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

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2024 calendar year, or tax year beginning

-	_	also delicated from the second	enung		
В	Check applic	cif C Name of organization	10	D Employer ide	ntification number
Г	X Ad	BBB WISE GIVING ALLIANCE			
Ē	Na	Doing business as		52-107	0270
Ē	Init	ial	Room/suite	E Telephone nui	
Ē	Fin		523	703-24	
		nin-	000	G Gross receipts \$	2,522,828
	Am	ended a mar management and a second		H(a) Is this a grou	
	Apr tion	F Name and address of principal officer: BENNETT WEINER			ates? Yes X No
_		3101 WILSON BOULEVARD, SUITE 523, ARLIN	GTON.	1	ites included? Yes No
1	Tax-e	exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)		50 E25 E	ch a list. See instructions
		site: WWW.GIVE.ORG		H(c) Group exem	
		of organization; X Corporation Trust Association Other	L Year		5 M State of legal domicile; DC
P	_	Summary			
g	1	Briefly describe the organization's mission or most significant activities: STREI	NGTHEN	PUBLIC CO	ONFIDENCE IN
Activities & Governance		CHARITIES BY PROMOTING WISE GIVING & TRUS	TWORTH	Y CHARITY	PRACTICES.
5	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net	
ò	3	Number of voting members of the governing body (Part VI, line 1a)			3 11
old o	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 11
ties	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			5 14
it.	7.	Total unrelated business reserve from Port VIII.			6 11
Ą	1	a Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
_	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b 0.
_	8	Contributions and grants (Part VIII, line 1h)	_	Prior Year 162,135	Current Year
Revenue	9	5		2,048,088	
9A6	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			42,228.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,210,223	
200	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,821,467	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.
ĝ	םן	fotal fundraising expenses (Part IX, column (D), line 25) 52, 23	3.		
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100	750,439	677,607.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,571,906	
	19	Revenue less expenses. Subtract line 18 from line 12		-361,683	
ts or				inning of Current Yea	End of Year
Net Asset	20	Total assets (Part X, line 16)		1,636,155	
1	21	Total liabilities (Part X, line 26)		1,356,742	
ED O	22 pt 11	Net assets or fund balances, Subtract line 21 from line 20 Signature Block		279,413	. 374,665.
_	_				
true	COLLEGE T DELIG	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statemen	is, and to the best of	my knowledge and belief, it is
u ue,	COLLEC	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer ha		1-1-
Sign		Signature of officer		Data / O	15/2025
Here		BENNETT WEINER, PRESIDENT & CEO		Date	2 1.4
11010		Type or print name and title			
-		Preparer's name Preparer's signature	Da	te Check	PTIN
Paid	1	KATSIARYNA VASILIEV KATSIARYNA VASILI	5.555	/15/25 if self-em	
Prepa	rer	Firm's name UHY ADVISORS MID-ATLANTIC, INC.	THA HO		Noved P02167272 26-0794367
Use C		Firm's address 8601 ROBERT FULTON DRIVE, SUITE 21	0	FIIIISEIN	20-0134301
	- 8	COLUMBIA, MD 21046	. •	Phone no A	10-720-5220
May	the IF	RS discuss this return with the preparer shown above? See instructions	more Status	FIIONE (IO. 4	
		Panarwork Raduction Act Nation and the consects instructions			X Yes No

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? /f "Yes," complete Schedule C, Part / X 3 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? // "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 X 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b 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 X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," complete Schedule G, Part III X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

X

Form 990 (2024) BBB WISE GIVING ALLIANCE 52-1070270 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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? // "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV X 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? /f "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b 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 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 X 36 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O X Part 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 14 1a b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

(gambling) winnings to prize winners?

			Yes	No
2	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 14			76.50
ı	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
38	The state of the s	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country			数加
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	District of the last		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
l.	the state of the s	5b		X
-	: If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\square	
102	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		. 1	
	any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		.]	
7	***************************************	6b		
a	Organizations that may receive deductible contributions under section 170(c).		3 36	-
b	If "You " did the approximation with the description of the payor?	7a	-	X
	The second of th	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	- 1	77
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	CONTRACTOR OF THE PERSON NAMED IN		v
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 f	\rightarrow	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	E STATE OF	
	coopering organization have every hydrone building the state of the st	ENGLIS .	2000	
9	Sponsoring organizations maintaining donor advised funds.	8		la-ratio
а	Did the engagaring organization make any toyoble distributions under continue 40000	00	and the same	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b	\rightarrow	
10	Section 501(c)(7) organizations. Enter:	an l	1102	TIOS 3
a	1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Type of		
ь			ALC:	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	378		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		100	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		110	-A
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
¢	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		=
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	T		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			ar i
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1717	X
	If "Yes," complete Form 4720, Schedule O.	sacti va	111	200
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	30/10		7

Form 990 (2024) BBB WISE GIVING ALLIANCE 52-10/02/0 Page Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	3.31(0)	10000	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	900		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15.55	CW93	(5130)
а		8a	х	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	William.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1000	\$5(112)	100
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	-
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		271	
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	-	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IOa	Secondary 1	Service d
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	-	100
Sec	tion C. Disclosure	100 [-
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY,	MD	MΔ	MT
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) o	woilab	lo.
-	for public inspection. Indicate how you made these available. Check all that apply.	∿ina) s	· validD	iO.
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inana	ial	
	statements available to the public during the tax year.	n ratifC	iai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BENNETT WEINER, PRESIDENT & CEO - 7032479321			
	3101 WILSON BOULEVARD, SUITE 523 ARLINGTON VA 22201			

