

Form **990**

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

# 2020

Department of the Treasury  
Internal Revenue Service

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

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Inspection

**A** For the 2020 calendar year, or tax year beginning **SEP 1, 2020** and ending **AUG 31, 2021**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>MAKE-A-WISH FOUNDATION INTERNATIONAL</b>		<b>D</b> Employer identification number <b>86-0726985</b>
	Doing business as		<b>E</b> Telephone number <b>602-230-9900</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1702 E HIGHLAND AVENUE		305
City or town, state or province, country, and ZIP or foreign postal code <b>PHOENIX, AZ 85016</b>		<b>G</b> Gross receipts \$ <b>4,969,119.</b>	
F Name and address of principal officer: <b>LUCIANO MANZO</b> <b>SAME AS C ABOVE</b>		H(a) Is this a group return for subordinates? ~ ~ Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) <input checked="" type="checkbox"/> (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: <b>WWW.WORL DWISH.ORG</b>		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <b>1993</b>	M State of legal domicile: <b>AZ</b>
H(c) Group exemption number			

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TOGETHER. WE CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) ~~~~~ <b>3</b> <span style="float:right"><b>13</b></span>		
	4	Number of independent voting members of the governing body (Part VI, line 1b) ~~~~~ <b>4</b> <span style="float:right"><b>13</b></span>		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) ~~~~~ <b>5</b> <span style="float:right"><b>3</b></span>		
	6	Total number of volunteers (estimate if necessary) ~~~~~ <b>6</b> <span style="float:right"><b>20</b></span>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~ <b>7a</b> <span style="float:right"><b>0.</b></span>		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>		
Revenue	8	Contributions and grants (Part VIII, line 1h) ~~~~~	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) ~~~~~	7,062,037.	3,412,991.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~	1,550,425.	1,496,886.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~	-18,888.	50,896.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . .	0.	0.
			8,593,574.	4,960,773.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~	5,422,612.	1,258,245.
	14	Benefits paid to or for members (Part IX, column (A), line 4) ~~~~~	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~~~	1,568,473.	1,786,865.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ~~~~~	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>880,457.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~	1,886,132.	1,747,856.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~	8,877,217.	4,792,966.	
19	Revenue less expenses. Subtract line 18 from line 12 .....	-283,643.	167,807.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) ~~~~~	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) ~~~~~	4,040,360.	4,646,772.
	22	Net assets or fund balances. Subtract line 21 from line 20 .....	1,544,541.	1,663,428.
			2,495,819.	2,983,344.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>		<b>June 15th 2022</b>
	Signature of officer <b>LUCIANO MANZO, PRESIDENT AND CEO</b> Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ACQUELINE ECKMAN</b>	Preparer's signature <b>ACQUELINE ECKMAN</b>	Date <b>06/14/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01300648</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN <b>41-0746749</b>	Firm's address <b>20 EAST THOMAS ROAD, SUITE 2300 PHOENIX, AZ 85012</b>	Phone no. <b>(602) 266-2248</b>	

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MAKE-A-WISH FOUNDATION'S MISSION IS TO CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,860,276. including grants of \$ 1,258,245. ) (Revenue \$ 1,496,886. ) THE FOUNDATION PROVIDES FINANCIAL AND MANAGERIAL ASSISTANCE TO ITS AFFILIATED ORGANIZATIONS THROUGHOUT THE WORLD IN OVER 50 COUNTRIES. THE ASSISTANCE PROVIDED IS INTENDED TO SUPPORT AND DEVELOP OUR AFFILIATES, INDIVIDUALLY, AS A NETWORK AND COMMUNITY IN ORDER TO ENSURE THEIR LONG-TERM SUSTAINABILITY AND GROWTH, SO TO PROGRESS AND ENHANCE THE NUMBER, THE IMPACT AND THE QUALITY OF WISHES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses | 2,860,276.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 16 with various tax compliance questions and numerical inputs.

