Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A I	For the	e 2021 calendar year, or tax year beginning SI	EP 1, 2021 and	ending A	UG 31, 202	22	
	Check if applicable	MAKE-A-WISH FOUNDATION OF CENTRAL	AND		D Employ	er identific	cation number
	Addre chang	SS WESTERN NORTH CAROLINA, INC.					
	Name chang	Doing business as			56-	1492432	
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telepho	ne numbei	r
F	Final return	217 E TREMONT AVE	,			339-0334	
	termir ated	- City or town, state or province, country, and	ZIP or foreign postal code		G Gross rece	ipts\$	9,403,689.
	Amen return		3 1		H(a) Is this		eturn
Г	Applic	F Name and address of principal officer: KATHI	ERINE JETTON		1	bordinates	
	pendi	SAME AS C ABOVE					cluded? Yes No
T-	Tax-ex	empt status: X 501(c)(3) 501(c) ()	◄ (insert no.) 4947(a)(1)	or 527			list. See instructions
		te: WWW.NC.WISH.ORG	(<u> </u>	1 '		n number 🕨
			ssociation Other	1 Year	of formation:		1 State of legal domicile: NC
	art I	Summary		12 .00.	01 1011114110112		- Otato or logal dominio.
	1	Briefly describe the organization's mission or most	significant activities: TOGETH	ER, WE CF	REATE		
Governance		LIFE-CHANGING WISHES FOR CHILDREN WITH					
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of	its net ass	sets.
Ver	3	Number of voting members of the governing body	3	17			
ဗိ	4	Number of independent voting members of the gov		17			
ა ბ	1	Total number of individuals employed in calendar y					30
ij	6	Total number of volunteers (estimate if necessary)					150
Activities	7 a	Total unrelated business revenue from Part VIII, co		0.			
Ă	b	Net unrelated business taxable income from Form					0.
			, ·, · · · · · · · · · · · · ·		Prior Ye		Current Year
	8	Contributions and grants (Part VIII, line 1h)				83,789.	5,925,530.
Revenue	9	D (D (1)(III I: 0.)			<u>, , , , , , , , , , , , , , , , , , , </u>	0.	300.
Ş	10	Investment income (Part VIII, column (A), lines 3, 4,				53,459.	136,055.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				18,729.	-64,248.
		Total revenue - add lines 8 through 11 (must equal				18,519.	5,997,637.
		Grants and similar amounts paid (Part IX, column (76,119.	2,274,334.
	14	Benefits paid to or for members (Part IX, column (A		, , , , , , , , , , , , , , , , , , ,	0.	0.	
	45	Salaries, other compensation, employee benefits (F			1,3	52,719.	1,653,546.
ses	16a	Professional fundraising fees (Part IX, column (A), li			,	165.	4,275.
Expenses	h	Total fundraising expenses (Part IX, column (D), line					,
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,	· - · / • <u> · · · · · · · · · · · · · · · · · </u>		6	54,889.	721,730.
		Total expenses. Add lines 13-17 (must equal Part I)				.83,892.	4,653,885.
		Revenue less expenses. Subtract line 18 from line			<u>-</u>	34,627.	1,343,752.
	1	Tievenius 1995 expenieser eustraet inne ve mein inne		Be	ginning of Cui		End of Year
ets (20	Total assets (Part X, line 16)		-3		51,207.	8,789,526.
ASS	21	Total liabilities (Dort V. line OC)				42,310.	1,872,141.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from				.08,897.	6,917,385.
Pa	art II	Signature Block			· · ·	· · ·	
Und	er pena	Ilties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the	e best of my	knowledge and belief, it is
	-	t, and gomplete. Die Park Won of preparer (other than office			has any know	ledae.	·
		L GLENN TIMIN			7	7/5/202	3
Sig	n	Signature of officer D17303FCC8C24D6			Dat	:e	
Her		GLENN TYNAN, BOARD TREASURER					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature] [Date	Check	PTIN
Paid	j	MELISSA HANGSLEBEN	MELISSA HANGSLEBEN	О	7/04/23	if self-employ	P02087031
	parer	Firm's name CLIFTONLARSONALLEN LLP	•	L	Firr	n's EIN ▶	41-0746749
_	Only	Firm's address 20 EAST THOMAS ROAD, SUI	TE 2300		1		
	•	PHOENIX, AZ 85012			Pho	one no. (60	2) 266-2248
May	, the li	RS discuss this return with the preparer shown abo	ve? See instructions		1.110		X Ves No

MAKE-A-WISH FOUNDATION OF CENTRAL AND

Form	990 (2021) WESTERN NORTH CAROLINA			56-1492432	Page 2
Pa	t III Statement of Program Service Accom				
	Check if Schedule O contains a response or note to	o any line in this Part III			Х
1	Briefly describe the organization's mission:				
	THE MAKE-A-WISH FOUNDATION OF CENTRAL & WI		CREATES		
	LIFE-CHANGING WISHES FOR CHILDREN WITH CR	ITICAL ILLNESSES.			
2	Did the organization undertake any significant program s	services during the year which	ch 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 signification	ant changes in how it conduc	cts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplish	ments for each of its three la	argest program services, as mea	asured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required	d to report the amount of gra	ants and allocations to others, t	he total expenses, ar	nd
	revenue, if any, for each program service reported.				
4a	(Code:) (Expenses \$ 3,538,979.	including grants of \$	2,274,334.) (Revenue \$		300.
	SEE SCHEDULE O.				
	-				
	-				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	n				
4c	(Code:) (Expenses \$	including grants of C) (Revenue \$		
70	(Code:) (Expenses \$	including grants of \$		-	
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including grants of \$	3) (Revenue \$)	
4e		,538,979.		,	
	· · ·			Form 9	90 (2021)

Part IV | Checklist of Required Schedules

Form 990 (2021)

WESTERN NORTH CAROLINA, INC.

