, 862. 11b 10a 477, 862. 11c 10b 187, 123.		1	Cash · non-interest-bearing	383,413.	1	246,750.
3 Pledges and grants receivable, net 80, 423, 3 257, 66	ļ	2	Savings and temporary cash investments		2	
A Accounts receivable, net 113, 353, 4 136, 36	1	3	•		3	257,607.
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f(1))), persons described in section 4958(c(1)(8)), and contributing employees and sponsoring organizations of section 501(e(8)) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 1 Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - other securities. See Part IV, line 11 1 Interstments - other securities. See Part IV, line 11 1 Intangible assets 1 Cherical sasets. See Part IV, line 11 1 Intangible assets 1 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escrow or custodal account liability Complete Part IV of Schedule D 22 Loans and other payables to urrelated third parties 23 Complete Part II of Schedule L 24 Secured mortgages and notes payable to urrelated third parties 25 Other liabilities. Add lines 17 through 25 Organizations that do not follow SFAS 117 (ASC 958), check here 26 Total liabilities. Add lines 17 through 25 Organizations that do not follow SFAS 117 (ASC 958), check here 26 and complete lines 27 through 29, and lines 33 and 34. 17 (ASC 958), check here 27 Unrestricted net assets 1 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		4	•	113,353.	4	136,366.
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25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 32, 500 ⋅ 29 Total liabilities. Add lines 17 through 25 1,889,420 ⋅ 26 2,388,0 1,332,770 ⋅ 27 543,3 1,332,770 ⋅ 27 543,3 1,332,770 ⋅ 27 543,3 32,50 33 B2,50 34 B2,50 35 B2,50 36 B2,50 37 B2,50 38 B2,50 39 B2,50 30 B2,50 31 Paid-in or capital surplus, or land, building, or equipment fund 31 B2 32 B2 33 Total net assets or fund balances					+	
parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Danie and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 156,417. 25 187,88 1,889,420. 26 2,388,03 1,332,770. 27 543,33 82,500. 29 82,500. 29 82,500. 29 82,500. 29 82,500. 29 82,500. 29 82,500. 29 82,500. 29 83,700. 27 84,700			, ·			
Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 1 , 889 , 420 . 26 2 , 388 , 03 1 , 332 , 770 . 27 543 , 33 1 , 332 , 770 . 27 543 , 33 27 543 , 33 28 269 , 80 39 82 , 50 30 31 31 31 32 30 31 32 31 7542 , 901 . 33 895 , 63			· · · · · · · · · · · · · · · · · · ·			
Organizations that follow SFAS 117 (ASC 958), check here Z and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances Organizations that follow SFAS 117 (ASC 958), check here 30 Total net assets or fund balances			• • •		25	187,883.
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 1,332,770. 27 543,3. 127,631. 28 269,80 82,500. 29 82,50 30 31 31 31 32 331		26	Total liabilities. Add lines 17 through 25	1,889,420.	26	2,388,030.
Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 1,332,770. 27 543,3 127,631. 28 269,80 82,500. 29 82,50 30 31 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32			Organizations that follow SFAS 117 (ASC 958), check here			
33 Total fiel assets of full balances	S		complete lines 27 through 29, and lines 33 and 34.			
33 Total fiel assets of full balances	Š	27	Unrestricted net assets		27	543,332.
33 Total fiel assets of full balances	3ala	28	Temporanly restricted net assets		28	269,862.
33 Total fiel assets of full balances	βĒ	29	Permanently restricted net assets	·	29	82,500.
33 Total fiel assets of full balances	Ē		Organizations that do not follow SFAS 117 (ASC 958), check here	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	
33 Total fiel assets of full balances	ò		•	<u> </u>		
33 Total fiel assets of full balances	ets	30	•		_	
33 Total net assets of full balances	Ass	31			_	
33 Total fiel assets of full balances	i	32		1 540 001	-	905 604
134 Total liabilities and net assets/fund balances 3,434,341 3,283,74	2		•			
		34	Total liabilities and net assets/fund balances	3,432,321.	1 34	5, 283, 724. Form 990 (2015)

	990 (2015) AND THE INLAND EMPIRE, INC.	33-00	36556	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,618					
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,272	2,8	56.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-654					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,542					
5	Net unrealized gains (losses) on investments	5	_	7,4	09.			
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	89!	5,6	94.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				LX.			
				Yes	No			
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			10				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	, %					
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	d on a		,				
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,) Sy					
	consolidated basis, or both			, me				
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	c 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?							
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt	3	(3.1	X			
	Act and OMB Circular A-133?		3a		<u> </u>			
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit	1.1		1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		l 3h l		1			