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-1b, 2-9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a-16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed J NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records | LUCIANO MANZO - 602-230-9900
1702 E HIGHLAND AVENUE, SUITE 305, PHOENIX, AZ 85016

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLY GALLI VP TECHNOLOGY & INNOVATION	45.00				X		123,999.	0.	12,430.	
(2) LUCIANO MANZO PRESIDENT & CEO	45.00			X			99,113.	0.	4,130.	
(3) MARKOS TAMBAKERAS CHAIR	2.00	X	X				0.	0.	0.	
(4) JAYNE MILLARD VICE CHAIR	2.00	X	X				0.	0.	0.	
(5) HOWARD PRINCE-WRIGHT TREASURER	2.00	X	X				0.	0.	0.	
(6) GILLI SINCLAIR SECRETARY	2.00	X	X				0.	0.	0.	
(7) JAVIER IRARRAZAVAL DIRECTOR	2.00	X					0.	0.	0.	
(8) CAROLE HAKKO DIRECTOR	2.00	X					0.	0.	0.	
(9) ISTHIAG BAIG DIRECTOR	2.00	X					0.	0.	0.	
(10) ARIK HYBLOOM DIRECTOR	2.00	X					0.	0.	0.	
(11) KEVIN LAU DIRECTOR	2.00	X					0.	0.	0.	
(12) MIKE DENSMORE DIRECTOR	2.00	X					0.	0.	0.	
(13) TASIA FILLIPPATOS DIRECTOR	2.00	X					0.	0.	0.	
(14) BARB HAMBLY DIRECTOR	2.00	X					0.	0.	0.	
(15) JONATHAN POLIN DIRECTOR	2.00	X					0.	0.	0.	





**Part VIII** Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~	1a					
	b	Membership dues ~~~~~	1b					
	c	Fundraising events ~~~~~	1c					
	d	Related organizations ~~~~~	1d					
	e	Government grants (contributions)	1e	108,108.				
	f	All other contributions, gifts, grants, and similar amounts not included above ~	1f	3,304,883.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 153,027.				
	h	<b>Total. Add lines 1a-1f</b> .....		<b>3,412,991.</b>				
Program Service Revenue	2 a	<u>AFFILIATE ASSESSMENTS</u>	Business Code					
			561000	1,496,886.	1,496,886.			
	b							
	c							
	d							
	e							
	f	All other program service revenue ~~~~~						
g	<b>Total. Add lines 2a-2f</b> .....		<b>1,496,886.</b>					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ~~~~~		48,983.			48,983.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties .....						
	6 a	Gross rents ~~~~~	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ~	6b					
	c	Rental income or (loss)	6c					
	d	<b>Net rental income or (loss)</b> .....						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other	10,259.			
b	Less: cost or other basis and sales expenses ~~~	7b	8,346.					
c	Gain or (loss) ~~~~~	7c	1,913.					
d	<b>Net gain or (loss)</b> .....		<b>1,913.</b>			<b>1,913.</b>		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~~~~~	8a						
b	Less: direct expenses ~~~~~	8b						
c	<b>Net income or (loss) from fundraising events</b> .....							
9 a	Gross income from gaming activities. See Part IV, line 19 ~~~~~	9a						
b	Less: direct expenses ~~~~~	9b						
c	<b>Net income or (loss) from gaming activities</b> .....							
10 a	Gross sales of inventory, less returns and allowances ~~~~~	10a						
b	Less: cost of goods sold ~~~~~	10b						
c	<b>Net income or (loss) from sales of inventory</b> .....							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue ~~~~~						
	e	<b>Total. Add lines 11a-11d</b> .....						
12	<b>Total revenue. See instructions</b> .....			<b>4,960,773.</b>	<b>1,496,886.</b>	<b>0.</b>	<b>50,896.</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~	46,704.	46,704.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~~~~~~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~~~	1,211,541.	1,211,541.		
4 Benefits paid to or for members ~~~~~~				
5 Compensation of current officers, directors, trustees, and key employees ~~~~~~	224,519.	54,827.	169,692.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~~~				
7 Other salaries and wages ~~~~~~	1,015,944.	416,220.	392,252.	207,472.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,109.	23,552.	29,975.	15,582.
9 Other employee benefits ~~~~~~	85,419.	31,606.	35,416.	18,397.
10 Payroll taxes ~~~~~~	391,874.	117,039.	200,645.	74,190.
11 Fees for services (nonemployees):				
a Management ~~~~~~				
b Legal ~~~~~~	1,986.		1,986.	
c Accounting ~~~~~~	14,728.		14,728.	
d Lobbying ~~~~~~				
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.)	364,684.			364,684.
12 Advertising and promotion ~~~~~~				
13 Office expenses ~~~~~~	7,354.	3,075.	2,397.	1,882.
14 Information technology ~~~~~~	246,766.	116,064.	46,576.	84,126.
15 Royalties ~~~~~~				
16 Occupancy ~~~~~~	61,132.	21,396.	25,065.	14,671.
17 Travel ~~~~~~	35,717.	13,247.	13,690.	8,780.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ~				
19 Conferences, conventions, and meetings ~				
20 Interest ~~~~~~				
21 Payments to affiliates ~~~~~~				
22 Depreciation, depletion, and amortization ~	210,609.	73,714.	86,349.	50,546.
23 Insurance ~~~~~~	9,536.	3,337.	3,910.	2,289.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROGRAMS</u>	478,065.	478,065.		
b <u>DUES &amp; SUBSCRIPTIONS</u>	218,049.	196,220.	814.	21,015.
c <u>MISCELLANEOUS EXPENSE</u>	62,602.	21,910.	25,667.	15,025.
d <u>TRAINING</u>	36,628.	31,759.	3,071.	1,798.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,792,966.	2,860,276.	1,052,233.	880,457.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing ~~~~~	2,100,604.	1	2,596,558.
	2 Savings and temporary cash investments ~~~~~		2	
	3 Pledges and grants receivable, net ~~~~~	300,350.	3	413,130.
	4 Accounts receivable, net ~~~~~	30,744.	4	29,889.
	5 Loans and other receivables from 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 ~~~~~		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ~~~		6	
	7 Notes and loans receivable, net ~~~~~		7	
	8 Inventories for sale or use ~~~~~		8	
	9 Prepaid expenses and deferred charges ~~~~~	69,075.	9	106,845.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~	10a 1,701,980.		
	b Less: accumulated depreciation ~~~~~	10b 1,570,102.	308,265.	10c 131,878.
	11 Investments - publicly traded securities ~~~~~	601,588.	11	723,214.
	12 Investments - other securities. See Part IV, line 11 ~~~~~		12	
	13 Investments - program-related. See Part IV, line 11 ~~~~~		13	
	14 Intangible assets ~~~~~		14	
	15 Other assets. See Part IV, line 11 ~~~~~	629,734.	15	645,258.
16 Total assets. Add lines 1 through 15 (must equal line 33) .....	4,040,360.	16	4,646,772.	
Liabilities	17 Accounts payable and accrued expenses ~~~~~	188,149.	17	363,036.
	18 Grants payable ~~~~~		18	
	19 Deferred revenue ~~~~~		19	
	20 Tax-exempt bond liabilities ~~~~~		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~	48,485.	21	
	22 Loans and other 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 ~~~~~		22	
	23 Secured mortgages and notes payable to unrelated third parties ~~~~~		23	
	24 Unsecured notes and loans payable to unrelated third parties ~~~~~	108,116.	24	205,130.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~~~~~	1,199,791.	25	1,095,262.
	26 Total liabilities. Add lines 17 through 25 .....	1,544,541.	26	1,663,428.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions ~~~~~	2,065,469.	27	2,223,430.
	28 Net assets with donor restrictions ~~~~~	430,350.	28	759,914.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds ~~~~~		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~		30	
	31 Retained earnings, endowment, accumulated income, or other funds ~~~~		31	
	32 Total net assets or fund balances ~~~~~	2,495,819.	32	2,983,344.
33 Total liabilities and net assets/fund balances .....	4,040,360.	33	4,646,772.	