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Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V Х 10 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, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 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 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

132003 12-09-21

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
		22	x	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		200		x
L	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l _x
	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Α	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		Гоим	990	(0001

WESTERN NORTH CAROLINA, INC. Page 5 Form 990 (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required **d** If "Yes," indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. **a** Did the sponsoring organization make any taxable distributions under section 4966? 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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 Section 501(c)(29) qualified nonprofit health insurance issuers. **a** Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х If "Yes," see the instructions and file Form 4720, Schedule N. x Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 17 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. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on 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 х **12**a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JACQUELINE HOWELLS - 704-339-0334 217 E TREMONT AVE, CHARLOTTE, NC 28203

MAKE-A-WISH FOUNDATION OF CENTRAL AND

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do	not o	Pos	ition	l than c	nno	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dii	98			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ا پير	suedi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	iona) ploy	t con	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) KATHERINE JETTON	40.00	_	-	0	Ť	⊥ 8	Н			
PRESIDENT & CEO		1		х				188,736.	0.	14,909
(2) TERRI ZANDHUIS	2.00							·		,
CHAIR		х		х				0.	0.	0
(3) STEVE BARUCH	2.00									
VICE CHAIR		х		х				0.	0.	0
(4) GLENN TYNAN	2.00									
TREASURER		Х		Х				0.	0.	0
(5) WENDY BARNES	2.00									
SECRETARY		Х		Х				0.	0.	0
(6) PETER SMUL	1.00									
DIRECTOR		Х						0.	0.	0
(7) CHRISTINE BOLEN	1.00	_								
DIRECTOR		Х						0.	0.	0
(8) AMANDA STOPHEL	1.00	_								
DIRECTOR		Х						0.	0.	0
(9) GEORGE JURCH	1.00									
DIRECTOR		Х						0.	0.	0
(10) ABHISHEK RATANI	1.00]								
DIRECTOR		Х						0.	0.	0
(11) CAROLYN ROACH	1.00	1								
DIRECTOR		Х						0.	0.	0
(12) KARL DOERRE	1.00									
DIRECTOR		Х						0.	0.	0
(13) LEIGHA SMITH	1.00									
DIRECTOR		Х						0.	0.	0
(14) TIMITRA HILDEBRAND-JONES	1.00									
DIRECTOR		х						0.	0.	0
(15) TRENT HASTON	1.00									
DIRECTOR		Х						0.	0.	0
(16) WHITNEY TROUT	1.00									
DIRECTOR		Х						0.	0.	0
(17) VANESSA HEISKELL	1.00									
DIRECTOR		Х						0.	0.	0

Form 990 (2021) WESTERN NORTH CAROLINA, INC. 56-1492432 Page 8

Name and title Average hours per veget, first any provided by the compensation of the	Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Total from continuation sheets to Part VII, Section A 188,735 0, 14,909						(0	C)							(F)	
Pour Park Section Se		Name and title	1	(do					one	Reportable	Reportable				ed
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 188,736,	DIRE	CTOR		Х						0.		0.			<u> </u>
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		Name and business	address	NO	NE				_	Description of s	ervices		ompe	nsatio	n
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		Total number of independent contractors (- السام المصالح	a II	n:+	1 +	th	ا عال ما	ا	ahaya) who were in each are	ve then				
	2			JUII	ııııec	10			ı c u	above) who received mo	ne ulali				

WESTERN NORTH CAROLINA, INC.

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 40,699 1a 1 a Federated campaigns 1b **b** Membership dues 2,203,817. c Fundraising events 1c d Related organizations 1d 790,570. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,890,444 similar amounts not included above 1f 875,538, g Noncash contributions included in lines 1a-1f 5,925,530, h Total. Add lines 1a-1f **Business Code** 2 a WISH ASSIST FEE 900099 300. 300 Program Service Revenue b f All other program service revenue 300 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 68,357. 68,357. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,980,194 assets other than inventory **b** Less: cost or other basis 2,912,496. Revenue and sales expenses c Gain or (loss) 67,698. 67,698. d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ 2,203,817. of contributions reported on line 1c). See Part IV, line 18 417,100 493 556. b Less: direct expenses -76,456. -76,456. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 900099 12,208. 12,208 d All other revenue 12,208 e Total. Add lines 11a-11d 5,997,637. 300 71,807. Total revenue. See instructions

132009 12-09-21

Form 990 (2021) WESTERN NORTH CAROLINA, INC.

Part IX | Statement of Functional Expenses

56-1492432

Page **10**

Do not inc	Check if Schedule O contains a response clude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	ts and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21				
	nts and other assistance to domestic	2,274,334.	2,274,334.		
	viduals. See Part IV, line 22nts and other assistance to foreign	2,274,334.	2,274,334.		
	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	ppensation of current officers, directors,				
	tees, and key employees	225,147.	122,705.	47,281.	55,161
	pensation not included above to disqualified	,	,	,	,
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)				
	er salaries and wages	1,231,014.	670,904.	258,512.	301,598
	sion plan accruals and contributions (include	·	-	•	•
	on 401(k) and 403(b) employer contributions)	17,183.	9,365.	3,608.	4,210
	er employee benefits	77,573.	42,277.	16,291.	19,005
	roll taxes	102,629.	55,933.	21,552.	25,144
	s for services (nonemployees):				
a Man	agement				
	al	350.		350.	
	ounting	78,256.		78,256.	
	bying				
	essional fundraising services. See Part IV, line 17	4,275.			4,275
f Inve	stment management fees	31,244.		31,244.	
	er. (If line 11g amount exceeds 10% of line 25,				
colur	mn (A), amount, list line 11g expenses on Sch O.)	23,358.	9,093.	3,162.	11,103
2 Adve	ertising and promotion	2,055.			2,055
3 Offic	ce expenses	82,348.	53,466.	10,346.	18,536
	rmation technology	44,852.	9,950.	6,501.	28,401
5 Roya	alties				
6 Occi	upancy	27,662.	15,076.	5,809.	6,777
7 Trav	rel	11,267.	1,994.	4,880.	4,393
8 Payr	ments of travel or entertainment expenses				
for a	any federal, state, or local public officials				
9 Con	ferences, conventions, and meetings	11,155.	770.	513.	9,872
0 I nter		40,641.	22,149.	8,535.	9,957
	ments to affiliates				
2 Dep	reciation, depletion, and amortization	74,570.	40,640.	15,660.	18,270
	rance	70.	38.	15.	17
abov line 2	r expenses. Itemize expenses not covered e. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), unt, list line 24e expenses on Schedule 0.)				
	PTER DUES	292,062.	210,285.	43,809.	37,968
	CHANT FEES	1,840.	,	,	1,840
с —		, -			, , , , , , , , , , , , , , , , , , ,
d					
	other expenses				
	I functional expenses. Add lines 1 through 24e	4,653,885.	3,538,979.	556,324.	558,582
	t costs. Complete this line only if the organization	, , ,	, ,	, -	,
	rted in column (B) joint costs from a combined				
	ational campaign and fundraising solicitation.				
	k here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X | Balance Sheet WESTERN NORTH CAROLINA, INC. 56-1492432