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

X

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 -O- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	org	aniza	ation	COL	mpe	пѕа	ted any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	1,,	o not d	Pos	sition	n		Reportable	Reportable	Estimated
	hours per	bo	x, unle	isa pe	raon	is bot	th an	compensation	compensation	amount of
	week	of	ficer a	nda d	directo	or/trus	stee)	from	from related	other
	(list any	or director		ı				the	organizations	compensation
	hours for	o d	93			led ed		organization	(W-2/1099-MISC/	from the
	related organizations	25	trust	ĺ	, a	Bens		(W-2/1099-MISC/	1099-NEC)	organization
	below	협	ional		P ₀	E 50		1099-NEC)		and related
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HERMAN ART TAYLOR	40.00	-	=	0	3	로	75			
PRESIDENT & CEO		1		x	ľ	ľ		267,684.	0.	65 067
(2) BENNETT WEINER	40.00					\vdash		207,004.	0.	65,067.
EXECUTIVE VP & COO		1		X				184,748.	0.	40,702.
(3) JULIE RIZZO	40.00				_				0.	40,702.
DIRECTOR, DEVELOPMENT & SEAL LICENSI		1				x	ĺ	119,051.	0.	16,035.
(4) KELLEY BEVIS	40.00		П							10,033.
GENERAL COUNSEL			L			x		121,935.	0.	8,591.
(5) SHAWN VAN GORDER	40.00									0/331.
DIRECTOR, CHARITY EVALUATION						X		114,299.	0.	8,591.
(6) ELVIA CASTRO	40.00			1	\neg					
ASSOCIATE DIRECTOR, CHARITY EVALUATI						X		100,240.	0.	240.
(7) ANDRAS KOSARAS CHAIR	1.00									
(8) JANICE LACHANCE	4 00	X		X				0.	0.	0.
VICE CHAIR	1.00			_	- 1					
(9) ROBERT DIGGS	4 00	X		X	\dashv	-		0.	0.	0.
SECRETARY	1.00									
(10) TERESE KUNG	1 00	X		X	4	_		0.	0.	0.
TREASURER	1.00					- 1				
(11) BARBARA O'REILLY	1 00	X	-	X	_	4	_	0.	0.	0.
BOARD MEMBER	1.00					- 1	- 1			
(12) CAREN CROLAND YANIS	1 00	X	+	4	4	4	_	0.	0.	0.
BOARD MEMBER	1.00	x					- 1			
(13) ELIZABETH MONG	1.00	^	\dashv	-	+	-+	-	0.	0.	0.
BOARD MEMBER	1.00	x	- 1				- 1			
(14) JON PRATT	1.00	^	+	+	+	-	\dashv	0.	0.	<u> </u>
BOARD MEMBER	1.00	x		- [-	-	ŀ	0.		•
(15) PRATICHI SHAH	1.00	^+	-	+	+	+	\dashv	- 0.	0.	0.
BOARD MEMBER		$_{\mathbf{x}} $						0.	_	0
(16) ROGER CRAVER	1.00		+	+	+	+	\dashv		0.	0.
BOARD MEMBER		\mathbf{x}		ı				0.	0.	0
(17) WARREN CLARK	1.00	\dashv	\top	_	+	_	+		0.	0.
BOARD MEMBER		x [0.	0.	0.
432007 12-10-24							_			000

	Section A. Unicers, Directors, Trus		pioy	/00 8	, an	<u>d Hi</u>	ghe	st Ç	ompensated Employe	98 (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(de	not o	check	sitio: more	than	one	Reportable	Reportat		E	Estima	ted
		hours per week					is bot or/trus		compensation	compensa		a	amoun	
		(list any	\vdash	Т	П	Τ	Τ	T	from	from relat			othe	
		hours for	director			ı		1	the organization	organization (W-2/1099-N			mpens from t	
		related	e 0.1	ste			sate		(W·2/1099-MISC/	1099-NE			nom t ganiza	
		organizations	trust	a tru	idam	g.	<u>8</u>		1099-NEC)	100011	٠,		nd rela	
		below	ndividual trustee or	nstitutional trustee		율	est co	<u></u>				4	ganiza	
_		line)	ij	Insti	Officer	Key employee	Highest compensated employee	튪		1		`		
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			\dashv			\dashv								
			- 1	ſ								ĺ		
11	Subtotal							\dashv	007 057		_	4.3		0.6
	Subtotal Total from continuation sheets to Part VII	Cartina A			•••••		• • • • • •	ŀ	907,957.	<u> </u>	0.	13	9,2	
	Total (add lines th and tel	Section A	• • • • • •	•••••	•••••		•••••	٠ }	0.		0.	4.5	-	0.
2	Total number of individuals feel dies had					••••			907,957.		0.	13	9,2	26.
4	Total number of individuals (including but no compensation from the organization	ot limited to the	se I	istec	d abo	ove)	who	rec	eived more than \$100,0	000 of reportable	e			_
	compensation from the organization			_										6
3	Did the examination list and former officers	ar. a a a									1		Yes	No
3	Did the organization list any former officer,	director, truste	e, ke	er er	mplo	yee	, or I	high	est compensated emplo	yee on				
4	line 1a? If "Yes," complete Schedule J for su	ch individual			• • • • • • • • • • • • • • • • • • • •					*****************		3		X
4	For any individual listed on line 1a, is the sur	n of reportable	con	nper	nsati	ion a	and o	othe	r compensation from th	e organization		2.84		
	and related organizations greater than \$150	000? If "Yes,"	con	nplei	te Sc	chec	dule :	J foi	r such individual	• • • • • • • • • • • • • • • • • • • •		4	X	
5	Did any person listed on line 13 receive of a	crue compens	atio	n fro	om a	າກy ເ	ınrel	ated	l organization or individu	ual for services	- 1			
800	rendered to the organization? If "Yes." comp	olete Schedule	J fo	r suc	ch p	erso	n	,.		****************		5	10000	X
-	tion B. Independent Contractors													
1	Complete this table for your five highest con	pensated inde	pen	dent	t cor	ntrac	ctors	tha	t received more than \$1	00,000 of com	pensat	ion fro	m	
	the organization. Report compensation for the	ne calendar yea	r en	ding	wit	h or	with	nin tl	he organization's tax ye	ar.				
	(A)								(B)		l I	(C	;)	
	Name and business a	adress	NO	NE				4	Description of se	rvices	C	omper	nsatior	a
		<u> </u>						\perp						
								_						
									<u> </u>					
									<u> </u>					
2	Total number of independent contractors (inc	luding but not	limit	ted t	o th	ose	liste	d ab	ove) who received more	e than		3000	Miles	
	\$100,000 of compensation from the organiza	tion				0								
	·										-			