**Part XI** Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ..... X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,960,773.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,792,966.
3	Revenue less expenses. Subtract line 2 from line 1	3	167,807.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,495,819.
5	Net unrealized gains (losses) on investments	5	74,535.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	245,183.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,983,344.

**Part XII** Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis      Consolidated basis      Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis      Consolidated basis      Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....		

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~	6,136,774.	6,059,401.	7,079,192.	7,062,037.	3,412,999.	29,750,403.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~~~	6,136,774.	6,059,401.	7,079,192.	7,062,037.	3,412,999.	29,750,403.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~~~~~						7,530,512.
6 Public support. Subtract line 5 from line 4.						22,219,891.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 ~~~~~	6,136,774.	6,059,401.	7,079,192.	7,062,037.	3,412,999.	29,750,403.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	12,876.	4,418.	18,780.	1,504.	48,983.	86,561.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ~						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~						
11 Total support. Add lines 7 through 10						29,836,964.
12 Gross receipts from related activities, etc. (see instructions) ~~~~~					12	7,835,151.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ~~~~~	14	74.47 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 ~~~~~	15	74.41 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~~~~~		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~~~~~		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~~						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~~~~~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~~~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~						
c Add lines 7a and 7b ~~~~~						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 ~~~~~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~~						
c Add lines 10a and 10b ~~~~~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ~~~~~	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ~~~~~	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17 ~~~~~	18	%

19a 33 1/3% support tests - 2020. If the organization did 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 and stop here. The organization qualifies as a publicly supported organization ~~~~~ |

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~ |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

**Section C. Type II Supporting Organizations**

	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in* Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors ( <i>explain in detail in</i> Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		



Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number

86-0726985

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION INTERNATIONAL

86-0726985

**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
<u>1</u>		\$ <u>1,050,043.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>78,546.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>285,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>242,666.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

noncash contributions.)