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Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			890,045.	1	505,031
	2	Savings and temporary cash investments			1,579,677.	2	2,155,359
	3	Pledges and grants receivable, net			344,573.	3	924,765
	4				66,089.	4	63,014
	5	Loans and other receivables from any curren	t or forme	r officer, director,			
		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
ള	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	37,195.	8	3,922		
¥	9	Donate in the second state and the second			156,048.	9	269,757
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	2,304,925.			
	b	Less: accumulated depreciation	10b	317,492.	2,027,512.	10c	1,987,433
	11	Investments - publicly traded securities	2,986,667.	11	2,786,236		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			63,401.	15	94,009
	16	Total assets. Add lines 1 through 15 (must e			8,151,207.	16	8,789,526
	17	Accounts payable and accrued expenses			286,676.	17	457,455
	18	Grants payable		18			
	19	Deferred revenue	57,343.	19	68,555		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
ွှ	22	Loans and other payables to any current or f	ormer offic	er, director,			
≝		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
-	23	Secured mortgages and notes payable to un	related thi	rd parties	1,374,522.	23	1,266,023
	24	Unsecured notes and loans payable to unrela	ated third	oarties	282,600.	24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			41,169.	25	80,108
	26	Total liabilities. Add lines 17 through 25			2,042,310.	26	1,872,141
		Organizations that follow FASB ASC 958, or	check her	e ▶ X			
Se		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			5,746,851.	27	6,290,835
Ba	28	Net assets with donor restrictions		<u></u>	362,046.	28	626,550
밀		Organizations that do not follow FASB AS	C 958, che	eck here 🕨 🔲			
년		and complete lines 29 through 33.					
၀ ၂	29	Capital stock or trust principal, or current fur				29	
ise	30	Paid-in or capital surplus, or land, building, o	r equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income,	or other funds		31	
ē	32	Total net assets or fund balances			6,108,897.	32	6,917,385
	33	Total liabilities and net assets/fund balances			8,151,207.	33	8 , 789 , 526 Form 990 (202

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

WESTERN NORTH CAROLINA, INC. 56-1492432 Page **12** Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 5,997,637, Total revenue (must equal Part VIII, column (A), line 12) 2 4,653,885, 2 Total expenses (must equal Part IX, column (A), line 25) 1,343,752 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6,108,897. 4 -584,560. 5 Net unrealized gains (losses) on investments 5 49,296. 6 6 Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 6,917,385. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

MAKE-A-WISH FOUNDATION OF CENTRAL AND

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

WESTERN NORTH CAROLINA INC. 56-1492432 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (vi) Amount of other (iii) Type of organization (v) Amount of monetary in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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WESTERN NORTH CAROLINA, INC.

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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.)

	fails to qualify under the tests	s listed below, pleas	se complete Part II	1.)			
	ction A. Public Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,232,126.	5,734,847.	3,744,108.	3,583,789.	5,925,530.	25,220,400.
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	6,232,126.	5,734,847.	3,744,108.	3,583,789.	5,925,530.	25,220,400.
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)						
	Public support. Subtract line 5 from line 4.						25,220,400.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6,232,126.	5,734,847.	3,744,108.	3,583,789.	5,925,530.	25,220,400.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	01 560	26.452	42 261	20.000	60 355	061 040
	and income from similar sources	81,769.	36,453.	43,361.	32,000.	68,357.	261,940.
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	676 070	407 442	224 710	107 015	420 200	1 056 363
	assets (Explain in Part VI.)	676,979.	407,442.	334,718.	107,915.	429,308.	1,956,362.
	Total support. Add lines 7 through 10		>			40	12,600.
12	Gross receipts from related activities,					12	12,000.
13	First 5 years. If the Form 990 is for the	J	st, second, triird, i	ourtin, or illtin tax ye	ear as a section of	JT(C)(3)	. □
Sec	organization, check this box and stop ction C. Computation of Publi		centage				
	Public support percentage for 2021 (I			olumn (f))		14	91.92 %
	Public support percentage from 2020					15	91.90 %
	33 1/3% support test - 2021. If the						
100	stop here. The organization qualifies						► V
h	33 1/3% support test - 2020. If the		•			or more, check thi	
	and stop here. The organization qual	•					
172	10% -facts-and-circumstances test	• •				nd line 14 is 10% o	
	and if the organization meets the fact	•					
	meets the facts-and-circumstances te		,	-	•	VI now the organiz	▶
h	10% -facts-and-circumstances test	•		, , ,		7a and line 15 is 1	 10% or
i.	more, and if the organization meets the	•					. 570 01
	organization meets the facts-and-circle				•		
18	Private foundation. If the organization			•			
-10	i invate roundation. It the organization	an ala not oncon a l	557 OF III 6 10, 100	i, 100, 11a, 01 110,	OFFICER HITS DUX AL	ia see instructions	

Schedule A (Form 990) 2021

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WESTERN NORTH CAROLINA, INC.

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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.)

	ilify under the tests listed be Public Support	łlow, please comp	olete Part II.)				
	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ts, contributions, and		, ,	, ,		, ,	• •
	ip fees received. (Do not						
include an	y "unusual grants.")						
merchandi formed, or any activity	sipts from admissions, se sold or services perfacilities furnished in that is related to the on's tax-exempt purpose						
3 Gross rece	eipts from activities that						
are not an	unrelated trade or bus-						
iness unde	er section 513						
ization's be	ues levied for the organ- enefit and either paid to ed on its behalf						
•	of services or facilities						
	by a governmental unit to			1		1	
	zation without charge						
-	lines 1 through 5			1		1	
	ncluded on lines 1, 2, and						
	from disqualified persons						
b Amounts inclu from other that exceed the gre	ded on lines 2 and 3 received n disqualified persons that eater of \$5,000 or 1% of the a 13 for the year						
	a and 7b						
8 Public sup	pport. (Subtract line 7c from line 6.) otal Support						
			T #10040	1 ,,,,,,,,	T (1) 0000	1 () 0004	(0.7.1
	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10a Gross inco dividends, securities I	rom line 6 me from interest, payments received on oans, rents, royalties, e from similar sources						
b Unrelated bu	usiness taxable income						
•	n 511 taxes) from businesses er June 30, 1975						
	I0a and 10b						
activities n	e from unrelated business ot included on line 10b, not the business is arried on						
12 Other inco or loss from	me. Do not include gain n the sale of capital olain in Part VI.)						
` '	rt. (Add lines 9, 10c, 11, and 12.)						
14 First 5 year	rs. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
check this	box and stop here	<u></u>					>
Section C. C	Computation of Public	Support Per	rcentage				
15 Public sup	port percentage for 2021 (li	ne 8, column (f), c	divided by line 13, o	column (f))		15	%
16 Public sup	port percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. C	Computation of Inves	tment Income	e Percentage				
17 Investmen	t income percentage for 20:	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investmen	t income percentage from 2	2020 Schedule A,	Part III, line 17			18	9
	upport tests - 2021. If the					3 1/3%, and line 1	7 is not
	33 1/3%, check this box an						▶□
	upport tests - 2020. If the						nd
line 18 is n	ot more than 33 1/3%, chec	k this box and s f	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	
	undation. If the organization						

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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")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	Eh		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
dule	A (Forn	n 990)	2021

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age !