532012 12-16-15

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization MAKE-A-WISH FOUNDATION OF ORANGE COUNTY Employee

Employer identification number

	AND	THE INLAND	EMPIRE, INC	•			33-0036556				
Part I	Reason for Public (Charity Status (#	All organizations must co	mplete thi	s part.) Se	e instructions.					
The organ	zation is not a private found	lation because it is (For lines 1 through 11, c	heck only	one box.)						
1 🗂	A church, convention of ch	,)(A)(i).					
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
з 🗔	A hospital or a cooperative					i).					
4 🗂	A medical research organiz						er the hospital's name,				
· —	city, and state		, <u></u>								
5 🗆	•	or the benefit of a co	llege or university owner	or operat	ed by a go	overnmental unit desc	ribed in				
•	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X											
ر سید	section 170(b)(1)(A)(vi). (C	•	mai part of ito support	om a gov	0111111011101	and or none are gone	a. pasiis associate				
в 🗀	A community trust describe		1VAVvil (Complete Part	- 11 3							
9 🗔	An organization that norma				contributiv	one membership fees	and aross receints from				
9	activities related to its exen										
	income and unrelated busin										
			(less section 511 tax) in	วทา ยนรทเษ	sses acqu	ned by the organization	on after durie 30, 1973				
40	See section 509(a)(2). (Con	•	wal to toot for public on	fatu Can	ootion EC	10(a)(4)					
# H	An organization organized	•	•	-			the nurneese of one or				
11	An organization organized										
	more publicly supported or						. Check the box in				
Γ	lines 11a through 11d that						h				
a ∟	☐ Type I. A supporting orga										
	the supported organization			a majority o	of the aire	ctors or trustees of the	e supporting				
. —	organization. You must o	-									
b <u></u>											
	control or management of	of the supporting org	anızatıon vested in the s	ame perso	ons that co	ontrol or manage the s	supported				
_	organization(s). You mus	st complete Part IV,	Sections A and C.								
c		egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integr	ated with,				
	ıts supported organizatio		•								
d L	Type III non-functionally										
	that is not functionally int	tegrated. The organiz	cation generally must sat	tisfy a disti	ribution re	quirement and an atte	entiveness				
	requirement (see instruct	•									
e	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	i Type I, Type II, Type	111				
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organiz	zation.						
f Ente	er the number of supported	organızations		-		••					
g Pro	vide the following information										
((i) Name of supported	(ii) EIN	(, -, -,	(iv) Is the o		(v) Amount of monetar	1				
	organization		(described on lines 1-9 above (see instructions))	governing o		support (see	other support (see instructions)				
				Yes	No	instructions)	instructions)				
							·				
					_						
			*'								
			TA A A MARKET			·					
Total					ŽžŽ.						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 AND THE INLAND EMPIRE, INC.