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--	--	--

Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION INTERNATIONAL

86-0726985

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	TRAVEL CREDITS FOR WISHES _____ _____ _____	\$ 22,371.	09/01/21
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____



Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION INTERNATIONAL

86-0726985

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) **I** \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization MAKE-A-WISH FOUNDATION INTERNATIONAL Employer identification number 86-0726985

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and charitable purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, number of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
  - b Scholarly research
  - c Preservation for future generations
  - d Loan or exchange program
  - e Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ..... **Yes** **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ..... **Yes** **X** **No**
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ..... **X** **Yes** **No**
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ..... **X**

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment | \_\_\_\_\_%
  - b Permanent endowment | \_\_\_\_\_%
  - c Term endowment | \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		131,752.	83,413.	48,339.
e Other.....		1,570,228.	1,486,689.	83,539.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				131,878.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~~~~~		
(2) Closely held equity interests ~~~~~		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	645,258.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	645,258.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	605,194.
(3) DEFERRED AFFILIATE DUES	490,068.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,095,262.

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 •

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,997,299.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	74,535.	
b	Donated services and use of facilities	2b	318,829.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,356,838.	
e	Add lines 2a through 2d	2e		-963,474.
3	Subtract line 2e from line 1	3		4,960,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		4,960,773.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,754,957.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	318,829.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-1,356,838.	
e	Add lines 2a through 2d	2e		-1,038,009.
3	Subtract line 2e from line 1	3		4,792,966.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,792,966.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

IN CERTAIN CASES, THE FOUNDATION MAY ACT AS AN AGENT FOR AN AFFILIATED ORGANIZATION. THESE AGENCY TRANSACTIONS ARE TREATED AS PASS THROUGH FUNDS AND ARE CARRIED AS FUNDS HELD AS AGENT FOR AFFILIATES UNTIL THEY ARE DISTRIBUTED.

**PART X, LINE 2:**

THE FOUNDATION IS A NONPROFIT CHARITABLE ORGANIZATION WHICH QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE CORPORATE INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER

Part XIII Supplemental Information (continued)

SECTION 170 OF THE IRC AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).

MANAGEMENT BELIEVES THAT THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS AS OF AUGUST 31, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATED FUNDS TO AFFILIATES -1,356,838.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATED FUNDS TO AFFILIATES -1,356,838.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

| Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

| Attach to Form 990.

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number

86-0726985

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~ ~ Yes  No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	WISH GRANTING AND TRAINING	199,761.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	14	PROGRAM SERVICES	WISH GRANTING AND TRAINING	658,426.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	WISH GRANTING AND TRAINING	90,610.
NORTH AMERICA	0	1	PROGRAM SERVICES	WISH GRANTING AND TRAINING	74,062.
SOUTH AMERICA	0	1	PROGRAM SERVICES	WISH GRANTING AND TRAINING	120,627.
SOUTH ASIA	0	0	PROGRAM SERVICES	WISH GRANTING AND TRAINING	68,055.
3 a Subtotal ~~~~~	1	17			1,211,541.
b Total from continuation sheets to Part I ~~~	0	0			0.
c Totals (add lines 3a and 3b) *****	1	17			1,211,541.

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

Schedule F (Form 990) 2020

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	PROGRAM SERVICES	29,645.	WIRE	22,126.	PROGRAM TRAVEL/GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	40,086.	WIRE	459.	PROGRAM TRAVEL	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	1,053.	WIRE	180.	PROGRAM GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	1,142.	WIRE	180.	PROGRAM GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	1,530.	WIRE	180.	PROGRAM GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	16,663.	WIRE	180.	PROGRAM GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	14,466.	WIRE	9,545.	PROGRAM TRAVEL/GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	1,846.	WIRE	180.	PROGRAM GOODS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~~~~~ | \_\_\_\_\_ 39

3 Enter total number of other organizations or entities ..... | \_\_\_\_\_ 0



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	20,460.	WIRE	180.	PROGRAM GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	0.	WIRE	849.	PROGRAM TRAVEL/GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	21,875.	WIRE	180.	PROGRAM GOODS	FMV
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	68,349.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	3,954.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	3,004.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	7,315.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	9,957.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	38,755.	WIRE	180.	PROGRAM GOODS	FMV

## Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PROGRAM SERVICES	48,462.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	138,719.	WIRE	5,899.	PROGRAM TRAVEL/GOODS	FMV
		EUROPE	PROGRAM SERVICES	19,879.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	40,607.	WIRE	583.	PROGRAM TRAVEL/GOODS	FMV
		EUROPE	PROGRAM SERVICES	11,369.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	440.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	19,842.	WIRE	959.	PROGRAM TRAVEL/GOODS	FMV
		EUROPE	PROGRAM SERVICES	26,523.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	5,841.	WIRE	180.	PROGRAM GOODS	FMV

## Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PROGRAM SERVICES	4,906.	WIRE	180.	PROGRAM GOODS	FMV
		EUROPE	PROGRAM SERVICES	266,726.	WIRE	2,527.	PROGRAM TRAVEL/GOODS	FMV
		MIDDLE EAST & NORTH AFRICA	PROGRAM SERVICES	86,905.	WIRE	180.	PROGRAM GOODS	FMV
		MIDDLE EAST & NORTH AFRICA	PROGRAM SERVICES	3,345.	WIRE	180.	PROGRAM GOODS	FMV
		NORTH AMERICA	PROGRAM SERVICES	19,301.	WIRE	2,991.	PROGRAM TRAVEL/GOODS	FMV
		SOUTH AMERICA	PROGRAM SERVICES	7,121.	WIRE	15,791.	PROGRAM TRAVEL/GOODS	FMV
		SOUTH AMERICA	PROGRAM SERVICES	13,149.	WIRE	9,003.	PROGRAM TRAVEL/GOODS	FMV
		SOUTH AMERICA	PROGRAM SERVICES	7,016.	WIRE	9,003.	PROGRAM TRAVEL/GOODS	FMV
		SOUTH AMERICA	PROGRAM SERVICES	4,093.	WIRE	6,941.	PROGRAM TRAVEL/GOODS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM SERVICES	3,099.	WIRE	7,169.	PROGRAM TRAVEL/GOODS	FMV
		SOUTH AMERICA	PROGRAM SERVICES	2,158.	WIRE	36,086.	PROGRAM TRAVEL/GOODS	FMV
		SOUTH ASIA	PROGRAM SERVICES	58,728.	WIRE	180.	PROGRAM GOODS	FMV
		SOUTH ASIA	PROGRAM SERVICES	8,966.	WIRE	180.	PROGRAM GOODS	FMV



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ~~~~~ Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ~~~~~ Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ~~~~~ Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ~~~~~ Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ~~~~~ Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ~~~~~  Yes No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

MAKE-A-WISH FOUNDATION INTERNATIONAL (INTERNATIONAL) IS COMMITTED TO SUPPORTING AFFILIATES' DETERMINATION FOR LONG TERM SUSTAINABILITY. INTERNATIONAL ACCEPTS GRANT APPLICATIONS OR ASSISTANCE REQUESTS FROM AFFILIATES FOR FUNDING THAT HELPS TO BUILD CAPACITY INTO THEIR ORGANIZATION, SPECIFICALLY IN REGARD TO PROGRAM SERVICES. THESE GRANT AND ASSISTANCE OPPORTUNITIES ARE AVAILABLE FOR AFFILIATES WHO DEMONSTRATE AN OPERATIONAL AND FINANCIAL NEED. A GRANT APPLICATION OR REQUEST IS SUBMITTED TO A COMMITTEE/GROUP FOR REVIEW AND POTENTIAL APPROVAL. PROPOSALS MUST DEMONSTRATE, QUANTITATIVELY AND QUALITATIVELY, A CLEAR NEED FOR RESOURCES TO ASSIST IN THE GROWTH AND SUSTAINABILITY OF PROGRAM SERVICES. ANNUAL REPORTS AND/OR REVIEW MEETINGS PROVIDE PROJECT UPDATES, CHALLENGES, SUCCESSES, AND FUNDING STATUS. RECORDS ARE MAINTAINED TO SUBSTANTIATE THE AMOUNT OF GRANT OR ASSISTANCE, ELIGIBILITY DETAILS, SELECTION PROCESS, AND REPORTING REQUIREMENTS.

**PART I, LINE 3:**

THE ORGANIZATION'S ACCRUAL METHOD OF ACCOUNTING USED FOR THEIR FINANCIAL REPORTING HAS ALSO BEEN USED FOR THE PREPARATION OF THIS INFORMATION.

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

| Attach to Form 990.

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **MAKE-A-WISH FOUNDATION INTERNATIONAL** Employer identification number **86-0726985**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAKE A WISH AMERICA 1702 E HIGHLAND AVENUE, SUITE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	46,704.	0.	N/A	N/A	PROGRAM SERVICES

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

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



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

MAKE-A-WISH FOUNDATION INTERNATIONAL (INTERNATIONAL) IS COMMITTED TO

SUPPORTING AFFILIATES' DETERMINATION FOR LONG TERM SUSTAINABILITY.