Page 9

			Check if Schedule O	cont	ains a	respon	se or note to any li	ne in this Part VIII			
					_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
\$2.	22	1 8	Federated campaigns			1a			E E		
ts, Grants	9	Ŀ	Membership dues			1b					
e e	ğ	e	Fundraising events			1c					
Ħ	Į,	c	Related organizations			1d					ALC: NO.
S,		6	Government grants (cont			10					
ĮĘ(3	f	All other contributions, gifts,	gran	ts, and						
5			similar amounts not included	d abov	ve	11	253,711.				
Contributions, Gifts,	3	9	Noncash contributions included in	lines '	1a-1f	1g \$					
8		h	Total. Add lines 1a-1f					253,711.			
							Business Code		The same of the sa		
8	ı	2 a	CHARITY SEAL LICENS	E FE	ES		900099	2,208,721.			2208721.
Ž		b	PUBLICATIONS				900099	18,168.			18,168.
Program Service		C					2				
Tal.		d						(4/0) (5/2.1)			
Б. В.	٦	0									
Œ	ı	f	All other program service								Age of the second
_	╀	g	Total. Add lines 2a-2f					2,226,889.			
		3	Investment income (include						7.5	T	
			other similar amounts)		• • • • • • • • • •			42,228.	- D	300	42,228.
		4	Income from investment of	of tax	-exem	pt bond	proceeds			137 _ 137	
		5	Royalties							V	F
	L			Ы	(i)	Real	(ii) Personal				
		6 a	Gross rents	6a						Act The Control of th	
		þ	Less: rental expenses	6b							
			Rental income or (loss)	6c							
		d	Net rental income or (loss)	,					P. Andrew Co.		
	7	7 a	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis						E STEEL RES		
3			and sales expenses	7b				No. 1000		TO STATE OF THE ST	
Ž			Gain or (loss)	7c							
æ		d	Net gain or (loss)								
Other Revenue	8	8 a	Gross income from fundraisin			ot [NO. OF THE RESERVE OF THE PERSON NAMED IN COLUMN		
δ			including \$			of	i i				
			contributions reported on l								
			Part IV, line 18			8				STATE OF THE PARTY OF	
			Less: direct expenses				b				
			Net income or (loss) from f								
	9) a	Gross income from gaming								
- 3			Part IV, line 19			9					
			Less: direct expenses				b			1110	
			Net income or (loss) from g			vities					
	10) a	Gross sales of inventory, le								
			and allowances			10					
			Less: cost of goods sold				ы				
	_	С	Net income or (loss) from s	ales	of inve	entory					
92							Business Code			The second second	
0 g	11	а									
Miscellaneous Revenue		b									
N Se		C									
≝7		d	All other revenue								
		0	Total. Add lines 11a-11d	-						description of the	
	12		Total revenue. See instruction	IS	ALLES IN CO.			2,522,828.	0.	0.	2269117.

Form 990 (2024) BBB WISE GIVING ALLIANCE
Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total experience	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		100 PM		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			and the same of the same	
	individuals. See Part IV, line 22			SCHOOL STATE OF STATE	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				Section of the second
5	Compensation of current officers, directors,				
	trustees, and key employees	558,200.	523,437.	27,694.	7,069
6	Compensation not included above to disqualified	30.775		50 - 15 - 15 - 15 - 15 - 15	
	persons (as defined under section 4958(f)(1)) and			+	
	persons described in section 4958(c)(3)(B)	-1,550	180		
7	Other salaries and wages	926,167.	868,487.	45,951.	11,729
8	Pension plan accruals and contributions (include				11.57-1.50
	section 401(k) and 403(b) employer contributions)	96,498.	90,488.	4,788.	1,22
9	Other employee benefits	91,336.	85,647.	4,532.	1,15
10	Payroll taxes	105,125.	98,578.	5,216.	1,331
11	Fees for services (nonemployees):				Albert Same
a	Management				
b	Legal	629.	287.	342.	
C	Accounting	66,288.	30,214.	36,074.	
d	A8 ACC 16 1				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	110,607.	50,414.	60,193.	
2	Advertising and promotion	27,159.	27,159.		
3	Office expenses	54,066.	34,270.	19,333.	463
4	Information technology	103,424.	96,983.	5,131.	1,310
5	Royalties		30,300	5/2521	1,510
6	Occupancy	50,576.	47,426.	2,509.	641
7	Travel	11,175.	10,458.	608.	109
8	Payments of travel or entertainment expenses		10,430.	000.	103
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	38,873.	36,888.	1,985.	
0		30,073.	30,000.	1,303.	
1	Payments to affiliates				105) 1095
2	Depreciation, depletion, and amortization				
	Insurance	17,752.	16,646.	0.01	205
3	Other expenses, Itemize expenses not covered	11,132.	10,040.	881.	225
4	above. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)	E0 200	64.460	2 222	
	DUES AND SUBSCRIPTIONS	78,399.	64,462.	8,307.	5,630
b	WISE GIVING GUIDE	54,696.	54,696.		
C	BAD DEBTS	22,736.		22,736.	
d	DIRECT MAIL PRINTING/DE	21,347.	- 100 May 100		21,347
	All other expenses	19,880.		19,880.	
	Total functional expenses. Add lines 1 through 24e	2,454,933.	2,136,540.	266,160.	52,233
5	Joint costs. Complete this line only if the organization				L
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	- 1		1	