Par	t IV Suppor	ting Organizations (continued)			
				Yes	No
11	Has the organiza	ation accepted a gift or contribution from any of the following persons?			
а	A person who di	rectly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the g	overning body of a supported organization?	11a		
b	A family member	r of a person described on line 11a above?	11b	igsqcup	
С	A 35% controlled	d entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec [.]	tion B. Type I	Supporting Organizations			
				Yes	No
1		g body, members of the governing body, officers acting in their official capacity, or membership of one or			
		organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ted, supervised, or controlled the organization's activities. If the organization had more than one supported			
	, ,	scribe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	igwdown	
2	•	tion operate for the benefit of any supported organization other than the supported			
		nat operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		viding such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or co	ontrolled the supporting organization.	2	ш	
Sec	tion C. Type i	I Supporting Organizations		<u> </u>	
				Yes	No
1		of the organization's directors or trustees during the tax year also a majority of the directors			
		ch of the organization's supported organization(s)? If "No," describe in Part VI how control			
	•	of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported or	ganization(s). De III Supporting Organizations	1		
000		oc in Supporting Organizations		Vaa	N _a
4	Did the organiza	tion provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1		tion provide to each of its supported organizations, by the last day of the fifth month of the x year, (i) a written notice describing the type and amount of support provided during the prior tax			
		of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		overning documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	-	r (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		maintained a close and continuous working relationship with the supported organization(s).	2		
3	U	relationship described on line 2, above, did the organization's supported organizations have a	_		
_		in the organization's investment policies and in directing the use of the organization's			
	-	s at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		izations played in this regard.	3		
Sec	tion E. Type I	II Functionally Integrated Supporting Organizations			
1	Check the box n	ext to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organ	ization satisfied the Activities Test. Complete line 2 below.			
b	The organ	ization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organ	ization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. A	Answer lines 2a and 2b below.		Yes	No
а	•	all of the organization's activities during the tax year directly further the exempt purposes of			
		ganization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supporte	d organizations and explain how these activities directly furthered their exempt purposes,			
	how the organiza	ation was responsive to those supported organizations, and how the organization determined			
		ies constituted substantially all of its activities.	2a		
b		described on line 2a, above, constitute activities that, but for the organization's involvement,			
		ne organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reason	ons for the organization's position that its supported organization(s) would have engaged in			
_		ut for the organization's involvement.	2b		
3		rted Organizations. Answer lines 3a and 3b below.			
а	_	tion have the power to regularly appoint or elect a majority of the officers, directors, or			
_		of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	_	tion exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported	organizations? If "Yes " describe in Part VI the role played by the organization in this regard	l 3b	1 /	

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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	ılly integrate	ed Type III supporting organ	nization (see

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instructions).

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Par	Part 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		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3_	Administrative expenses paid to accomplish exempt purpose	3	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 2021 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	Underdistributior Pre-2021	ıs	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i_	Carryover from 2016 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018 Excess from 2019						
	Excess from 2019 Excess from 2020						
	Excess from 2020						
e	LAGGOOD HOTH AUA I						

Schedule A (Form 990) 2021

Part VI

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC. 56-1492432 Schedule A (Form 990) 2021 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: GROSS FUNDRAISING REVENUE 2017 AMOUNT: \$ 631,867. 2018 AMOUNT: \$ 388,659. 2019 AMOUNT: \$ 276,638. 2020 AMOUNT: \$ 94,199. 2021 AMOUNT: \$ 417,100. GROSS GAMING REVENUE 2017 AMOUNT: \$ 18,402. 2018 AMOUNT: \$ 14,410. 2019 AMOUNT: \$ 39,580. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 0. OTHER REVENUE 2017 AMOUNT: \$ 26,710. 2018 AMOUNT: \$ 4,373. 2019 AMOUNT: \$ 18,500. 2020 AMOUNT: \$ 13,716. 2021 AMOUNT: \$ 12,208.

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC.

Employer identification number

56-1492432

Organization type (check one):						
Filers of:		Section:				
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
Х	sections 509(a)(1) are contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions as is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively are tec., contributions totaling \$5,000 or more during the year				
answer "	'No" on Part I V, line 2	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2021)

 Schedule B (Form 990) (2021)
 Page 2

Name of organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC.

56-1492432

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAKE-A-WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE STE 400 PHOENIX, AZ 85016	\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GIVE KIDS THE WORLD 210 S BASS RD KISSIMEE, FL 34746	\$ 303,480.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$\$	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
4	U.S. DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVE., NW WASHINGTON, DC 20220	\$ 507,970.	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	QUILITY 204 WHITSON AVE STE 2C SWANNANOA, NC 28778	\$\$	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
6	CHICK-FIL-A 7910 REA RD CHARLOTTE NC 28277	\$\$	Person X Payroll Noncash (Complete Part II for

123452 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)
Page 2

	<u> </u>
Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF CENTRAL AND	
WESTERN NORTH CAROLINA, INC.	56-1492432

Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE ESTATE OF RONALD MELTON 330 LAKE DRIVE WINSTON-SALEM, NC 27107	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No₊	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions

123452 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **3**

Name of organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC.