33-0036556 Page 2

Pa	(Complete only if you checke fails to qualify under the test:	ed the box on line 5	5, 7, or 8 of Part I o	or if the organization			•
Se	ction A. Public Support	5 Hoted Delett, piec	ase complete rare	· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2011	(h) 2012	(-) 0012	(4) 0014	(-) 0045	(0 T-+-1
	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	membership fees received (Do not						
	include any "unusual grants.")	3,249,202.	4,067,892.	4,335,729.	4,864,935.	4,612,274.	21,130,032
2	Tax revenues levied for the organ-		-,,		1,001,000.	1,020,071.	22,230,032
_	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities						
Ī	fumished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,249,202.	4,067,892.	4,335,729.	4,864,935.	4,612,274.	21,130,032
5	The portion of total contributions	1 1	712	* * ,		1 3 % 1 42	
-	by each person (other than a						
	governmental unit or publicly			1 1			
	supported organization) included						
	on line 1 that exceeds 2% of the		1			: /	
	amount shown on line 11,	7 7 2 3 3 3 3				* • • • • • • • • • • • • • • • • • • •	
	column (f)				3		
6	Public support. Subtract line 5 from line 4		47.8 %	86.4	<u> </u>	88.83.33	21,130,032
	ction B. Total Support		***	W 100 100 100 100 100 100 100 100 100 10	<u>i * </u>	~ `> \$ 4% \$ \$	21,100,002
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3,249,202.	4,067,892.	4,335,729.	4,864,935.	4,612,274.	21,130,032
8	Gross income from interest,			2,000,7221	,002,200.	2,012,071	22,230,032
_	dividends, payments received on]					
	secunties loans, rents, royalties						
	and income from similar sources	31,268.	27,947.	37,533.	68,429.	77,040.	242,217
9	Net income from unrelated business	32,2001	2775270	37,3331	00,425.	77,010.	242,217
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	or loss from the sale of capital						
	assets (Explain in Part VI.)			321,026.	4,836.	3,506.	329,368.
11	Total support. Add lines 7 through 10	\$6.5 S.A.	4.4	321,020 :	3.00		21,701,617
	Gross receipts from related activities,				<u> </u>	12	835,923
	First five years. If the Form 990 is for			od fourth or fifth to	v voor op a coatio		033,323
	organization, check this box and stor		s mst, second, um	a, louidi, or illui te	ix year as a section	11 30 1(0)(3)	. □
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2015 (column (f)		14	97.37 %
	Public support percentage from 2014			Coldinat (1))		15	97.17 %
	33 1/3% support test - 2015. If the c	•	•	n line 12 and line	14 10 22 1/20/ 04 11	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
100	stop here. The organization qualifies				14 IS 33 1/3% OF II	nore, check this bo	x and ►X
	33 1/3% support test - 2014. If the c		•		lino 15 is 22 1/20/	or more sheet 4	
U	and stop here. The organization qual				iii le 15 is 33 1/3%	or more, check tr	iis dox
17^					10 160 165	and los 14 400/	▶ ∟
11 d	10% -facts-and-circumstances tes and if the organization meets the "fac						
						t vi now the organ	nzation ⊾ [□
.	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	_	•		•	17a and line 15 a	100/

Schedule A (Form 990 or 990-EZ) 2015

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below inlease complete Part II.)

Se	ction A. Public Support	, p				-	
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 performed, 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 business 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						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	of necessary and an analysis of the amount on line 13 for the year amount on line 13 for the year						
•	Add lines 7a and 7b						
_8	Public support. (Subtract line 7c from line 6)	<u> </u>		\$.	· 🕺	<u> </u>	
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
Se	check this box and stop here						▶□
	Public support percentage for 2015 (I			olumn (f))		15	%
16	Public support percentage from 2014	**	•			16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20	15 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%
18	Investment income percentage from 2	2014 Schedule A, I	Part III, line 17			18	%
198	33 1/3% support tests - 2015. If the	organization did n	ot check the box o	on line 14, and line	15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box a						▶□
ŀ	33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is me	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see in	structions	

532023 09-23-15

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 (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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in 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 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3b		75,7
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4b	***	**************************************
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a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entirely of a person described in (a) above? c A 35% controlled entirely of a person described in (a) above? c A 35% controlled entirely of a person described in (a) above? 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during that year organization's activities If the organization organization's directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year and the powers of the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year and the provided organization's that operated, supervised, or controlled the supporting organization's the supported organization's that operated, supervised, or controlled the supporting organization's the supported organization's that operated, supervised, or controlled the supporting organization's the supported organization's that operated, supervised, or controlled the supporting Organization's the supported organization's the organization's of the organization's supported organization's supported organization's and power the organization's officers, directors or trustees during the tax year also a majority of the directors or trustees of and of the organization's officers, directors, or trustees during the support provided during the port tax year, (i) a copy of the Form 990 that was most recently	11 a ,			Yes	No
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3 Parent of Supported Organizations Answer (a) and (b) below.		· · · · · · · · · · · · · · · · · · ·		N8 .	١.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1-2	M L	` '
trustees of each of the supported organizations? Provide details in <i>Part VI</i> . 3a 3a 5. Put the exemplication everyone a substantial degree of direction ever the policies programs, and activities of each				3° #	1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b		Ø >-	ĺ	- [®]
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b		ot its supported organizations? It "Yes." describe in <i>Part VI</i> The role played by the organization in this regard	l 3D	l	Щ.

	edule A (Form 990 or 990-EZ) 2015 AND THE INLAND EMPIRE,	INC.	3	3-0036556 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	on Nov. 20, 1970 See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	3 30		
	instructions for short tax year or assets held for part of year):	> 373		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	· .	
d	Total (add lines 1a, 1b, and 1c)	1d	 .	
е	Discount claimed for blockage or other			à \$:-
	factors (explain in detail in Part VI):	\$ -> .		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	* *	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· X . 3 . 3	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra		anization (see
	instructions).		., ,, ,,	•

Schedule A (Form 990 or 990-EZ) 2015

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY Schedule A (Form 990 or 990-EZ) 2015 AND THE INLAND EMPIRE, INC. 33-0036556 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: a 33 🕉 : b c ∭ 🚳 8:23 d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D. a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 31 and 4c 8 Breakdown of line 7.

