** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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

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

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

A I	For the	e 2020 calendar year, or tax year beginning SEP 1,	2020 and	ending A	UG 31, 2021					
	Check if applicabl	C Name of organization			D Employer ident	ification number				
Г	Addre									
F	Name chang	5			86-072698	5				
F	Initial return	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite	E Telephone numb	oer				
F	Final return	1702 E HIGHLAND AVENUE	,	305	602-230-990					
	termin ated	City or town, state or province, country, and ZIP or	G Gross receipts \$	4,969,119.						
	Amen		•		H(a) Is this a group	return				
	Application	Finame and address of principal officer: Doctation in	ANZO		for subordinat	es? Yes X No				
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	s included? Yes No				
1	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (ir	nsert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions				
J١	Websi	te: WWW.WORLDWISH.ORG			H(c) Group exempt	tion number				
		organization: X Corporation Trust Associati	on Other >	L Year	of formation: 1993	M State of legal domicile; AZ				
Pa	_	Summary								
ø.	1	Briefly describe the organization's mission or most signifi	cant activities: TOGETH	ER, WE CR	REATE					
Š		LIFE-CHANGING WISHES FOR CHILDREN WITH CRI	TICAL ILLNESSES.							
Governance	2	Check this box if the organization discontinue	d its operations or dispos	sed of more	than 25% of its net a	1				
ŏ	3	Number of voting members of the governing body (Part \			<u> </u> 3					
		Number of independent voting members of the governing				13				
es	5	Total number of individuals employed in calendar year 20				5 3				
Activities &	6	Total number of volunteers (estimate if necessary)				6 20				
Act	7 a	Total unrelated business revenue from Part VIII, column (
	b	Net unrelated business taxable income from Form 990-T,	Part I, line 11	<u></u>		~				
		Contributions and sweets (Dort VIII line 1b)			Prior Year 7,062,037	Current Year 3,412,991.				
ne	8				1,550,425					
Revenue	9		7.41\		-18,888					
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7		· · · · · · · · · · · · · · · · · · ·	0.					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 Total revenue - add lines 8 through 11 (must equal Part V		8,593,574	•					
		Grants and similar amounts paid (Part IX, column (A), line			5,422,612					
	1	Benefits paid to or for members (Part IX, column (A), line			· · · · · ·	0.				
	45	Salaries, other compensation, employee benefits (Part IX			1,568,473	<u> </u>				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11				0.				
ben	. b	Total fundraising expenses (Part IX, column (D), line 25)								
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2-			1,886,132	1,747,856.				
		Total expenses. Add lines 13-17 (must equal Part IX, colu			8,877,217					
	1	Revenue less expenses. Subtract line 18 from line 12			-283,643	167,807.				
70,	3			Ве	ginning of Current Yea	r End of Year				
Net Assets or	20	Total assets (Part X, line 16)			4,040,360	4,646,772.				
t As	21	Total liabilities (Part X, line 26)			1,544,541	1,663,428.				
25	22	Net assets or fund balances. Subtract line 21 from line 20)		2,495,819	2,983,344.				
	art II	Signature Block								
		lties of perjury, I declare that I have examined this return, including				my knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is ba	ased on all information of wh	nich preparer		454 0000				
		Signature of officer			Ju Date	ne 15th 2022				
Sig			7		Date					
Her	e	LUCIANO MANZO, PRESIDENT AND CEO Type or print name and title								
			rarla aignatura	Τr	Date Check	PTIN				
Dale		· · · · · · · ·	rer's signature JELINE ECKMAN		C /1 4 /22	D01300640				
Paid			PETINE ECKNAM		1 00.1 01.1,	41-0746749				
	parer Only	Firm's name CLIFTONLARSONALLEN LLP Firm's address 20 EAST THOMAS ROAD, SUITE 2:		Firm's EIN ► 41-0746749						
USE	Only	PHOENIX, AZ 85012			Phone no (6	502) 266-2248				
May	the II	RS discuss this return with the preparer shown above? Se	e instructions		I Holle Ho. V	X Yes No				