INTERNATIONAL ACCEPTS GRANT APPLICATIONS OR ASSISTANCE REQUESTS FROM

AFFILIATES FOR FUNDING THAT HELPS TO BUILD CAPACITY INTO THEIR

ORGANIZATION, SPECIFICALLY IN REGARD TO PROGRAM SERVICES. THESE GRANT AND

ASSISTANCE OPPORTUNITIES ARE AVAILABLE FOR AFFILIATES WHO DEMONSTRATE AN

OPERATIONAL AND FINANCIAL NEED. A GRANT APPLICATION OR REQUEST IS

SUBMITTED TO A COMMITTEE/GROUP FOR REVIEW AND POTENTIAL APPROVAL.

Part IV Supplemental Information

PROPOSALS MUST DEMONSTRATE, QUANTITATIVELY AND QUALITATIVELY, A CLEAR NEED

FOR RESOURCES TO ASSIST IN THE GROWTH AND SUSTAINABILITY OF PROGRAM

SERVICES. ANNUAL REPORTS AND/OR REVIEW MEETINGS PROVIDE PROJECT UPDATES,

CHALLENGES, SUCCESSES, AND FUNDING STATUS. RECORDS ARE MAINTAINED TO

SUBSTANTIATE THE AMOUNT OF GRANT OR ASSISTANCE, ELIGIBILITY DETAILS,

SELECTION PROCESS, AND REPORTING REQUIREMENTS.

Multiple horizontal lines for supplemental information.

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Department of the Treasury  
Internal Revenue Service

- J Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- J Attach to Form 990.
- J Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public  
Inspection

Name of the organization **MAKE-A-WISH FOUNDATION INTERNATIONAL** Employer identification number **86-0726985**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art ~~~~~				
2 Art - Historical treasures ~~~~~				
3 Art - Fractional interests ~~~~~				
4 Books and publications ~~~~~				
5 Clothing and household goods ~~~~~				
6 Cars and other vehicles ~~~~~				
7 Boats and planes ~~~~~				
8 Intellectual property ~~~~~				
9 Securities - Publicly traded ~~~~~				
10 Securities - Closely held stock ~~~~~				
11 Securities - Partnership, LLC, or trust interests ~~~~~				
12 Securities - Miscellaneous ~~~~~				
13 Qualified conservation contribution - Historic structures ~~~~~				
14 Qualified conservation contribution - Other~				
15 Real estate - Residential ~~~~~				
16 Real estate - Commercial ~~~~~				
17 Real estate - Other ~~~~~				
18 Collectibles ~~~~~				
19 Food inventory ~~~~~				
20 Drugs and medical supplies ~~~~~				
21 Taxidermy ~~~~~				
22 Historical artifacts ~~~~~				
23 Scientific specimens ~~~~~				
24 Archeological artifacts ~~~~~				
25 Other J ( TRAVEL GOODS )	X	8,757	59,569.	FAIR MARKET VALUE
26 Other J ( DIFFUSION AD )	X	373	45,288.	FAIR MARKET VALUE
27 Other J ( TRAVEL CREDIT )	X	38	22,371.	FAIR MARKET VALUE
28 Other J ( SPEAKER )	X	1	15,000.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ~~~~~ 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ~~~~~		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ~~~~~	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ~~~~~		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**PART I, OTHER TYPES OF PROPERTY:**

**LICENSES**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 60

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 10800.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**SCHEDULE M, PART I, COLUMN (B):**

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
| Attach to Form 990 or 990-EZ.  
| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>MAKE-A-WISH FOUNDATION INTERNATIONAL</b>	Employer identification number <b>86-0726985</b>
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FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE INCLUDES THE VOTING OFFICERS OF THE ORGANIZATION AND THE CHIEF EXECUTIVE OFFICER. THE COMMITTEE'S SCOPE IS TO ASSIST THE INTERNATIONAL BOARD IN FULFILLING ITS STRATEGIC RESPONSIBILITIES AND TO ADDRESS AND DEVELOP DISCUSSION ON STRATEGIC ISSUES. THE COMMITTEE ALSO DISCUSSES AND DEVELOPS STRATEGY FOR THE BOARD AND GLOBAL ORGANIZATION WITH THE INTENT OF MAKING RECOMMENDATIONS TO THE BOARD, REVIEW AND PLAN BOARD MEETING AGENDAS, EVALUATES AND RECOMMENDS TERMINATION OF INDIVIDUAL BOARD DIRECTORS (FOR CAUSE OR OTHER APPROPRIATE REASONS) IN ACCORDANCE WITH THE BOARD'S GOVERNANCE PRINCIPLES, DISCUSSES THE CEO'S OBJECTIVE-SETTING PROCESS AND CONDUCT AN ANNUAL CEO PERFORMANCE ASSESSMENT FOR REVIEW AND DISCUSSION WITH THE BOARD, AND REVIEWS WITH THE BOARD ANY RELEVANT MATTERS OF MATERIAL IMPORTANCE DISCUSSED BY THE COMMITTEE, TOGETHER WITH ANY RECOMMENDATIONS.