56-1492432

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	TRAVEL, M&E, SUPPLIES		
1			
		\$ 16,349.	08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION		
		\$\$	08/31/22
(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
		\$	

Schedule B (Form 990) (2021)

Name of organization **Employer identification number** MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC. 56 - 1492432Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

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

2021
Open to Public

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1492432

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring			
	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreati	on or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c			
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	re			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization 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, inspection, handling of				
	violations, and enforcement of the conservation easements it l	holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation easements during the year			
						
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, and enforcing conservat	ion easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	n)(4)(B)(i)			
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 stateme	ents that describes the			
	organization's accounting for conservation easements.	A	0: :1 4			
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.			
	Complete if the organization answered "Yes" on Form 9					
1a	If the organization elected, as permitted under FASB ASC 958					
	of art, historical treasures, or other similar assets held for publ		•			
	service, provide in Part XIII the text of the footnote to its finance					
b	If the organization elected, as permitted under FASB ASC 958	•				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
			·			
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under FASB AS	_				
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X		\$			

132051 10-28-21

Schedule D (Form 990) 2021

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

3 Using the organization and explain the provision of th			RTH CAROLINA, II						56-149		Page 2
a Public shabition d Loan or exchange program	Par	t III Organizations Maintaining C	collections of Ar	t, Histor	ical Tre	asures, or	Other S	imilar	Assets	(continu	ued)
a Public shabition d Loan or exchange program	3	Using the organization's acquisition, accessi	on, and other record	s, check ar	ny of the fo	ollowing that n	nake signi	ficant us	se of its		
a Public exhibition d Loan or exchange program c Provide a description of the ungarizations c Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization analysed. Trustee, custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization analysed. 1b If "Yes." explain the arrangement in Part XIII and complete the following table:			,	,	,	3	3				
b Scholarly research e Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? ▼Yes No Part WI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ▼Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: ★Amount 1. □ Beginning balance □ 1. □ Beginning balance □ 1. □ Did the organization include an amount on Form 990, Part X, line 21, for escrow or oustodial account liability? ▼Yes No If "Yes," asplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ■ ▼Yes No If "Yes," asplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ■ ▼Yes No If "Yes," asplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ■ ▼Yes No If Yes, asplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ■ ▼Yes No If Yes No	а		d	. 🗀 10	an or excl	nange program	า				
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection's and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 to be sold to raise funds rather than to be maintained as part of the organization answered 'Yee' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agant, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 1			_				•				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical breasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part XX, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning belance 2d Additions during the year 1 Ending belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1a Seginning of year belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1c Net investment earnings, gains, and losses 1d Grants or scholarships 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-indowment 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-indowment 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-indowment 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-indowment 2 Provide the destimated percentage of the current year end balance (line 1g, column (a)) held as: 3a(i) Sul			•	; Oi							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No	_		allastians and avalair	- have thave	fi wtb ov tb	o overni-otion	'a avanant		a in Dort '	VIII	
Describe sold to raise funds rather than to be maintained as part of the organization's collection? Ves No			· ·	-		-	· ·		e in Part .	AIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or It Id	5			•		*			_	1	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c	Dat										No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the o	rganizatior	n answered "Y	es" on Fo	rm 990,	Part IV, I	ine 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Armount		•	· · · · · · · · · · · · · · · · · · ·								
B I Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a			-						-	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b If Yes, axplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.		on Form 990, Part X?							L	Yes	∟ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasis-indowment % b Permanent endowment % b Permanent endowment % c Term endowment Mausis-index organization into the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ives in both in a 3a(ii), are the related organization is endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (investment) (c) Accumulated (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (e) Equipment (f) Equipment (f) Equipment (g) Cost or other basis (investment) (g) Equipment (g) Cost or other basis (investment) (g) Equipment (g) Cost or other basis (investment) (g) Accumulated (g) Book value depreciation (g) Book	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	le:						
d Additions during the year E Distributions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Part V Endowment Funds										Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization and years back on the organization that are held and administered for the organization by: [a) Comparison of the organization of the organization that are held and administered for the organization by: [b) Comparison of the organization of the organization sendowment funds not in the possession of the organization that are held and administered for the organization by: [b) If 'ves' on line 3dii, are the related organizations listed as required on Schedule R? [c) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. [a) Cost or other basis (investment) basis (other) depreciation [b) Cost or other basis (investment) basis (other) depreciation [c) Accumulated depreciation [c) Accumulated depreciation [d) Equipment (d) Book value basis (investment) basis (other) depreciation [d) Equipment (d) Book value basis (investment) basis (other	С	Beginning balance						1c			
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the organization and years back on the organization that are held and administered for the organization by: [a) Comparison of the organization of the organization that are held and administered for the organization by: [b) Comparison of the organization of the organization sendowment funds not in the possession of the organization that are held and administered for the organization by: [b) If 'ves' on line 3dii, are the related organizations listed as required on Schedule R? [c) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. [a) Cost or other basis (investment) basis (other) depreciation [b) Cost or other basis (investment) basis (other) depreciation [c) Accumulated depreciation [c) Accumulated depreciation [d) Equipment (d) Book value basis (investment) basis (other) depreciation [d) Equipment (d) Book value basis (investment) basis (other	d	Additions during the year						1d			
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Bit P'Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four years ba										Ves	□ Nc
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four yea							-			-	= "
Contributions Contribution											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶								Three ve	ars hack	(a) Four	vears hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			(a) Ourrent year	(10) 1 110	л усаг	(C) Two years	Dack (a)	Till GC yC	ars back	(e) i oui	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
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and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1 1764,830, 171,649, 1,593,181, c Leasehold improvements c Leasehold improvements d Equipment 6 2,3339, 50,323, 13,016,	е	Other expenditures for facilities									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
Board designated or quasi-endowment	2	•	rent vear end balance	e (line 1a. c	column (a)	held as:	•				
b Permanent endowment ▶	а	·	•	,	(),						
Term endowment ▶											
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 5a(ii) Related organizations 5a(ii) Related organizations 5a(ii) Related organizations 6a(iii) Related organizations 7a(iii) Porture organizations 7a(iii		• —									
Are there endowment funds not in the possession of the organization that are held and administered for the organization Ves No	·		• * *								
Ves No	20			ation that a	ro hold an	d administore	d for the c	raanizat	ion		
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(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 340,000. 340,000. 340,000. b Buildings 1,764,830. 171,649. 1,593,181. c Leasehold improvements d Equipment 63,339. 50,323. 13,016.		•									140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 340,000. b Buildings 1,764,830. 171,649. 1,593,181. c Leasehold improvements d Equipment 20ther 136,756. 95,520. 41,236. e Other											-+
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 5 Buildings 1,764,830, 171,649, 1,593,181, c Leasehold improvements d Equipment 6 Other 136,756, 95,520, 41,236, e Other	b	-								_ 3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				wment fun	ds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 340,000. 340,000. 340,000. 1,764,830. 171,649. 1,593,181. 1,593,181. 1,236. <th>Par</th> <th></th>	Par										
basis (investment) basis (other) depreciation 1a Land 340,000. 340,000. b Buildings 1,764,830. 171,649. 1,593,181. c Leasehold improvements 4 Equipment 136,756. 95,520. 41,236. e Other 63,339. 50,323. 13,016.		Complete if the organization answere	d "Yes" on Form 990), Part IV, li	ne 11a. Se	ee Form 990, I	Part X, line	e 10.			
1a Land 340,000. 340,000. b Buildings 1,764,830. 171,649. 1,593,181. c Leasehold improvements 136,756. 95,520. 41,236. e Other 63,339. 50,323. 13,016.		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accı	umulated	d	(d) Book	value
b Buildings 1,764,830. 171,649. 1,593,181. c Leasehold improvements 3136,756. 95,520. 41,236. e Other 63,339. 50,323. 13,016.			basis (investr	nent)_	basis (other)	<u>depre</u>	<u>ciatio</u> n			
b Buildings 1,764,830. 171,649. 1,593,181. c Leasehold improvements 3136,756. 95,520. 41,236. e Other 63,339. 50,323. 13,016.	1a	Land				340,000.				-	340,000
c Leasehold improvements 136,756. 95,520. 41,236. e Other 63,339. 50,323. 13,016.					1.	764,830.		171,6	49.	1,5	593,181
d Equipment 136,756. 95,520. 41,236. e Other 63,339. 50,323. 13,016.					•	-		-		•	-
e Other 63,339. 50,323. 13,016.						136 756.		95 5	20.		41 236
				V = -1	(D) #= 33					1 (