Form	1990 (2020) MAKE-A-WISH FOUNDATION INTERNATIONAL	86-0726985	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
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.		
	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	No X
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,860,276. including grants of \$ 1,258,245.) (Revenue THE FOUNDATION PROVIDES FINANCIAL AND MANAGERIAL ASSISTANCE TO ITS	\$1,49	06,886.
	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.		200
		Form	990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		х	
40	If "Yes," complete Schedule D, Part IV	9	Α	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		_v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	, (), in 199, Complete Concade I, Faite Faite II in imminimum			

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Form 990 (2020) MAKE-A-WISH FOUNDATION INTE Part IV | Checklist of Required Schedules (continued)

	continued)		Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on	Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and			
	Schedule K. If "No." go to line 25a			Х
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b	enefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a part of the organization aware that it is not of the organization and the organization are organization as a part of the organization as a part of the organization and the organization are organization as a part of the organization and the organization are organization as a part of the organization and the organization are organization as a part of the organization are organization.	orior year, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Y	es," complete		
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu	rrent		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,	key employee,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or the creator of founder, substantial contributor or employee thereof, a grant selection committee member, or the creator of founder, substantial contributor or employee thereof.			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Sch	edule L, Part III 27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Part IV		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	' If		
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		77	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified of			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule			Δ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," cor	'		Х
22	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701 22 (CIV.) and a separate from the organization under Regulation 201 7701 2 and 201 7701			х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34				х
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	0=		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a co			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	*		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable re			
	If "Yes," complete Schedule R, Part V, line 2	·		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Par			х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b a			
	Note: All Form 990 filers are required to complete Schedule O	00	х	
Par		,		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	b 0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table gaming		
	(gambling) winnings to prize winners?	1c		
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Form 990 (2020)

MAKE-A-WISH FOUNDATION INTERNATIONAL

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

	o d d d d d d d d d d d d d d d d d d d				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l	I		163	140			
	filed for the calendar year ending with or within the year covered by this return	2a	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions								
За	744.000			За		х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a	х				
b	If "Yes," enter the name of the foreign country NETHERLANDS		,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs reqı	uired						
	to file Form 8282?	 i	 I	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		х			
е	3 7 7 7 7 1 71								
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, and the organization can be of			7h					
Ü	sponsoring organizations maintaining donor advised failus. Did a donor advised failus maintained sponsoring organization have excess business holdings at any time during the year?	Dy III	5	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the appropriate appropriation realized and total distributions under continuous 40000			9a					
	Did the constitution and a distribution to a decrease distribution to			9b					
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I						
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	<u> </u>			17			
				14a	$\vdash \vdash \vdash$	X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					х			
	excess parachute payment(s) during the year?			15		Δ			
16	If "Yes," see instructions and file Form 4720, Schedule N.	inos	202	16		х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Ves." complete Form 4720. Schedule O.	iiicor		16					
	If "Yes," complete Form 4720, Schedule O.			Forn	990	(2020)			

Form 990 (2020) MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE Continue C104 required on a copy of this Form 990 is required to be filed 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	s only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial	
00	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			
	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.