I.d.	ar L A			e to the Abia Dala V			
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			610,377.	1	296,254
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	100,000
	4	Accounts receivable, net		7.	51,383.	4	10,481
	5	Loans and other receivables from any current or	forme	r officer, director,			
	J.	trustee, key employee, creator or founder, subst	antial (contributor, or 35%			
		controlled entity or family member of any of thes			TOTAL TRANSPORT	5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
23	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			18,494.	9	36,944.
	10a	Land, buildings, and equipment: cost or other		575			
		basis. Complete Part VI of Schedule D				Security 1	
	b	Less: accumulated depreciation	10b	480,055.	0.	10c	120,821.
	11	Investments - publicly traded securities			900,000.	11	942,228.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	L	55,901.	15	146,548.	
_	16	Total assets. Add lines 1 through 15 (must equa	ıl line 3	(3)	1,636,155.	16	1,653,276.
	17	Accounts payable and accrued expenses			220,097.	17	65,931.
	18	Grants payable		- 14 A A A A A A A A A A A A A A A A A A	18	11000- 201-200-	
ş	19	Deferred revenue	L	1,089,184.	19	1,074,572.	
	20	Tax-exempt bond liabilities		127.74	20	The second second beautiful to the	
	21	Escrow or custodial account liability. Complete P		1000 - 1000000	21		
98	22	Loans and other payables to any current or forme					
#		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
-1	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
- 1	25	Other liabilities (including federal income tax, pay					
-		parties, and other liabilities not included on lines					
		of Schedule D			47,461.	25	138,108.
\dashv	26	Total flabilities. Add lines 17 through 25	**********		1,356,742.	26	1,278,611.
9		Organizations that follow FASB ASC 958, chec	k here	X		1 8	
월	07	and complete lines 27, 28, 32, and 33.			070 440		
喜	27	Net assets without donor restrictions			279,413.	27	274,665.
9	28	Net assets with donor restrictions				28	100,000.
5		Organizations that do not follow FASB ASC 95	B, che	ck here			
2	00	and complete lines 29 through 33,					
뚌	29 30	Capital stock or trust principal, or current funds				29	*** *** ******************************
8		Paid-in or capital surplus, or land, building, or equ	ipmen	t tund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco	ome, o	rother funds	270 412	31	254 665
Ž		Total liabilities and net assets fund balances	••••••			32	374,665.
	33	Total liabilities and net assets/fund balances			1,636,155.	33	1,653,276.

Form 990 (2024)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2024

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

BBB WISE GIVING ALITANCE 52-1070270

Dort I December Dublic	MISE GIATI	MG ALLIANCE				52-10/02/0
Part I Reason for Public	Charity Status.	- (All organizations must	complete	this part.)	See instructions.	
The organization is not a private four						
1 A church, convention of a	churches, or associat	tion of churches describe	d in secti	ion 170(b)	(1)(A)(i).	
2 A school described in se	ction 170(b)(1)(A)(ii).	(Attach Schedule E (For	m 990).)			
3 A hospital or a cooperative				70(b)(1)(A)	tan.	
4 A medical research organ						er the hospital's name
city, and state:	•				and the Mark and a second	
5 An organization operated	for the henefit of a c	ollege or university owne	d or oper	ated by a c	overmental unit descri	had in
section 170(b)(1)(A)(iv).		onogo or armitorally office	a or opera	ated by a g	oven milental unit descri	000 111
		25-50-62				
	nally receives a subst	tantial part of its support	from a gov	vernmenta	l unit or from the general	I public described in
section 170(b)(1)(A)(vi).						
8 A community trust descri						
9 An agricultural research of	rganization describe	d in section 170(b)(1)(A)	(ix) opera	ted in con	junction with a land-gran	it college
or university or a non-land	l-grant college of agri	iculture (see instructions)	. Enter the	name, cit	v. and state of the collec	ie or
university:				·		•
10 An organization that norm	nally receives (1) more	e than 33 1/3% of its sup	port from	contributio	ns membershin fees ar	nd aross receints from
activities related to its exe	empt functions subje	ect to certain excentions:	and (2) no	more tha	a 22 1/204 of its support	from gross investment
income and unrelated bus						
See section 509(a)(2), (C		e (less section 3 i i tax) ii	om busine	sses acqu	ilred by the organization	aπer June 30, 1975.
	, ,	alicalica a Anna da escululdo esc				
12 An organization organized	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to carry out the	purposes of one or
more publicly supported of	organizations describ	ed in section 509(a)(1)	or section	509(a)(2)	See section 509(a)(3).	Check the box on
lines 12a through 12d tha						
a Type I. A supporting org	janization operated, :	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving
the supported organizat	ion(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	upporting
organization. You must	complete Part IV, S	ections A and B.				
		d or controlled in connec	tion with it	ls support	ed organization(s) by ha	vina
		ganization vested in the s				
organization(s). You mu			arrio paroc	7110 WILL OC	mariago trio sup	ported
		ng organization operated	in connec	tion with	and fringtionally into and	علائب الم
its supported organization	on(e) (eac instruction	s). You must complete	David BY C.	auri witii,	and lunctionally integrate	ea with,
	y integrated. A sup	porting organization oper	rated in co	nnection v	with its supported organi	zation(s)
that is not functionally in	itegrated. The organi	zation generally must sat	isfy a distr	ribution re	quirement and an attenti	veness
		mplete Part IV, Sections				
e Check this box if the org					Type I, Type II, Type III	
functionally integrated, of		nally integrated supporti	ng organiz	ation.		
f Enter the number of supported						
g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed	(v) Amount of monetary	(vi) Amount of other
organization	1	(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		and the state of t				
				1		1
				-		
Total	0137 E & 200 W W X 201					