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2021 WESTERN NORTH CARC	OLINA, INC.	56	-1492432	Page 3
Part VII Investments - Other Securities.	5 000 D 1 N/ I	441.0.5.000.0.19.19		
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-	of year market	value
(A) E1 (11 1 1 1	(b) Dook value	(c) Method of Valdation. Cost of end-	Oryear market	value
(a) Observed a ballet a south of a towards				
(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" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 000 Port IV line	11d Son Form 000 Part V line 15		
	escription	Tru. See Form 990, Part X, line 13.	(b) Book v	value
	COOLIDERAL		(b) Book (
<u>(1)</u>				
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>		
Part X Other Liabilities. Complete if the organization answered "Yes" o				
(1) December (1) 1 (1)	TIT OITH 990, Fart IV, line	The or This Gee Form 930, Part X, line 25.	(b) Book v	value
<u> </u>			(b) Book (raide
(1) Federal income taxes (2) DUE TO NATIONAL				3,513.
(3) DUE TO OTHER CHAPTERS				63,642.
(4) CAPITAL LEASE OBLIGATIONS				12,953.
(5)				
(6)				
(7)				
(8)				
(0)				

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

Schedule D (Form 990) 2021

80,108.

Schedule D (Form 990) 2021 WESTERN NORTH CAROLINA, INC.

N NORTH CAROLINA, INC. 56-1492432

Pai		Revenue per Audited Financia		evenue per Re	turn.	
	Complete if the organiza	ation answered "Yes" on Form 990, Par	t IV, line 12a.			
1	Total revenue, gains, and other	support per audited financial statemer	nts		1	5,790,690.
2		t not on Form 990, Part VIII, line 12:				
а		n investments		-584,560.		
b		cilities		332,401.		
С	: Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	-252,159.
3	Subtract line 2e from line 1				3	6,042,849.
4	Amounts included on Form 990	D, Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	ded on Form 990, Part VIII, line 7b	4a	31,244.		
b	Other (Describe in Part XIII.)		4b	-76,456.		
С	Add lines 4a and 4b				4c	-45,212.
5	Total revenue. Add lines 3 and	4c. (This must equal Form 990, Part I. I	ine 12.)		5	5,997,637.
Pa	rt XII Reconciliation of I	Expenses per Audited Financi	al Statements With I	Expenses per R	Return.	
	Complete if the organiza	ation answered "Yes" on Form 990, Par	t IV, line 12a.			
1	Total expenses and losses per	audited financial statements			1	4,982,202.
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25:				
а	Donated services and use of fa	cilities	2a	283,105.		
b						
С	0.1.		_			
d	Other (Describe in Part XIII.)		2d	76,456.		
е					2e	359,561.
3					3	4,622,641.
4		O, Part IX, line 25, but not on line 1:				
а	Investment expenses not include	ded on Form 990, Part VIII, line 7b	4a	31,244.		
b						
С	A 1 1 12 A 1 A				4c	31,244.
5		d 4c. (This must equal Form 990. Part I			5	4,653,885.
Pa	rt XIII Supplemental Info	rmation.	•			
Prov	vide the descriptions required for	Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
		l and 4b. Also complete this part to pro				
			•			
PARI	T X, LINE 2:					
THE	FOUNDATION IS A NONPROF	IT ORGANIZATION EXEMPT FROM F	EDERAL INCOME AND			
NORI	TH CAROLINA INCOME TAXES	UNDER THE PROVISIONS OF INTE	RNAL REVENUE CODE			
(IRC	C) SECTION 501(C)(3) AND	SECTION 55A OF THE GENERAL S	TATUTES OF NORTH			
CARC	OLINA, HOWEVER, THE FOUND	DATION REMAINS SUBJECT TO INC	OME TAXES ON ANY			
	,					
NET	INCOME THAT IS DERIVED	FROM A TRADE OR BUSINESS, REG	ULARLY CARRIED ON			
AND	NOT IN FURTHERANCE OF T	HE PURPOSE FOR WHICH IT WAS G				
AND	NOT IN FURTHERANCE OF T	HE PURPOSE FOR WHICH IT WAS G				
			RANTED EXEMPTION.			
		HE PURPOSE FOR WHICH IT WAS G	RANTED EXEMPTION.			
NO 1	INCOME TAX PROVISION HAS	BEEN RECORDED AS THE NET INC	COME, IF ANY, FROM			
NO 1	INCOME TAX PROVISION HAS		COME, IF ANY, FROM			
NO]	INCOME TAX PROVISION HAS	BEEN RECORDED AS THE NET INC	COME, IF ANY, FROM			
NO]	INCOME TAX PROVISION HAS	BEEN RECORDED AS THE NET INC	COME, IF ANY, FROM			
NO]	INCOME TAX PROVISION HAS	BEEN RECORDED AS THE NET INC	COME, IF ANY, FROM			