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

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

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

Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C						
(A)	(B)	(C) Position			,		(D)	(E)		_	(F)		
Name and title	Average hours per		not cl	heck r	more	than o		Reportable compensation	Reportable compensatio	n	Estimated amount of		
	week					s both or/trus		from	from related			other	
	(list any	ctor						the	organization			pensa	
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	fr	om th	ie
	related	stee c	ruste			pensa		(W-2/1099-MISC)				anizat	
	organizations below	ual tru	io nal 1		ploye	t com						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	IONS
	<u> </u>	=	=	0	¥	Ξ 0	4						
1b Subtotal								223,112.		0.		16,	560.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								223,112.		0.		16,	560.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			1
compensation from the organization												Yes	No
3 Did the organization list any former officer	. director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	ovee on				
line 1a? If "Yes," complete Schedule J for s			•	•	•		_		•		3		х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedule	J fo	or su	ıch r	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	· ·	-							•	ensa	tion fro	om	
the organization. Report compensation for	tne calendar ye	ear e	nain	ig w	itn c	or wi	tnin		ear.		10	• • • • • • • • • • • • • • • • • • • •	
(A) Name and business	address							(B) Description of s	ervices	С	(C ompei		n
INSPIRE ASSOCIATES INC., PO BOX 7533								·					
LESLIE STREET PO, TORONTO, CANADA								IT SUPPORT				213,	512.
SALESFORCE.ORG, DEPT #34293 PO BOX 39000,													
SAN FRANCISCO, CA 94139								CRM SOFTWARE SUPPO	RT		128,804.		

Form **990** (2020)

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

\$100,000 of compensation from the organization

Form 990 (2020)

MAKE-A-WIST

Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi					108,108.				
ons,			Government grants (contributions)	1e	100,100.				
utic		T	All other contributions, gifts, grants, and	I I	3 304 883				
ĕ			similar amounts not included above	1f	3,304,883. 153,027.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		2 412 001			
O g		h	Total. Add lines 1a-1f			3,412,991.			
			1 T T T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T		Business Code	1 406 006	1 406 006		
ce	2	а	AFFILIATE ASSESSMENTS		561000	1,496,886.	1,496,886.		
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			1,496,886.			
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			48,983.			48,983.
	4		Income from investment of tax-exen						
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)		•				
			` ' 	Securities	(ii) Other				
	-	_	assets other than inventory 7a	10,259.	. ,				
		h	Less: cost or other basis	,					
ø		~	and sales expenses 7b	8,346.					
her Revenue		_	Gain or (loss) 7c	1,913.					
eve			Net gain or (loss)			1,913.			1,913.
<u>~</u>			Gross income from fundraising events (r	I		=,520.			2,220.
	0	а							
Ò				-					
			contributions reported on line 1c). S						
		L	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising		·····				
	9	а	Gross income from gaming activities	I .					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac		·····				
	10	а	Gross sales of inventory, less return	I .					
			and allowances						
			Less: cost of goods sold						
\rightarrow		С	Net income or (loss) from sales of in	ventory					
တ					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cell Seve		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>		4,960,773.	1,496,886.	0.	50,896.

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).

D	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	46 704	46 704		
	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.	207,47
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	69,109.	23,552.	29,975.	15,58
9	Other employee benefits	85,419.	31,606.	35,416.	18,39
0	Payroll taxes	391,874.	117,039.	200,645.	74,19
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1,986.		1,986.	
С	Accounting	14,728.		14,728.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	364,684.			364,684
2	Advertising and promotion				
3	Office expenses	7,354.	3,075.	2,397.	1,882
4	Information technology	246,766.	116,064.	46,576.	84,126
5	Royalties				
6	Occupancy	61,132.	21,396.	25,065.	14,67
7	Travel	35,717.	13,247.	13,690.	8,780
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	210,609.	73,714.	86,349.	50,540
3	Insurance	9,536.	3,337.	3,910.	2,289
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMS	478,065.	478,065.		·
b	DUES & SUBSCRIPTIONS	218,049.	196,220.	814.	21,01
С	MISCELLANEOUS EXPENSE	62,602.	21,910.	25,667.	15,02
d	TRAINING	36,628.	31,759.	3,071.	1,79
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	4,792,966.	2,860,276.	1,052,233.	880,45
6	Joint costs. Complete this line only if the organization		_		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	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	413,13	
	4	Accounts receivable, net			30,744.	4	29,88
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Donat and a company of the design of the company			69,075.	9	106,84
	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	131,87
	11	Investments - publicly traded securities		601,588.	11	723,21	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	629,734.	15	645,25		
	16	Total assets. Add lines 1 through 15 (must ed			4,040,360.	16	4,646,77
	17	Accounts payable and accrued expenses			188,149.	17	363,03
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet			48,485.	21	
္က	22	Loans and other payables to any current or fo	rmer offic	er, director,			
≅		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
-	23	Secured mortgages and notes payable to unre	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties	108,116.	24	205,13
	25	Other liabilities (including federal income tax,	oayables [·]	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			1,199,791.	25	1,095,262
	26				1,544,541.	26	1,663,428
.		Organizations that follow FASB ASC 958, c	neck her	• ► X			
Se		and complete lines 27, 28, 32, and 33.					
a a	27	Net assets without donor restrictions			2,065,469.	27	2,223,430
8	28	Net assets with donor restrictions			430,350.	28	759,91
בַּ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
딘		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current fund				29	
sel	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
<u>ē</u>	32	Total net assets or fund balances		L	2,495,819.	32	2,983,344
	33	Total liabilities and net assets/fund balances			4,040,360.	33	4,646,772 Form 990 (202