Schedule A (Form 990 or 990-EZ) 2015

74 Y

c Excess from 2013

d Excess from 2014

e Excess from 2015

1 13

Schedule A	(Form 990 or 990-E	Z) 2015 Z	AND T	HE II	NLAND	EMPIRE,	INC.		33-0036556	Page 8
Dort VI	0 1 1							5		
Part VI	Supplemental	Intorm	ation. F	Provide th	ie explana	itions required b	y Part II, line 10	, Part II, line 17a o	r 17b; Part III, line 12;	
	Part IV Section A	lines 1 2	3h 3c 4	4h 4c 5a	6 9a 9t	9c 11a 11b	and 11c: Part IV	/. Section B. lines *	I and 2; Part IV, Section	C.
	less 1. Doet IV. Con	tion D. lin	oo, oo,	2 Dod W	Cootion I	E lines 10 20 2	b 30 and 3h D	art V line 1 Part V	, Section B, line 1e; Part	v
	line 1; Part IV, Sec	TION D, IIN	es z and	3, Part IV	, Section i	E, III les 10, 2a, 2	D, 3a and 30, F	art v, iiile i, Fart v	, Section b, line re, Fait	٧,
	Section D, lines 5,	6, and 8;	and Part	V, Sectio	n E, lines :	2, 5, and 6 Also	o complete this i	part for any addition	nal information.	
	(See instructions)									
	(CCC III CCI CCI CO									
										
							-			
	_									
										
-										
-									-	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

Employer identification number 33-0036556

<u> </u>	AND THE INLAND EMPI		33-0036336
Pa	<u></u>		IS OF ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	Ĺ	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in w	rriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e	xclusive legal control?	L Yes L No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	till Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990	, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements	-	. 2b
C	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic struc	cture
	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		-
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conser	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		. Yes L No
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
_	conservation easements.		O
ŧка	rt III Organizations Maintaining Collections of		Utner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	**	
	historical treasures, or other similar assets held for public exhi		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	public service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2015

532051 11-02-15

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE. INC.

Sche	dule D (Form 990) 2015 AND THE	INLAND EM	PIRE	, INC.				33-00	36556	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Oth	er Simi	lar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following the	at are a s	significan	t use of its	collection	rtems
	(check all that apply).									
а	Public exhibition	d			hange progr	ams				
b	Scholarly research	е		Other						
С	c Preservation for future generations									
4									t XIII	
5									٦.,	г
_	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
Pai			ete if the	organizatio	n answered	"Yes" or	1 Form 99	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa		land for		a ar athar a		t in ali ida	4		
1a	Is the organization an agent, trustee, custod	ian or other intermed	nary for	contribution	is or other a	ssets no	t included	'	Yes	□ No
	on Form 990, Part X?			abla				L	ı res	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing t	able:				Τ	Amount	
	Decimping belongs						1c	 	Amount	
c C	Beginning balance Additions during the year				•		1d	<u> </u>		
d	Distributions during the year						1e	 		
e f	Ending balance						1f	· · · · -		
	Did the organization include an amount on F	orm 990 Part X line	21 for 4	escrow or ci	ustodial acci	ount liah		'	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						-	. —		
Pai										
,-:	* *	(a) Current year		nor year	(c) Two year			years back	(e) Four y	ears back
1a	Beginning of year balance	127,328.	(-/-	127,617.		8,236.	7-7	100,160.	,,,,,	93,318.
	Contributions			•				•		
c	Net investment earnings, gains, and losses	-3,908.		-289.	1	3,685.		8,076.		6,842.
ď	Grants or scholarships	,								· <u> </u>
	Other expenditures for facilities	-								
Ū	and programs				}					
f	Administrative expenses	19,648.	-,							
g g	End of year balance	103,772.		127,328.	12	1,921.		108,236.	1	00,160.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	a. column (a	a)) held as		1,			
а	Board designated or quasi-endowment	8.70	%	J ,	"					
b	Permanent endowment ► 79.50	%								
		1.80 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	·	ation tha	at are held a	ınd admınıst	ered for	the orgar	nization		
	by:	•							<u> </u>	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations		-						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 99	0, Part X	, line 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)	1 ''	Accumula epreciatio		(d) Book	value
1a	Land					11:30	2.			
	Buildings					L				
	Leasehold improvements			11	7,249.		45,9	913.	71	,336.
	Equipment									
	Other			36	0,613.		141,2	210.	219	,403.
	l. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c)			▶	290	,739.
	 							Calaadida	D /F	990) 2015