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

Schedule D (Form 990) 2021

Page 4

MAKE-A-WISH FOUNDATION OF CENTRAL AND

Schedule D (Form 990) 2021 WESTERN NORTH CAROLINA, INC.	56-1492432	Page 5
Part XIII Supplemental Information (continued)		
FOUNDATION AT AUGUST 31, 2022 AND 2021. THE FOUNDATION FILES INCOME TAX		
RETURNS IN THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE		
JURISDICTIONS.		
JURISDICTIONS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED TO THE STATEMENT OF REVENUE FROM THE		
FUNCTIONAL EXPENSE STATEMENT -76,456.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED TO THE STATEMENT OF REVENUE FROM THE FUNCTIONA		
FUNCTIONAL EXPENSE STATEMENT 76,456.		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service	.	Attach to Form 990						Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instru H FOUNDATION OF CENTRAL AND		s anu	the latest information		over ide	entification number
J		RTH CAROLINA, INC.				_	149243	
Part I Fundrais		Complete if the organization answe	red "Y	'es" ni	Form 990 Part IV li	ine 17 Form	990-F7	7 filers are not
	complete this part			00 01	77 0777 000, 7 47277, 11			- more are riet
1 Indicate whether th	e organization rais	sed funds through any of the followin	g activ	ities.	Check all that apply.			
a Mail solicita	tions	e Solicitat	ion of	non-g	overnment grants			
b Internet and	email solicitations	f Solicitat	ion of	gover	nment grants			
c Phone solici	itations	g 🔲 Special	fundra	ising	events			
d In-person so	licitations							
2 a Did the organization	on have a written c	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or		
key employees list	ted in Form 990, P	art VII) or entity in connection with pr	ofessi	onal f	undraising services?		Yes	s No
		viduals or entities (fundraisers) pursua	ant to	agree	ments under which th	ne fundraise	r is to b	е
compensated at le	east \$5,000 by the	organization.						
			/:::\	Dia		(v) Amour	nt naid	T
(i) Name and addres		(ii) Activity	(iii) fundr have c	aiser	(iv) Gross receipts	to (or retair	ned by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(ii) / loavily	or cor	itro of	from activity	fundrai listed in d		organization
				1			(.,	
			Yes	No	-			
Total								
		on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is evemnt	from re	_L agistration
or licensing.	ich the organizatio	in is registered of licensed to solicit of	OHUID	utions	or has been notined	it is exempt	HOIIITE	gistration

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

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021

WESTERN NORTH CAROLINA, INC.

56-1492432

Page 2

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHARLOTTE	CHALLENGE SPRING	15	(add col. (a) through
•			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	1,310,278.	447,138	. 863,501.	2,620,917.
_	2	Less: Contributions	1,067,480.	373,799	. 762,538.	2,203,817.
	3	Gross income (line 1 minus line 2)	242,798.	73,339	. 100,963.	417,100.
	4	Cash prizes			1,500.	1,500.
õ	5	Noncash prizes			_	
Expenses	6	Rent/facility costs	101,200.	40,472	. 38,606.	180,278.
Direct E	7	Food and beverages	112,820.	18,437	31,338.	162,595.
	8	Entertainment	12,487.		7,375.	19,862.
	9	Other direct expenses				129,321.
	10	Direct expense summary. Add lines 4 through		,		493,556.
	11	, , ,	. ,			-76,456.
Pa	irt l					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes 9	% Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
a	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:	·	=	•	Yes No
	_)-21-21			Caha	dule G (Form 990) 2021

MAKE-A-WISH FOUNDATION OF CENTRAL AND

Sch	medule G (Form 990) 2021 WESTERN NORTH CAROLINA, INC.	56-14	92432		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Y	es	☐ No
13	Indicate the percentage of gaming activity conducted in:				
á	a The organization's facility		13a		%
	An outside facility	- 1	13b		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	-			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	es	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t			
	of gaming revenue retained by the third party \$\bigs\\$				
(If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
ŧ	s the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ye	es	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	те			
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ıd Part	III, lines	9, 9	b, 10b,
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_					

MAKE-A-WISH FOUNDATION OF CENTRAL AND

Schedule G	G (Form 990)	WESTERN NORTH CAROLINA, INC.	56-1492432	Page 4
Part IV	G (Form 990) Supplemental Info	mation _(continued)		

Schedule G (Form 990)

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SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	m 990. r the latest inform	cit		Open to Public Inspection
		III MMM OI OB	do to www.ii s.gov/r of iiisso for the latest iiifoffiiation	lile latest illioi il	ations		
Name of the organization	MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.	OF CENTRAL AND					Employer identification number 56-1492432
Part I General Infor	General Information on Grants and Assistance						
1 Does the organization	Does the organization maintain records to substantiate the amount of the	te the amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	n.
criteria used to awa	criteria used to award the grants or assistance?						X Yes No
2 Describe in Part IV t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	monitoring the use of grant	funds in the United	States.			
Part II Grants and O recipient that	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rganizations and Domestic II can be duplicated if additi	Governments. Conal space is neede	omplete if the orga ed.	ınization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any d if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	sss of organization (b) EIN	(f applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ent organizations listed in the	e line 1 table				
3 Enter total number of LHA For Paperwork Re	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tructions for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

Part III

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA,

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

Page 2

56-1492432

(f) Description of noncash assistance TRAVEL, M&E AND SUPPLIES (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 2,041,740. FMV (d) Amount of non-cash assistance 232,594. (c) Amount of cash grant SPECIFIC CRITERIA FOR THE WISH GRANTING PROGRAM, THE ORGANIZATION GENERALLY COMMUNICATED TO THE WISH FAMILY PRIOR TO THE ISSUANCE OF CARDS SO THAT THE HOWEVER, CASH ASSISTANCE IN THE FORM OF DECLINING BALANCE PURCHASING CARDS IS PROVIDED TO WISH CHILDREN AND THEIR FAMILIES TO COVER CERTAIN EXPENSES SOMETIMES THE ORGANIZATION GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET THE FOR SOME WISH TYPES, PRIMARILY TRAVEL STIPENDS FOR TRAVEL WISHES (I.E. GAS, ETC.). THE PURPOSE AND AMOUNT OF ASSISTANCE IS 280 (b) Number of ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES. recipients (a) Type of grant or assistance PART I, LINE 2: WISHES GRANTED MEALS, TIPS, Part IV

MAKE-A-WISH FOUNDATION OF CENTRAL AND

Schedule I (F	Form 990)	WESTERN	NORTH CAROLINA,	INC.	56-1492432	Page 2
Part IV	Supplemen	western tal Information				
FAMILY IS	AWARE OF TH	E INTENDED USE	FOR THE FUNDS			
	111111111111111111111111111111111111111	111111111111111111111111111111111111111	1011 101120.			
-						
					·	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

ZUZ I Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA INC.