Pa	rt 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							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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,							
	coluṃn (B))	10		2,	983,	344.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	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:					1		
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				1		
	consolidated basis, or both:					1		
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				l		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	۱.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit					
	Act and OMB Circular A-133?		L	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MAKE A WICH ECHNINATION INTERNATIONAL

Employer identification number

Da				N INTERNATIONAL				80-0720385
	rt I	Reason for Public C					ee instructions.	
Γhe	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	nization described in so	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C		,	•	, 0		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
7	Х	An organization that normal	-				•	oublic described in
'		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support ii	om a gove	minentai	unit of from the general p	dublic described in
			• •	dVAVi\ (Camandata Dan	. 11 \			
8	H	A community trust describe					and the second second	
9		An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to red	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c			, ,			
b		Type II. A supporting orga	-		tion with its	s supporte	d organization(s), by hav	vina
-		control or management of	· ·					-
		organization(s). You mus			arrio porco	110 11141 001	na or manago ano cap	501150
С		Type III functionally inte			in connect	tion with a	and functionally integrate	ad with
·		its supported organization					• •	with,
d		1						zation(a)
u		Type III non-functionally	=				· · · · · · · · · · · · · · · · · · ·	* *
		that is not functionally into	-		•		='	/eriess
		requirement (see instructi	•					
е		Check this box if the orga					Type i, Type ii, Type iii	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.		
Ť		r the number of supported o						
g		ride the following information Name of supported	about the supporte	d organization(s). (iii) Type of organization	I (iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) (11)	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
								1

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	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.
	Public support. Subtract line 5 from line 4.						22,219,891.
Sec	ction B. Total Support						
Cale	ndar 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,	•	,			12	7,835,151.
13	First 5 years. If the Form 990 is for the	-		•			. \Box
800	organization, check this box and stor						>
	ction C. Computation of Publi			- L (A)			74.47 %
	Public support percentage for 2020 (li					14	
15	Public support percentage from 2019					15	
10a	33 1/3% support test - 2020. If the content have The experience supplies	_					,
h	stop here. The organization qualifies 33 1/3% support test - 2019. If the o		•			or more, check thi	
U	and stop here. The organization qual						
179	10% -facts-and-circumstances test		•			and line 14 is 10% o	
17 a	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			-		_	. —
h	10% -facts-and-circumstances test	-	•	• • •	-		
,	more, and if the organization meets the	_					3/3 OI
	organization meets the facts-and-circu				-	-4:	
18	Private foundation. If the organization		-				
	ato roundationi ii ale organizatio	ala not oncor a l	55A 5H III 10 10, 10a	., . OD, 17a, OI 17D	, chook this box at	ia occ manachono	

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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.)