Form 990) 2024 BBB WISE GIVING ALLIANCE 52-1070270 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2024
Part II Support Sch

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and				1	1	
	membership fees received. (Do not						
	include any "unusual grants.")	373,279.	229,967.	263,269.	162.135.	253,711.	1282361.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	-					
	the organization without charge	l i			ļ	l	
4	Total, Add lines 1 through 3	373,279.	229,967.	263,269.	162,135.	253,711.	1282361.
	The portion of total contributions	ASS TAT WEEK					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				48 6 10		
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.						1282361.
	ction B. Total Support						1202301.
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	373,279.	229,967.	263,269.	162,135.	253,711.	1282361.
	Gross income from interest,						1000001
_	dividends, payments received on						
	securities loans, rents, royalties,	!		i			
	and income from similar sources	90.	153.	3.		42,228.	42,474.
9	Net income from unrelated business					12,2200	20,2120
_	activities, whether or not the	ĺ					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	<u> </u>	i	}			
	assets (Explain in Part VI.)		ļ				
11	Total support. Add lines 7 through 10				Survice in a replicati	Mary Company of the C	1324835.
	Gross receipts from related activities,	etc. (see instruction	nel			12	13210331
	First 5 years. If the Form 990 is for th			outh or fifth tay w			
	organization, check this box and stop					······································	
Sec	tion C. Computation of Publi		entage	***************************************			
	Public support percentage for 2024 (li			olumn (fl)		14	96.79 %
15	Public support percentage from 2023	Schedule A. Part II	. line 14			15	99.98 %
	33 1/3% support test - 2024. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances tes						
	10% -facts-and-circumstances test					7a. and line 15 is 1	
	more, and if the organization meets th						· / · · · ·
	organization meets the facts-and-circu						
	Private foundation. If the organization						H
							orm 990) 2024

Schedule A (Form 990) 2024 BBB WISE GIVING ALLIANCE

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	qualify under the tests listed to ction A. Public Support	selow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	(a) 2020	(0) 2021	10) 2022	(0) 2023	(0) 2024	(I) IOIai
'	membership fees received. (Do not						
	include any "unusual grants.")		-	•			
					1		
Z	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in		1]		1	
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that	}					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	i				}	
	the organization without charge				ļ		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	İ					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		121 - 1 · · · · · · · · · · · · · · · · ·	Contract of			
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	(u) Loco	(8) 2021	10/ 2022	(4) 2020	(6) 252 .	417 1 0 000
	Gross income from interest,						
104	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources		ľ				
l.						 	
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	,	}					
	acquired after June 30, 1975					-	
	Add lines 10a and 10b]		
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital		!				
	assets (Explain in Part VI.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	ourth, or fifth tax y	ear as a section s	501(c)(3) organizatio	n,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2024 (I	ine 8, column (f), d	livided by line 13, o	olumn (f))		15	%
	Public support percentage from 2023					16	%
Sec	tion D. Computation of Inves	tment Income	Percentage			, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 20)24 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2023. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, as	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies a	s a publicly supp	orted organization	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
		Similar
1		
2		
3a	2353	
Sa	100111	
3b	Contract	
3c	200110	
4a		
	(X)	
4b		
		Alle I
4c		
	8	
5a	-	2000000
5b_		
5c	0000	
6		
7		
8	000000	SECTION .
Villa I		
9a		
9b		
	-51	
9c		71.70.7
10a		
401		
10b	m 990)	_

Pa	rt IV Supporting Organizations (continued)			
		100	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		STATE OF
8	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			- T
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	200		
	provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		 1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	WAYE 3		188
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	4		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	100	2003	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	(OH) 300		
<u> </u>	supervised, or controlled the supporting organization.	2		
360	tion 6. Type it Supporting Organizations		V	Na
		2000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		-	(2000)
Sec	the supported organization(s). Ition D. All Type III Supporting Organizations			
	don bival type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			(1000000)
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100000		103
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			ÎII-X
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	19).		-
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		11000	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	74 DITT		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	177.11	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	B (3)	223	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	Wat 1	200	
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	1000	100
b	make the state of			100
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	111111111111111111111111111111111111111	

	edule A (Form 990) 2024 BBB WISE GIVING ALLIANCE			52-1070270 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See instructions.
_	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	11		
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			ŀ
	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) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	1000		
а	Average monthly value of securities	1a		
_	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	\$10,ES		
_	(explain in detail in Part VI):	1000		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6	·	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	214 - 14-29 - 12/0	
2	Enter 0.85 of line 1.	2		5
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		2
5	Income tax imposed in prior year	5		
-6	Distributable Amount Subtract line 5 from line 4 unless subject to	120		