01.11.5	33TD WITH TAXE	AND EMPIRE,	OF ORANGE COUNTY	33-0036556 Page 3
	Investments - Other Securities.	MAND EMPIRE,	INC.	33-0030330 Page 3
Part VIII		F 000 D-+ IV I	11h Can Farm 000 Bart V Ira	- 10
(a) Decerio	Complete if the organization answered "Yes" ofton of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
		(b) Book value	(c) Weblod of Valuation C	TOST OF CITA OF YEAR THAT ROT VALAGE
• •	al derivatives			
	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.)			<i># 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</i>
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c. See Form 990, Part X, line	e 13.
	(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)				
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
		†		
(5)			·····	
(6)				
<u>(7)</u>				
(8)				
(9)	41 15 000 D 1V 140V 40V			
	(b) must equal Form 990, Part X, col. (B) line 13.)	.l		***************************************
Part IX]			
	Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, lin	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)		·		
(4)				
(5)				
(6)				
(7)		•		
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) lir	ne 15.)		•
Part X	Other Liabilities.	•		
	Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See Form 990. Par	t X. line 25.
1	(a) Description of liability		(b) Book value	
1. (1) Fed	deral income taxes			
	JE TO OTHER CHAPTERS		53,896.	
	EFERRED RENT		76,928.	
	EFERRED REVENUE		37,000.	
	OTES PAYABLE		20,059.	
(5) NC	JIES PAIADLE			

1.	(a) Beson priori or massiney		(S) Doon value	J	11.00	r á`		å
(1)	Federal income taxes			4				
(2)	DUE TO OTHER CHAPTERS		53,896.]ê ; .			* .4	JŸ.
(3)	DEFERRED RENT		76,928.		`		S 3 3	T.
(4)	DEFERRED REVENUE		37,000.] 11 1	3		199	1
(5)	NOTES PAYABLE		20,059.]		s.	* ;	
(6)				^		Via:	11	
(7)				ž.	3. 35			ý
(8)						i . A	7 1 " 1 ³ 1	43 8 .
(9)				17%	11.0			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	▶	187,883.	4.		A A		, o

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2015

AND THE INLAND EMPIRE, INC.

33-0036556 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,964,715. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12: 7,409 a Net unrealized gains (losses) on investments 2a 365,572 b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 372,981. e Add lines 2a through 2d 2e 4,591,734. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 26,506 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 26,506. c Add lines 4a and 4b 4c 4,618,240. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 5,611,922. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. 365,572 a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d 365,572. e Add lines 2a through 2d 5,246,350. Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 26,506 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 26,506. c Add lines 4a and 4b 4c 5,272,856. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO GRANT WISHES IN PERPETUITY. PART X, LINE 2: FIN 48 FOOTNOTE THE FOUNDATION HAS ADOPTED ASC TOPIC 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. MANAGEMENT BELIEVES THAT NO SUCH UNCERTAIN TAX POSITIONS EXIST FOR THE FOUNDATION AT AUGUST 31, 532054 09-21-15 Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	AND THE INLAND EMPI	RE, INC.	33-0036556 Page 5
Schedule D (Form 990) 2015 Part XIII Supplementa	I Information (continued)	,	age o
<u> </u>			
<u> </u>			
. 			
			