Se	ction A. Public Support						
Cale	ndar 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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•			
Se	check this box and stop here ction C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				10, 00141111 (1))		18	
	a 33 1/3% support tests - 2020. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Page 4

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

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

		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	00 04 00	O E21	2020

га	Terry Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	110		
	Mon 21 Type I capper and Cigamizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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	_		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	۵.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b		2h		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 0.11 0.11	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See Manager 1977)
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

M	AKE-A-WISH FOUNDATION INTERNATIONAL	86-0726985			
Organization type (check	ganization 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				
	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, stor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount in Complete Parts I and II.	or 16b, and that received from			
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,			
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo	•			
	t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
LHA For Paperwork Reduce	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			

Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION INTERNATIONAL

86-0726985

ı artı	Ochtributors (see instructions). Ose duplicate copies of Part III additional	space is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,050,043.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + 4	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$242,666.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION INTERNATIONAL

86-0726985

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

Employer identification number

Name of organization

art III	ISH FOUNDATION INTERNATIONAL Exclusively religious, charitable, etc., contribut	ons to organizations described in se	ection 501(c)(7), (8), or (10) that	86-0726985 total more than \$1.000 for the ve
	from any one contributor. Complete columns (a	through (e) and the following line en	trv. 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.)	\$
N - T	Use duplicate copies of Part III if additional	space is needed.		
No. om	(b) Purpose of gift	(c) Use of gift	(d) Descrir	otion of how gift is held
rt I	(b) Full pose of grit	(c) Use of gift	(u) Descrip	onon or now girt is neid
				
-		(a) Transfer of nif	I	
		(e) Transfer of gif	•	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	feror to transferee
No. om	4.5		() = .	
om art I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
		-		
⊢		·		
		(e) Transfer of gif	ı	
L	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	feror to transferee
No.				
om art I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
				
F			_	
		(e) Transfer of gif	İ	
L	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	feror to transferee
No.		,		
	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
om				
om irt I				
om irt I				
om art I				
No. om art I				
om art I				
om art I		(e) Transfer of gif	<u> </u>	
om art I		(e) Transfer of gif	<u> </u>	
om art I	Transferee's name, address, a			feror to transferee
om art I	Transferee's name, address, a		t Relationship of trans	feror to transferee
om irt I	Transferee's name, address, a			feror to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number 86 - 0726985

Pai			milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fun	ds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat	,	1	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year >	, ,	, ,	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	•			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enf	orcing conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.	-		
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(m)			
2	If the organization received or held works of art, historical treas	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

032051 12-01-20

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	t make sig	nificant u	se of its	,	,
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of the	he organ	nization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?	X	Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									X
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	: IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	j, column (a) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administer	red for the	organiza	ition	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	ed	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				131,752.		83,	413.		48,339.
	Other			1	,570,228.		1,486,	689.		83,539.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line 1	0c.)			▶	- :	131,878.

Schedule D (Form 990) 2020

Correction D (1 cm) coop Ecco	DATION INTERNATIONAL	86	-0726985 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(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"		11d. See Form 990, Part X, line 15.	
	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) lin Part X Other Liabilities.	e 15.)	>	645,258
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

(8) 1,095,262. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(4) (5) (6) (7)