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

Schedule A (Form 990) 2024

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2024

e Excess from 2024

Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (Rev. 12-2024)

52-1070270 BBB WISE GIVING ALLIANCE Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-F7 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

BBB WISE GIVING ALLIANCE

52-1070270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

BBB WISE GIVING ALLIANCE

52-1070270

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

BB W	ISE GIVING ALLIANCE			52-1070270
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	fers, For organizations fess for the year. (Enter this	info. once.) \$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(et) I	Description of how gift is held
Part I	(b) Fullpose of gift	(c) Use of girt	(u) i	Description of now girt is neig
- 1		<u> </u>		
ŀ				
		(e) Transfer of gi	ft	
- 1				
- 1	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee
				····
(a) No.		<u> </u>		
from	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
Part I				
ł				
- 1		(e) Transfer of gi	ft	
		(0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee
Ī				
1				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(a) (Description of how gift is held
Part I	(-)	(0, 000 01 g	(4)	
ł				
—— I			— I ——	
			— I ——	
-		(-) T		
		(e) Transfer of gi	π	
	Transferee's name, address, a	nd 7(D + 4	Relationship of	f transferor to transferee
ŀ	Transiere s name, audress, an	10 217 1 7	Helauoijanip o	Tudiloter (O Dallotereo
ľ				
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) L	Description of how gift is held
-				
L				
		(e) Transfer of gl	ft	
J				
	Transferee's name, address, ar	1d ZiP + 4	Relationship of	f transferor to transferee
	Transferee's name, address, at	nd ZiP + 4	Relationship of	f transferor to transferee

SCHEDULE D

(Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BBB WISE GIVING ALLIANCE

Employer identification number 52-1070270

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	- garager are reserved (see our our oos); are re, into	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	Held at the End of the Tax Yea
	day of the tax year.		
a	Total number of conservation easements		
Ь		A Total Andrew Programme	
C	Number of conservation easements on a certified historic struct		
a	Number of conservation easements included on line 2c acquire	-	
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, relea	ised, extinguished, or terminated by the	organization during the tax
	Number of states where property subject to concentration pages	ment in located	
4	Number of states where property subject to conservation easer Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	
5	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
•	The state of the s	2101119 01 11012110110, 210 011010119 0011	or care of car
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	tion easements during the year
-			
8	Does each conservation easement reported on line 2d above sa	atisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these item	ns.
þ	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furth	herance of 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		ss
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Sche	dule D (Form 990) (Rev. 12-2024) BBB WI	SE GIVING	ALLIANCE			52-10	70270	Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical	reasures, or Ot	her Sim	illar Assets	(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	is, check any of t	he following that mal	ce signific	ant use of its		
	collection items (check all that apply).							
a	Public exhibition	(d Loan or	exchange program				
b	Scholarly research	(e Other_					
¢	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they furthe	er the organization's	exempt pu	irpose in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical t	reasures, or other sin	nilar asset	s	-	
-	to be sold to raise funds rather than to be m						Yes	No
Pa	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "Yes"	on Form	990, Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						_	
	on Form 990, Part X?					L	Yes	U No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		_			
					⊢		Amount	
C	Beginning balance					lc .		
d	Additions during the year					1d		
0	Distributions during the year					1e		
f	Ending balance				Ц	1f	7	
	Did the organization include an amount on F					L_	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							
Pal	t V Endowment Funds Complete it					ree coore book	t-A Forman	are book
		(a) Current year	(b) Prior year	(c) Two years bad	ж (са) па	ree years back	(e) Four ye	ars dack
1a	Beginning of year balance			-				
b	Contributions			+				
	Net investment earnings, gains, and losses							
	Grants or scholarships	<u></u>						
0	Other expenditures for facilities							
	and programs	<u> </u>						
1	Administrative expenses							
9	End of year balance		l	4 2 4 4 4	1			
2	Provide the estimated percentage of the curr	-	e (line 1g, columr	(a)) held as:				
a	Board designated or quasi-endowment		%					
	Permanent endowment	%						
C		%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administered to	er the		[V	es No
	organization by:							88 140
	(i) Unrelated organizations?						3a(i)	
							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza			47			3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment runas.					
Fai	Complete if the organization answere		Dort IV line 11:	See Form 990 Pari	t Y line 10)		
							Ad) De els se	
	Description of property	(a) Cost or o		ost or other (c) Accumu depreciat		(d) Book v	aiu u
	1	· · · · · · · · · · · · · · · · · · ·	nerty Da	313 (00101)	debiooid			
	Land			W. 1013				
	Buildings							
	Leasehold improvements		- 					
	Equipment			500,876.	480	,055.	120	821.
	Other							821.
lotal	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	x, iine 10c., colui	nn (8))			147,	VZII.

Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 000, Bort IV, line	o 11h Son Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(A) 5: 1111 1:	(b) DOOK VALUE	(c) Method of Valuation. Cost of Grid	or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(8)		<u> </u>	
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (8))		Year Target Same and the same and	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	of-vear market value
(1)	(0) 50011 1205	(0)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	·		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			8,440.
(2) DEFERRED COMPENSATION PLAN			138,108.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			146 540
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		146,548.
Other Liabilities Complete if the organization answered "Yes" o	n Form 000 Part IV line	110 or 11f Soo Form 900 Port V line 25	
(a) Description of Rebillion	it Form 990, Fart IV, line	7 TIE OF THE SEE FORTH 950, Part A, IRIE 25.	(b) Book value
W			(b) Book Value
(1) Federal income taxes (2) DEFERRED COMPENSATION PLAN			138,108.
			130,100.
(3)	· · ·		
(4)			
(5)			
(6)			
(7)			
(8)			
Total, (Column (b) must equal Form 990, Part X, line 25, col	/RI)		138,108.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 12-2024) BBB WISE GIVING ALLIANCE	52-1070270 Page 5
Schedule D (Form 990) (Rev. 12-2024) BBB WISE GIVING ALLIANCE Part XIII Supplemental Information (continued)	
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SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treesury
Internal Revenue Service

Name of the organization

Compensation Information

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

BBB WISE GIVING ALLIANCE

Questions Regarding Compensation

Employer identification number 52-1070270

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	\$ 500 EVE		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			118
	First-class or charter travel Housing allowance or residence for personal use	B// 1238		225 P
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	200		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			Maria
		PROPERTY.		18888
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	50,500		100
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		5
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2000		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				100
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			7
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			i n
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	2000		
	Independent compensation consultant X Compensation survey or study			21170
	Form 990 of other organizations X Approval by the board or compensation committee			
			1	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	ann.		
	organization or a related organization:	- Paris		
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		CO.	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	10	WS.	
а	The organization?	5a		Х
	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.	(53)		
6			100	
•	contingent on the net earnings of:		30h JI	
а	The organization?	6a		х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1		
*	not described on lines 5 and 6? If "Yes," describe in Part III	7	-	х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	100		Deal
-	Designations agastion E2 4050 8(a)2		resembly	Mountain

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

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12:2024) BBB WISE GIVING ALLIANCE

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part 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 W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(h-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HERMAN ART TAYLOR	8	267,684.	0.	0.	30,000.	35,067.	332,751.	0.
SIDENT & CEO	9		0.	0	0	0	0	0
WEINER	Ξ	184,748.	0.	0.	20,000.	20,702.	225,450.	0
EXECUTIVE VP & COO	8	0	0.	0.	0.	0	0	0
	(3)							
	1							
	€							
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Schedule J (Form 990) (Rev. 12-2024)

Page 3

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990)

(Rev. December 2024)
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 Form 990-EZ.

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

OMB No. 1545-0047
Open to Public

Open to Public Inspection

Name of the organization

BBB WISE GIVING ALLIANCE

Employer identification number 52-1070270

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CURRENT NAME, BBB WISE GIVING ALLIANCE (BBB WGA) BEGAN TO BE USED IN 2001. HOWEVER, UNDER PREVIOUS NAMES, THE LEGACY OF BBB REPORTING ON NATIONAL CHARITIES DATES BACK TO THE 1920'S.

IN ADDITION TO ITS LONG HISTORY, ONE OF THE KEY DISTINCTIONS BETWEEN
BBB WGA AND OTHER CHARITY MONITORING ORGANIZATIONS IS THAT IT IS A
STANDARDS-BASED CHARITY EVALUATOR. THE 20 BBB STANDARDS FOR CHARITY
ACCOUNTABILITY ADDRESS, AMONG OTHER THINGS, CHARITY GOVERNANCE,
FINANCES, RESULTS REPORTING, TRANSPARENCY AND ACCURATE APPEALS. THESE
STANDARDS SERVE AS THE BASIS FOR RIGOROUS EVALUATIONS COMPLETED BY THE
BBB WGA EXPERT RESEARCH STAFF. A DETAILED EXPLANATION OF HOW EACH
STANDARD IS APPLIED APPEARS ON GIVE.ORG.

BBB WGA PUBLISHES A MAGAZINE THREE TIMES A YEAR, THE WISE GIVING GUIDE, THAT FEATURES COVER STORIES ON CHARITY ACCOUNTABILITY TOPICS ALONG WITH A SUMMARY CHART OF ITS MOST CURRENT NATIONAL CHARITY EVALUATIONS. COVER STORY TOPICS IN 2024 INCLUDED: CONTEMPLATING CAUSE-RELATED MARKETING, PUBLIC EYE ON CHARITY ACCOUNTABILITY, AND 2024 DONOR HANBOOK

THE GIVE.ORG WEBSITE INCLUDES A WEEKLY "WISE GIVING WEDNESDAY' POSTING THAT ADDRESSES VARIOUS CHARITY ACOUNTABILITY ISSUES, SUCH AS ADVICE ON GIVING TO DISASTER RELIEF ORGANIZATIONS AND SIGNALS OF TRUST FOR CHARITIES. OTHER TOPIC EXAMPLES DURING 2024 INCLUDED CONCERNS ABOUT CYBERSECURITY, GUIDELINES FOR GOOD GOVERNANCE, CELEBRATING VOLUNTEERS, AND THE ETHICAL USE OF PHOTOS IN CHARITY APPEALS. DURING 2024 WISE GIVING WEDNESDAY HAD ITS 500TH POST.

BBB WGA ALSO CONTINUED ITS 'BUILDING TRUST' VIDEO SERIES WHICH CONSISTS OF INTERVIEWS WITH CEO'S OF MAJOR CHARITABLE ORGANIZATIONS.

IN OCTOBER 2024, BBB WGA PARTICIPATED IN INTERNATIONAL CHARITY FRAUD AWARENESS WEEK, WHICH REPRESENTS AN INTERNATIONAL COALITION OF GOVERNMENT REGULATORS, LAW ENFORCEMENT AGENCIES, CHARITIES AND OTHERS SEEKING TO ADDRESS CHARITY FRAUD ISSUES. BBB WGA DISTRIBUTED DONOR ADVICE ON CHARITY FRAUD CAUTIONS.