	····		
			-
			
			Schedule D (Form 990) 201

532055 09-21-15

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	WISH FOUNDATION OF INLAND EMPIRE, IN		ANG	E COUNTY		33-0036	556
Part I Fundraising Activities required to complete this par	Complete if the organization answet	red "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following Solicitates f Solicitates g Special Special Special Sart VII) or entity in connection with prividuals or entities (fundraisers) pursus	ion of ion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trui undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
* * * * * * * * * * * * * * * * * * *							
	:						
					,		
							,
Total			>				
3 List all states in which the organization or licensing	n is registered or licensed to solicit o	contrib	utions	or has been notified	d it is	exempt from re	egistration
							

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

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE. INC. 33-0036556 Page 18
Pa			e organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	
		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WALK FOR	GALA EVENING		(add col. (a) through
ļ			WISHES COMBI	OF WISHES	5	col (c))
٩			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	212,504.	308,645.	116,451.	637,600.
	2	Less Contributions	209,117.	208,325.	66,125.	_483,567.
	3	Gross income (line 1 minus line 2)	3,387.	100,320.	50,326.	154,033.
	4	Cash pnzes		-		
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs		_		
ᄬ	7	Food and beverages				
Ĕ	•	1 555 and bottorages			· ·	
٦	8	Entertainment				
	9	Other direct expenses	40,518.	167,693.	34,258.	242,469.
	10	·	<u> </u>		<u> </u>	242,469.
		Net income summary. Subtract line 10 from I				-88,436
Pa	rt i		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a			•	
			(-) D	(b) Pull tabs/instant	/-) Otherin-	(d) Total gaming (add
۱څ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c)
Revenue						
_	1	Gross revenue			28,890.	28,890.
						İ
န္	2	Cash prizes				
ŝ						
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs	:			
គី	*	Tierio lacinity costs _				
	5	Other direct expenses			19,125.	19,125
	Ŭ	Caron direct experience	☐ Yes %	Yes %	X Yes 95.00 %	
	6	Volunteer labor	No No	No No	□ No	
						10 125
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)			19,125
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	9,765
				13		
9		ter the state(s) in which the organization cond				Yes X No
		the organization licensed to conduct gaming a 'No," explain: NOT REQUIRED TO			F A VEAR CAS	
b	IT "	No, "explain: NOT REQUIRED TO	HAVE A DICER	ISE FOR A ONC	E A TEMIC CAD	THO HIGHT:
	_					
		ere any of the organization's gaming licenses r	evoked, suspended or to	erminated during the tax	year?	Yes X No
b	lf "	Yes," explain:				
						
	_					
320	32 0	9-14-15			Schedule G (For	rm 990 or 990-EZ) 201

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY	036556	
11 Does the organization conduct gaming activities with nonmembers?	Yes	X No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	Yes	X No
to administer charitable gaming?	L res	LAL NO
13 Indicate the percentage of gaming activity conducted in:	13a	.00 %
a The organization's facility b An outside facility	13b 100	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.	130 1200	· U U 70
14 Lines the hame and address of the person who prepares the organization's gammy special events books and records.		
Name ► STEPHANIE MCCORMICK		
Address > 3230 EL CAMINO REAL, SUITE 100 - IRVINE, CA 92602		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party >		
c If "Yes," enter name and address of the third party:		
on 1995, street name and decrease of the ama party.		
Name ▶		
Address ▶		
16 Gaming manager information		
Name ▶		
Gaming manager compensation > \$		
Description of services provided		
Description of services provided P		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes Yes	LXJ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$	r 0.0k 46	451
Part IV, Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	lines 9, 96, 10	b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	(Form 990 or 990-F7)	AND THE INLAND EMPIR	E. INC.	33-0036556 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	ermation (continued)	_,	22 3030330 Fage 4
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		·		Schedule G (Form 990 or 990-EZ

04-01-15

Internal nevenue Service | Purformation about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Name of the organization MAKE-A-WISH FOUNDATION OF ORANGE COUNTY Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. INC. AND THE INLAND EMPIRE, Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

OMB No 1545-0047

Open to Public Inspection

Employer identification number 33-0036556

on X Yes No	V, line 21, for any	(h) Purpose of grant or assistance					Schedule I (Form 990) (2015)
istance, and the selection	es" on Form 990, Part IV	(g) Description of non-cash assistance					
ty for the grants or ass	Janization answered "Y	(f) Method of valuation (book, EMV, appraisal, other)					
e grantees' eligibilitied States.	Somplete if the org	(e) Amount of non-cash assistance					
or assistance, the funds in the Unite	c Governments. ((d) Amount of cash grant				le line 1 table	
amount of the grants	zations and Domesti be duolicated if addit	(c) IRC section if applicable				ganizations listed in the	ons for Form 990.
to substantiate the stance?	Domestic Organi 5.000 Part II can	(b) EIN				nd government org	, see the Instructi
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	Fart II J Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government				 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	1

INC. AND THE INLAND EMPIRE,

Page 2

33-0036556

Schedule I (Form 990) (2015)

AND THE INLAND EMPIKE, INC.