FORM 990, PART VI, SECTION A, LINE 4:

THE FOLLOWING WERE THE CHANGES MADE TO THE BYLAWS DURING FISCAL 2021:

NOMINATING COMMITTEE: A NEW CLAUSE (III) IN SUB-SECTION "RESPONSIBILITIES":  
OTHER DUTIES OR TASKS AS SPECIFICALLY DELEGATED FROM TIME-TO-TIME BY THE INTERNATIONAL BOARD.

GOVERNANCE COMMITTEE: 2 NEW CLAUSES (IV) AND (V) IN SUB-SECTION "RESPONSIBILITIES"

- ASSIST THE INTERNATIONAL BOARD IN FULFILLING ITS RESPONSIBILITIES RELATING TO BOARD EFFECTIVENESS, GOVERNANCE AND BOARD LEADERSHIP.

- OTHER DUTIES OR TASKS AS SPECIFICALLY DELEGATED FROM TIME-TO-TIME BY THE

Name of the organization MAKE-A-WISH FOUNDATION INTERNATIONAL	Employer identification number 86-0726985
--	--

INTERNATIONAL BOARD.

FORM 990, PART VI, SECTION A, LINE 6:

THE FOUNDATION HAS AFFILIATE MEMBERS. AN AFFILIATE IS AN "ELIGIBLE AFFILIATE" IF SUCH AFFILIATE (I) IS NOT A PROVISIONAL AFFILIATE, (II) IS NOT ON AFFILIATE RESTRUCTURING STATUS (AS DEFINED IN THE AFFILIATION AND LICENSING AGREEMENT) AND, (III) HAS NOT FAILED TO CURE AN AFFILIATE BREACH (AS DEFINED IN THE AFFILIATION AND LICENSING AGREEMENT) UPON WRITTEN NOTICE THEREOF FROM THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

AFFILIATE COUNCIL IS COMPRISED OF AFFILIATE MEMBERS. AN ACTION OF THE AFFILIATE COUNCIL SHALL BE DETERMINED BY A MAJORITY OF THE VOTES OF DELEGATES OF ELIGIBLE AFFILIATES VOTING AT A MEETING OF THE AFFILIATE COUNCIL AT WHICH A QUORUM IS PRESENT, EXCEPT AS IS OTHERWISE PROVIDED IN THE ARTICLES OF INCORPORATION OR IN THE FOUNDATION'S BYLAWS.

A MINIMUM OF 7 AND A MAXIMUM OF 13 GOVERNING BODY MEMBERS (BOARD OF DIRECTORS) ARE REQUIRED TO BE MEMBERS OF THE AFFILIATE COUNCIL. THESE MEMBERS ARE RESPONSIBLE FOR APPOINTING ONE OR MORE MEMBERS OF THE GOVERNING BODY (UP TO 13 BOARD OF DIRECTORS).

FORM 990, PART VI, SECTION A, LINE 7B:

THE AFFILIATE COUNCIL HAS THE FOLLOWING RIGHTS:

- APPROVE THE FOUNDATION'S FINANCIAL STATEMENTS, INCLUDING THE RIGHT TO REVIEW THE FOUNDATION'S BUDGET AT THE ANNUAL MEETING;
- DETERMINE, APPROVE, AND LEVY UPON AFFILAITES FEES AND ASSESSMENTS;

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- ELECT AFFILIATE MEMBERS OF THE NOMINATING COMMITTEE;

- AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE FOUNDATION AND THE RIGHT TO AMEND THE AFFILIATION AND LICENSING AGREEMENT OF ALL EXISTING AND FUTURE AFFILIATES, SUBJECT TO SPECIFIC APPROVAL.