Sche	dule D (Form 990) 2020 MAKE-A-WISH FOUNDATION INTERNATIONAL			86-0726985	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	its With F	Revenue per Re	turn.	
	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:				
а	Net unrealized gains (losses) on investments	2a	74,535.		
b	Donated services and use of facilities	2b	318,829.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-1,356,838.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	<u> </u>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,960,773.
	t XII Reconciliation of Expenses per Audited Financial Stateme			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	,		
		2c			
d	Other losses Other (Describe in Part XIII.)		-1,356,838.		
e		•		2e -	-1,038,009.
3				3	4,792,966.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	
-	Investment expenses not included on Form 990, Part VIII, line 7b	10			
a					
b	Other (Describe in Part XIII.) Add lines 4a and 4b			40	0.
_				4c 5	4,792,966.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			3	1,752,500.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1b c	and Oh: Dort V. line 4	· Dort V line 2: F	Port VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, Fait A, III le 2, F	art Ai,
111165	20 and 45, and Fart An, lines 20 and 45. Also complete this part to provide any addit	ionai imomi	ation.		
равл	IV, LINE 2B:				
	11, 2142 25.				
IN C	ERTAIN CASES, THE FOUNDATION MAY ACT AS AN AGENT FOR AN AFFILI.	ATED			
ORGA	NIZATION, THESE AGENCY TRANSACTIONS ARE TREATED AS PASS THROUG	H FUNDS			
AND	ARE CARRIED AS FUNDS HELD AS AGENT FOR AFFILIATES UNTIL THEY A	RE			
DTST	RIBUTED.				
PART	X, LINE 2:				
	Δ, ΕΙΝΕ Σ.				
тнг	FOUNDATION IS A NONPROFIT CHARITABLE ORGANIZATION WHICH QUALIF	TES AS A			
111111	FOUNDATION IS A NONEKOTII CHARITADDE ORGANIZATION WHICH QUADIF	IED AD A			
тах-	EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL RE	VENIIE			
IAA	EXEMIT OXIGATIZATION ONDER DECITOR SUI(C)(S) OF THE INTERNAL RE	VENOE			
CODE	(IRC) AND, ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE COR	PORATE			
	, INCOMPTION, NO INCOMPTON FOR PEDERAL OR STATE COR	_ 0141111			
TNCC	ME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENT	S THE			
-1100	IND DEEN INDE IN THE RECOMMITME FINANCIAL STATEMENT	~			
FOIIN	DATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UND	ER			
	Z Z			Cabadala D /Fa	000) 0000

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 for instructions and the latest information.

Inspection

Name of the organization

Form 990, Part IV, line 14b.

Employer identification number

MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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?

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

United States.	inbe in Part v the	organization's p	procedures for monitoring the use of its	s grants and other assistance out	side trie
3 Activities per Region. (TI (a) Region	(b) Number of offices in the region	I, line 3 table ca (c) Number of employees, agents, and independent contractors in the region	n be duplicated if additional space is n (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,	(f) Total expenditures for and investments in the region
EAST ASIA AND THE	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	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.
Subtotal Total from continuation sheets to Part I	0	0			1,211,541.
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

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 &					PROGRAM	
		CARIBBEAN	PROGRAM SERVICES	29,645.	WIRE	22,126.	TRAVEL/GOODS	FMV
		EAST ASIA & THE						
			PROGRAM SERVICES	40,086.	WIRE	459.	PROGRAM TRAVEL	FMV
				·				
		L						
		EAST ASIA & THE PACIFIC	PROGRAM SERVICES	1,053.	WIDE	180	PROGRAM GOODS	FMV
		TACIFIC	I ROGRAM BERVICES	1,055.	WIKE	100.	I KOGKAM GOODS	I II V
		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					PROGRAM	
			PROGRAM SERVICES	14,466.	 WIRE		TRAVEL/GOODS	FMV
				,		,		
		EAST ASIA & THE	DDOGDAM GEDVIGEG	1 046	MIDE	100	DDOGDAM GOODG	EMIZ
2 Enter total number of		PACIFIC	PROGRAM SERVICES recognized as charities by the	1,846.		180.	PROGRAM GOODS	FMV

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
 Enter total number of other organizations or entities

.....

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Schedule F (Form 990) 2020

Scriedule F (Form 990)								raye 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	1	(c) Region				non-cash	of non-cash	valuation (book, FM
	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		EAST ASIA & THE						
			DDOGDAM GEDVIGEG	20 460	MIDE	100	DDOGDAM GOODG	EM7
		PACIFIC	PROGRAM SERVICES	20,460.	MIKE	100.	PROGRAM GOODS	FMV
		EAST ASIA & THE					PROGRAM	
		PACIFIC	PROGRAM SERVICES	0.	WIRE	849.	TRAVEL/GOODS	FMV
		EAST ASIA & THE						
		PACIFIC	PROGRAM SERVICES	21,875.	WIRE	180.	PROGRAM GOODS	FMV
				,				
		EACH ACTA C MITE						
		EAST ASIA & THE		60.040	L	100		L
		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.	WTRE	180	PROGRAM GOODS	FMV
			2110011111 221111022	0,001.				
					L			L
		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
		FOROFE	L WOGUME SEVATORS	30,135.	MILL	100.	L WORVER GOODS	L LIA