THE HEART OF GIVING PODCAST ENTERED ITS FIFTH YEAR OF PRODUCTION IN 2024. THIS WEEKLY SERIES INVOLVES DETAILED DISCUSSIONS WITH CHARITY SECTOR LEADERS ON VARIOUS TOPICS SUCH AS THE MOTIVATIONS BEHIND WHY WE GIVE AND WHAT DROVE CHARITY EXECUTIVES TO A CAREER OF SERVICE AND GIVING. DURING 2024, THE HEART OF GIVING HAD ITS 200TH PODCAST.

IN NOVEMBER 2024, BBB WGA RELEASED THE SEVENTH EDITION OF THE GIVE.ORG DONOR TRUST REPORT. THIS ANNUAL REVIEW OF TRUST AND GIVING ATTITUDES INVOLVES AN ONLINE SURVEY OF OVER 2,200 ADULTS IN THE U.S AND 1,000 IN CANADA, WHICH EXPLORES DONOR BELIEFS, FEELINGS, AND BEHAVIORAL INTENTIONS RELATED TO CHARITY TRUST AND GIVING. ONE OF THE KEY FINDINGS OF THIS LATEST SURVEY SHOWED THAT RELIGIOUSLY AFFILIATED INDVIDUALS ARE MORE LIKELY TO TRUST CHARITIES AND BE OPEN TO CHARITABLE SOLICITATION.

Name of the organization

BBB WISE GIVING ALLIANCE

Employer identification number 52-1070270

IN JULY 2024, BBB WGA DISTRIBUTED A SPECIAL EDITION OF THE GIVE.ORG DONOR TRUST REPORT THAT FOCUSED ON THE PUIBLIC PERCEPTION OF CHARITY ACCOUNTABILITY. THE SURVEY SHOWED THAT WHILE THE PUBLIC CONTINUES TO VALUE CHARITY FINANCES, APPEAL ACCURACY AND THE PROTECTION OF DONOR INFORMATION ARE ALSO TOP PUBLIC PRIORITIES,

ON MARCH 21, 2024, BBB WISE GIVING ALLIANCE HOSTED A DONOR TRUST AND PARTICIPATION EVENT AT THE FORD FOUNDATION CENTER FOR SOCIAL JUSTICE IN NEW YORK CITY. THE EVENT WAS CO-HOSTED BY CHARITY MONITORING WORLDWIDE, A NETWORK OF CHARITY MONITORS REPRESENTING 20 COUNTRIES FROM THE AMERICAS, ASIA, AFRICA, AND EUROPE. BBB WGA IS THE U.S. MEMBER OF CHARITY MONITORING WORLDWIDE. THE PROGRAM SOUGHT TO GAIN INSIGHTS INTO THE ROOTS OF THE GENEROSITY CRISIS IN THE UNITED STATES AND FOR CHARITIES IN ATTENDANCE TO LEARN ABOUT ACTIONABLE ADVICE ON HOW TO GAIN BROAD AND PLURALISTIC SUPPORT. SPEAKERS INCLUDED REPRESENTATIVES FROM GIVINGTUESDAY, THE GENEROSITY COMMISSION, GOFUNDME, AND GIVING USA.

DURING 2024 BBB WISE GIVING ALLIANCE BEGAN BETA TESTING A CHAT FUNCTION ON THE GIVE.ORG WEBSITE CALLED ASKGIVE.ORG. THIS FUNCTION ENABLES WEBSITE VISITORS TO ASK QUESTIONS ABOUT CHARITES THAT CAN ACCESS SOME ELEMENTS OF BBB WGA CHARITY REPORTS AS WELL AS THE CONTENTS OF OVER 500 WISE GIVING WEDNESDAY POSTS, 200 PODCASTS, AND OTHER DONOR ADVICE AVAILABLE ON THE GIVE.ORG WEBSITE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ADVANCING COLLABORATION PROJECT STARTED IN 2017 AS AN ARTICLE SERIES CREATED IN PARTNERSHIP WITH STANFORD SOCIAL INNOVATION REVIEW. THESE ARTICLES SOUGHT TO ENCOURAGE CHARITIES TO SEEK OUT NEW PARTNERSHIPS AS A WAY TO REACH LARGER AUDIENCES WHILE SHARING RISK AND HELPING ACHIEVE MORE THAN AN ORGANIZATION CAN DO ALONE. BBB WGA'S WEBSITE PROVIDES EXAMPLES OF COLLABORATIONS FROM A VARIETY OF CHARITIES.

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

A DRAFT OF THE IRS FORM 990 IS SHARED WITH THE BBB WISE GIVING ALLIANCE AUDIT COMMITTEE AND BOARD OF DIRECTORS PRIOR TO ITS SUBMISSION TO THE IRS, TAKING INTO ACCOUNT THEIR COMMENTS.

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

BBB WISE GIVING ALLIANCE BOARD MEMBERS ARE ANNUALLY ASKED TO COMPLETE A CONFLICT OF INTEREST FORM. NO CONFLICTS HAVE ARISEN, SO FOLLOW-UP WAS NOT REQUIRED.

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

THE BOARD OF BBB WGA SETS GOALS AND EXPECTATIONS FOR BOTH THE ENTITY AND THE PRESIDENT & CEO. THE BOARD ASSESSES THE PRESIDENT & CEO'S PERFORMANCE IN MEETING THESE GOALS ON AN ANNUAL BASIS. THE BOARD ALSO CONSIDERS COMPARABLE MARKET DATA FOR CEO COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI

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

AUDITED FINANCIAL STATEMENTS AND OTHER GOVERNING DOCUMENTS ARE MADE