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

THE AUDIT, FINANCE AND INVESTMENT COMMITTEE ASSISTS THE INTERNATIONAL BOARD OF DIRECTORS IN FULFILLING ITS RESPONSIBILITIES RELATING TO OVERSIGHT OF THE FOUNDATION'S FINANCIAL STATEMENTS, FINANCIAL REPORTING PROCESS, SYSTEMS OF INTERNAL ACCOUNTING AND FINANCIAL CONTROLS, ANNUAL INDEPENDENT AUDIT, AND RISK MANAGEMENT PROCESSES. THE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990 PRIOR TO FILING WITH THE IRS, AND REVIEWS AND APPROVES THE FORM 990 TAX RETURN AFTER THE AUDIT, FINANCE, AND INVESTMENT COMMITTEE HAS COMPLETED THEIR REVIEW PROCESS.

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

ALL EMPLOYEES AND VOLUNTEERS ARE REQUIRED TO COMPLY WITH OUR CONFLICT OF INTEREST AND ETHICS STATEMENT, WHICH IS REVIEWED AS NEW RELATIONSHIPS ARE ESTABLISHED.

ANNUALLY THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN A CONFLICT OF INTEREST AND ETHICS STATEMENT IN WHICH THEY AGREE TO BE BOUND BY ITS PROVISIONS. IF ANY COVERED PERSON DISCLOSES A POTENTIAL OF ACTUAL CONFLICT, THE FOLLOWING PROCEDURE IS FOLLOWED; THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, THE COVERED PERSON RESPONDS TO ANY FACTUAL QUESTIONS FROM THE BOARD RELATED TO THE DISCLOSED CONFLICT, AND THE BOARD, WITHOUT THE COVERED PERSON PRESENT, DISCUSSES THE CONFLICT AND APPROVES OR DISAPPROVES THE PROPOSED TRANSACTION. BOARD REVIEW AND

Name of the organization MAKE-A-WISH FOUNDATION INTERNATIONAL	Employer identification number 86-0726985
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DISCUSSION IS DOCUMENTED IN THE MEETING MINUTES.

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

THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE AND DEVELOPMENT

REVIEW OF THE CEO. THE PURPOSE OF THE PERFORMANCE AND DEVELOPMENT REVIEW IS

TO PROVIDE A COMMUNICATION TOOL FOR BOARD MEMBERS AND CEO TO MUTUALLY

DEFINE JOB EXPECTATIONS (GOALS & OUTCOMES), EVALUATE AND RECOGNIZE

PERFORMANCE, AND HELP DEVELOP PARTICIPANTS TO THEIR FULLEST POTENTIAL.

COMPENSATION IS ALSO REVIEWED AND COMPARED TO SIMILAR ORGANIZATIONS USING

SALARY AND BENEFITS SURVEYS. THE REVIEW IS INTENDED TO SUPPORT THE MISSION,

VALUES AND GOALS OF MAKE-A-WISH FOUNDATION INTERNATIONAL.

THE PROCESS UTILIZING REVIEW AND APPROVAL BY INDEPENDENT PERSONS,

COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION WAS LAST UTILIZED IN

2020 FOR HIRING OF THE CEO.

THE CEO CONDUCTS AN ANNUAL PERFORMANCE AND DEVELOPMENT REVIEW OF THE OTHER

OFFICERS AND KEY EMPLOYEES. THE PURPOSE OF THE PERFORMANCE AND DEVELOPMENT

REVIEW IS TO PROVIDE A COMMUNICATION TOOL FOR EMPLOYEE AND CEO TO MUTUALLY

DEFINE JOB EXPECTATIONS (GOALS & OUTCOMES), EVALUATE AND RECOGNIZE

PERFORMANCE, AND HELP DEVELOP PARTICIPANTS TO THEIR FULLEST POTENTIAL.

COMPENSATION IS ALSO REVIEWED AND COMPARED TO SIMILAR ORGANIZATIONS USING

SALARY AND BENEFITS SURVEYS. THE REVIEW IS INTENDED TO SUPPORT THE MISSION,

VALUES AND GOALS OF MAKE-A-WISH FOUNDATION INTERNATIONAL.

THE PROCESS UTILIZING COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION

WAS LAST UTILIZED IN 2020 FOR HIRING OF OFFICERS.



Name of the organization MAKE-A-WISH FOUNDATION INTERNATIONAL	Employer identification number 86-0726985
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FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DESIGNATED FUNDS TO AFFILIATES - REVENUE	-1,356,838.
DESIGNATED FUNDS TO AFFILIATES - EXPENSE	1,356,838.
CHANGE DUE TO PRIOR PERIOD RESTATEMENT	245,183.
TOTAL TO FORM 990, PART XI, LINE 9	245,183.