scriedule i (FOITH 990)								rage i
Part II Continuation of	f Grants and Other I	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		EUROPE	PROGRAM SERVICES	48,462.	WIRE	180.	PROGRAM GOODS	FMV
				,				
							PROGRAM	
		EUROPE	PROGRAM SERVICES	138,719.	WIRE	5,899.	TRAVEL/GOODS	FMV
				-		-		
		EUROPE	PROGRAM SERVICES	19,879.	WIRE	180.	PROGRAM GOODS	FMV
				-				
							PROGRAM	
		EUROPE	PROGRAM SERVICES	40,607.	WIRE	583.	TRAVEL/GOODS	FMV
				,				
		EUROPE	PROGRAM SERVICES	11,369.	WIRE	180.	PROGRAM GOODS	FMV
				·				
		EUROPE	PROGRAM SERVICES	440.	WIRE	180.	PROGRAM GOODS	FMV
							PROGRAM	
		EUROPE	PROGRAM SERVICES	19,842.	WIRE	959.	TRAVEL/GOODS	FMV
				·				
		EUROPE	PROGRAM SERVICES	26,523.	WIRE	180.	PROGRAM GOODS	FMV
				, , ,				
		I	1	1	I	I	1	1

								Fage 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
(a) Name of organization	and EIN (if applicable)	(c) riegion	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		EUROPE	PROGRAM SERVICES	4,906.	WIRE	180.	PROGRAM GOODS	FMV
							PROGRAM	
		EUROPE	PROGRAM SERVICES	266,726.	WIRE	2,527.	TRAVEL/GOODS	FMV
		MIDDLE EAST &						
		NORTH AFRICA	PROGRAM SERVICES	86,905.	WTRE	180	PROGRAM GOODS	FMV
		MIDDLE EAST &						
		NORTH AFRICA	PROGRAM SERVICES	3,345.	WIRE	180.	PROGRAM GOODS	FMV
							PROGRAM	
		NORTH AMERICA	PROGRAM SERVICES	19,301.	WIRE	2,991.	TRAVEL/GOODS	FMV
							PROGRAM	
		SOUTH AMERICA	PROGRAM SERVICES	7,121.	WIDE	15 701	TRAVEL/GOODS	FMV
		BOOTH AMERICA	FROGRAM SERVICES	7,121.	WIKE	15,791.	TRAVEL/ GOODS	FHV
							PROGRAM	
		SOUTH AMERICA	PROGRAM SERVICES	13,149.	WIRE	9,003.	TRAVEL/GOODS	FMV
						·		
							PROGRAM	
		SOUTH AMERICA	PROGRAM SERVICES	7,016.	WIRE	9,003.	TRAVEL/GOODS	FMV
					L		PROGRAM	L
		SOUTH AMERICA	PROGRAM SERVICES	4,093.	WIRE	6,941.	TRAVEL/GOODS	FMV

Scriedule	e F (Form 990)		WISH FOUNDATION IN			00 072			Page 2	
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) Nan	ne 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)	
								PROGRAM		
			SOUTH AMERICA	PROGRAM SERVICES	3,099.	WIRE		TRAVEL/GOODS	FMV	
								PROGRAM		
			SOUTH AMERICA	PROGRAM SERVICES	2,158.	WIRE		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	
			l							

			tes. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Part III can be duplicated if a	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed. (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash	Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance

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	X 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	X No
	o.o. owner (see modulation for Forms doze and doze 7, don't me wan form dody		
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	X 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	X 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	X 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)	X Yes	☐ No

Schedule F (Form 990) 2020

Part V Supplemental Information

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.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2020 Open to Public

Inspection

Schedule I (Form 990) 2020

Name of the organization MAKE-A-WISH FOUNDATION INTERNATIONAL						Employer identification number 86-0726985	
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	stance? ocedures for monit	oring the use of grant	funds in the United	States.			Yes No
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	65,000. Part II can (b) EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. (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
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	- '		e line 1 table				1.