Partill. 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

Schedule I (Form 990) (2015) (f) Description of non-cash assistance POYS, AIRFARE, ELECTRONIC ITEMS, ETC. (e) Method of valuation (book, FMV, appraisal, other) GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET THE SPECIFIC CRITERIA FOR DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES, WITH THE EXCEPTION OF TRAVEL ALL WISH EXPENSES ARE DEVELOPED BY THE MANAGER OF PROGRAM SERVICES AND ARE APPROVED BY THE PRESIDENT/CEO. THE SUPPORTING WISH EXPENSES DOCUMENTATION Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE ORGANIZATION DOES NOT PROVIDE CASH GRANTS TO INDIVIDUALS BUT RATHER 2,158,292.ESTIMATED FMV THE ORGANIZATION GENERALLY ALLOCATES FUNDS ETC.) FROM A STANDARDIZED WISH BUDGET THE ORGANIZATION. (d) Amount of non-cash assistance 420,410. (c) Amount of cash grant INVOICES AND STATEMENTS) IS MAINTAINED BY 347 (b) Number of recipients GAS, TIPS, THE WISH GRANTING PROGRAM. (a) Type of grant or assistance MEALS, (I.E. WISHES FOR CHILDREN LINE STIPENDS PART I, (I.E.

532102 10-28-15

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. MAKE-A-WISH FOUNDATION OF ORANGE COUNTY

AND THE INLAND EMPIRE, INC.

Employer identification number 33-0036556

Pa	art I Questions Regarding Compensation			
			Yes	No
ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		1864.20 m. 2 1970	** of commence of the commence
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		li Li
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	£ I	#ii
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee	Action (act);	Company of the Compan	A The Angles of the Control of the C
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		, , , , , , , , , , , , , , , , , , ,	X
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	A.
b	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4b		X
С	, , , , , , , , , , , , , , , , , , , ,	4c		X
5 a	If "Yes" to any of lines 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization?	5a		X
b	Any related organization?	5b	L	Х
	If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The property tion?	6a		x
	The organization?			X
	Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For paragraph letted on Form 200, Part VII. Section A line 1a, did the propagation provide any pagifical payments.	6b	1 27	
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	* ± 7	1a	X
ρ	not described on lines 5 and 6? If "Yes," describe in Part III	1.38	š ~	┝╧
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	-	х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		ĺ	,

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

Schedule J (Form 990) 2015

33-0036556 MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII. Pärt II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		ın column (B) reported as deferred on prior Form 990
(1) STEPHANIE MCCORMICK	Ξ	211,65	0	0	6,92	11,201.	229,77	0
PRESIDENT & CEO	≘	0	0	0	0.	0.	0	0.
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532112 10-14-15

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.

33-0036556

Page 3

Schedule J (Form 990) 2015 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. Schedule J (Form 990) 2015

Pärt III | Supplemental Information

38

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

2015

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public

Name of the organization

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.

Employer identification number 33-0036556

Schedule M (Form 990) (2015)

Types of Property (a) (b) (d) (c) Noncash contribution Number of Method of determining Check if applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications 8,693.FMV X Clothing and household goods X 432 35,741.FMV Cars and other vehicles 6 X 11 29,648.FMV Boats and planes 7 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other 15 Real estate · Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 19 Food inventory 5,001. 66 X 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts (SPECIAL EVENT) X 388 263,265.FMV 25 Other 218,587.FMV ENHANCEMENTS/ X 71126 Other 47,898.FMV X 190 MEALS 27 Other ANIMAL X 899.FMV 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

532141 08-21-1 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015) AND THE INLAND EMPIRE, INC.	33-0036556	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, as is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organiza a combination of both. Also com	ation iplete
PART I, OTHER TYPES OF PROPERTY:		
ELECTRONICS		, , , .
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 159.		
(D) METHOD OF DETERMINING REVENUE: FMV		
		-
······································		
		<u>-</u>
		
532142 08-21-15	Schedule M (Form	990) (2015

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.

Employer identification number 33-0036556

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH, AND JOY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SUCH AS AIRLINE TICKETS, HOTELS, TRANSPORTATION, MEALS, AND SPENDING MONEY, ARE COVERED BY DONATIONS TO THE ORGANIZATION. AS THE CHAPTER RECEIVES NO FEDERAL OR STATE FUNDING WISHES ARE GRANTED SOLELY THROUGH INDIVIDUAL, GROUP OR CORPORATE DONATIONS. OVER 80 CENTS OF EVERY DOLLAR RAISED GOES DIRECTLY TO MAKING WISHES COME TRUE. THE ORGANIZATION RELIES HEAVILY ON VOLUNTEERS AND IN-KIND DONATIONS TO KEEP COSTS LOW.

DURING THE 2016 FISCAL YEAR, THE CHAPTER DELIVERED 347 WISHES FOR CHILDREN IN OUR THREE COUNTIES, 28,000 SQUARE MILE TERRITORY. ADDITIONALLY, THE CHAPTER ASSISTED APPROXIMATELY 644 WISH CHILDREN AND THEIR FAMILIES FROM MAKE-A-WISH CHAPTERS FROM AROUND THE COUNTRY AND THE GLOBE BY COORDINATING SUPPORT AND PLANNING SERVICES, FACILITATING ACCESS TO LOCAL ATTRACTIONS AND ACCOMODATIONS, AND A HOST OF OTHER WISH ENHANCEMENTS FOR THEIR ORANGE COUNTY AND INLAND EMPIRE WISH EXPERIENCES. THE CHAPTER CONTINUED ITS EFFORTS IN 2016 TO BUILD ON ITS VISION TO "OFFER A WISH TO EVERY MEDICALLY ELIGIBLE CHILD IN THE TERRITORY" THROUGH ONGOING MEDICAL OUTREACH EFFORTS, BY DEVELOPING COMMUNITY RELATIONSHIPS, AND BY CONTINUOUSLY REFINING ITS WISH GRANTING PROCESSES TO INSURE A MISSION DELIVERY OF THE HIGHEST STANDARD."

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization MAKE-A-WISH FOUNDATION OF ORANGE COUNTY
AND THE INLAND EMPIRE, INC.

Employer identification number 33-0036556

LINE 11B - FORM REVIEW PROCESS

THE ORGANIZATION'S FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT,
WITH THE ASSISTANCE OF THE ORGANIZATION'S MANAGEMENT TEAM. AN ESTABLISHED
COMMITTEE OF DIRECTORS AND ACCOUNTING EXPERTS REVIEW AND, IF NECESSARY,
AMEND THE PREPARED 990. THE COMMITTEE APPROVES THE 990 AND DISTRIBUTES THE
FORM TO THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING OF THE 990
WITH THE APPROPRIATE AGENCIES.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL STAFF AND VOLUNTEERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF

INTEREST STATEMENT AND ACKNOWLEDGEMENT OF THE ORGANIZATION'S CODE OF ETHICS

ON AN ANNUAL BASIS.

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

THE SALARY OF THE CEO IS SET AND DETERMINED BY THE BOARD OF DIRECTORS BASED ON NATIONAL AND LOCAL SALARY SURVEYS. ANY ADJUSTMENTS OR CHANGES IN THE CEO SALARY IS NOTED AT THE TIME OF PERFORMANCE REVIEWS.

STAFF COMPENSATION IS DETERMINED BY THE CEO BASED ON SALARY SURVEYS, BOTH

NATIONAL AND LOCAL, AS WELL AS SKILL LEVELS AND METRICS MEASURED BY

PERFORMANCE REVIEWS CONDUCTED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S TAX FORMS, EXEMPTION STATUS DOCUMENTS, MOST RECENT
FINANCIAL AUDIT AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR PUBLIC
INSPECTION AT THE PRINCIPAL OFFICE OF THE ORGANIZATION DURING REGULAR
BUSINESS HOURS. IN ADDITION, THE DOCUMENTS ARE ALSO AVAILABLE ON-LINE.

FORM 990, PART XII, LINE 2C:

Name of the organization MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.	Employer identification number 33-0036556
THERE HAS BEEN NO CHANGE IN THE PROCESS OF OVERSEEING THE	AUDIT,
REVIEW, OR COMPILATION OF THE FINANCIAL STATEMENTS.	
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