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

(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
Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columr	n (b); and any other ac	I Iditional information.	
T I, LINE 2:					
E-A-WISH FOUNDATION INTERNATIONAL (INTERNAT	IONAL) IS COMMITT	ED TO			
PORTING AFFILIATES' DETERMINATION FOR LONG	TERM SUSTAINABILI	TY.			
ERNATIONAL ACCEPTS GRANT APPLICATIONS OR AS	SISTANCE REQUESTS	FROM			
ILIATES FOR FUNDING THAT HELPS TO BUILD CAP	ACITY INTO THEIR				
ANIZATION, SPECIFICALLY IN REGARD TO PROGRA	M SERVICES. THES	E GRANT AND			
ISTANCE OPPORTUNITIES ARE AVAILABLE FOR AFF					
RATIONAL AND FINANCIAL NEED. A GRANT APPLI	CATION OR REQUEST	. 12			

032291 04-01-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Pai	t 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 de noncash contribu			s
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 (TRAVEL GOODS)	Х	8,757	59 569.	FAIR MARKET VALU	E		
26	Other DIFFUSION AD	Х	373	·	FAIR MARKET VALU			
27	Other (TRAVEL CREDIT)	X	38	· · · · · · · · · · · · · · · · · · ·	FAIR MARKET VALU			
28	Other (SPEAKER)	X	1	,	FAIR MARKET VALU			
29	Number of Forms 8283 received by the organization	ation during	the tay year for o	<u> </u>				
25	for which the organization completed Form 828	-						
	To which the organization completed from 626	o, rait v, b	once Acknowledg	CITICIL <u>23 </u>			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	nh 28 that it		103	140
ooa	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			· ·		30a		х
b	If "Yes," describe the arrangement in Part II.					ooa		
31	Does the organization have a gift acceptance p	olicy that re	auires the review (of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties of	-	· · ·	•		ان ا		
JŁa			~	•		32a		x
h	contributions? If "Yes," describe in Part II.					0Za		
33	If the organization didn't report an amount in co	olumn (a) far	r a type of property	for which column (a) is sho	cked			
33	describe in Part II.	Juli (C) 101	a type of property	nor willou column (a) is the	undu,			
	accompo in i ait ii.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number 86-0726985

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.

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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;	

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

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.	Name of the organization MAKE-A-WISH FOUNDATION INTERNATIONAL	Employer identification number 86-0726985
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.	FORM 990, PART VI, SECTION C, LINE 19:	
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.	THE FOUNDATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF	
DESIGNATED FUNDS TO AFFILIATES - REVENUE -1,356,838. DESIGNATED FUNDS TO AFFILIATES - EXPENSE 1,356,838. CHANGE DUE TO PRIOR PERIOD RESTATEMENT 245,183.	INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
DESIGNATED FUNDS TO AFFILIATES - REVENUE -1,356,838. DESIGNATED FUNDS TO AFFILIATES - EXPENSE 1,356,838. CHANGE DUE TO PRIOR PERIOD RESTATEMENT 245,183.		
DESIGNATED FUNDS TO AFFILIATES - EXPENSE 1,356,838. CHANGE DUE TO PRIOR PERIOD RESTATEMENT 245,183.	FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE DUE TO PRIOR PERIOD RESTATEMENT 245,183.	DESIGNATED FUNDS TO AFFILIATES - REVENUE -1,356,838.	
	DESIGNATED FUNDS TO AFFILIATES - EXPENSE 1,356,838.	
TOTAL TO FORM 990, FART XI, LINE 9 245,183.	CHANGE DUE TO PRIOR PERIOD RESTATEMENT 245,183.	
	TOTAL TO FORM 990, PART XI, LINE 9 245,183.	