Employer identification number 56-1492432

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

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

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC. Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHERINE JETTON	Ξ	165,736.	23,000.	0	7,200.	.607,7	203,645.	0
PRESIDENT & CEO	(ii)	0	0.	0	0	0.	0	• 0
	(3)							
	<u>(ii)</u>							
	(i)							
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	(ii)							
							Schedu	Schedule J (Form 990) 2021

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC.

Schedule J (Form 990) 2021 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. BONUSES ARE BASED ON BOARD DISCRETION. Schedule J (Form 990) 2021

Part III Supplemental Information PART I, LINE 7:

132113 11-02-21

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

► 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.

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA INC.

Employer identification number 56-1492432

Types of Property Part I (a) (b) (d) (c) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 331 (WISH RELATED Х 849,662. FMV 25 SPECIAL EVENT Х 9 13,628. 26 Other Х 11 OTHER 12,248. FMV 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II.

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

33

MAKE-A-WISH FOUNDATION OF CENTRAL AND

Schedule M	(Form 990) 2021 WESTERN NORTH CAROLINA, INC.	56-1492432	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	33 and whether the organiz	ation
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a co	ombination of both Also com	alion Inlete
	this part for any additional information.	The literation of Both. 7430 con	ipioto
	the part of any decisional memorial or		
SCHEDULE	M, PART I, COLUMN (B):		
	1, 11111 1, 002011 (2) 1		
THE AMOUN	NT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS		
RECEIVED			
TELCET VED ,	•		

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1492432

PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: IT IS THE FOUNDING PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY ELIGIBLE CHILD, BETWEEN THE AGES OF 2 1/2 AND 18. FOR WISH KIDS JUST THE ACT OF MAKING THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO COMPLY WITH THEIR MEDICAL TREATMENTS WITH OUR WISH MAKING PROCESS WE STRIVE TO BRING A SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY DIFFICULT TIMES AND DELIVER A JOYFUL LIFE CHANGING EXPERIENCE WHETHER THE WISH IS A PRINCESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS OTHER POSSIBILITIES DREAMED UP BY THE MAGICAL MIND OF A CHILD. MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, GRANTED 280 LIFE CHANGING WISHES IN THE FISCAL YEAR ENDING AUGUST 31 THE TOTAL COST OF WISHES GRANTED FOR THE FISCAL YEAR WAS 2022. \$3,792,381. OF THIS AMOUNT, \$253,402 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND CONTRIBUTIONS SUCH AS TRAVEL AND TRAVEL SERVICES TRANSPORTATION. LODGING, AND OTHER SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S WISH. FOR FINANCIAL STATEMENT PURPOSES AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE FOR FORM 990, HOWEVER, THE IRS REQUIRES THIS AMOUNT BE EXCLUDED FROM BOTH REVENUE AND EXPENSE. IN RESPONSE TO THE CORONAVIRUS PANDEMIC. 2020, IN CONJUNCTION WITH THE MAKE-A-WISH NATIONAL MEDICAL ADVISORY COUNCIL MAKE-A-WISH OF AMERICA ISSUED INSTRUCTIONS TO PAUSE TRAVEL AND LARGE GATHERING WISHES UNTIL IT WAS DEEMED MEDICALLY SAFE FOR OUR VULNERABLE POPULATION AND THEIR FAMILES. PRIOR TO FISCAL TRAVEL WISHES HAD BEEN 80% OF THE WISHES GRANTED AND THE NUMBER OF GRANTED WISHES AVERAGED APPROXIMATELY 371. IN ADDITION, THE PROGRAM EXPENSE RATIO WAS IMPACTED DUE TO THE FOUNDATION'S INABILITY TO GRANT

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

Schedule O (Form 990) 2021	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.	Employer identification number 56-1492432
TRAVEL WISHES. THE PROGRAM EXPENSE RATIO WAS 78% IN THE PRE-PANDEMIC	
FISCAL YEAR ENDING AUGUST 31, 2019. TOWARD THE END OF FISCAL YEAR 2022,	
THE FOUNDATION BEGAN TO EMERGE FROM PANDEMIC OPERATING CONDITIONS AND	
NATIONAL WISH TRAVEL WAS RESUMED. NATIONAL EFFORTS ARE UNDERWAY TO	
RETURN TO PRE-PANDEMIC WISH GRANTING AND FUNDRAISING EFFORTS.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY OF THE	
DIRECTORS THEN SERVING, MAY DESIGNATE AND APPOINT ONE OR MORE COMMITTEES	
COMPRISED OF DIRECTORS, EACH OF WHICH SHALL CONSIST OF ONE OR MORE	
DIRECTORS. SUCH COMMITTEES, TO THE EXTENT PROVIDED IN SAID RESOLUTION,	
SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE	
MANAGEMENT OF THE CORPORATION, EXCEPT NO SUCH COMMITTEE MAY EXERCISE THE	
AUTHORITY OF THE BOARD OF DIRECTORS IN REFERENCE TO THE FOLLOWING MATTERS:	
(I) FILLING VACANCIES ON, OR INCREASING OR DECREASING THE MEMBERS OF, THE	
BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD OF DIRECTORS; (II)	
ADOPTION, AMENDMENT OR REPEAL OF THESE BYLAWS OR THE ARTICLES OF	
INCORPORATION; OR (III) ANY MATTERS PROHIBITED BY LAW.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION WORKS WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM TO PREPARE	
THE FORM 990. THE DRAFT FORM 990 IS THEN REVIEWED BY THE FOUNDATION'S	
PRESIDENT & CEO AND TREASURER. THE RETURN WILL THEN BE PRESENTED TO THE	
FINANCE COMMITTEE FOR THEIR REVIEW. PENDING APPROVAL, THE FORM 990 WILL	
THEN BE PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING WITH	
THE INTERNAL REVENUE SERVICE.	

WESTERN NORTH CAROLINA, INC. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER, EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	mployer identification number 56-1492432
FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER, EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	30-1472432
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER, EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER, EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER MANAGER IF THEY ARE FROM VOLUNTEERS, AND THE	
PRESIDENT/CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS	
MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICT	
OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE INCLUDES, BUT ARE NOT	
LIMITED TO, THE FOLLOWING (1) DETERMINING THE NATURE OF THE CONFLICT VIA	
VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON (2) FULLY	
DISCLOSING CONFLICTING INTERESTS TO THE BOARD (3) THE CONFLICTED PERSON	
RECUSES HIMSELF-HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE	
TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT	
AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
TOP OFFICIAL MERIT INCREASES AND THE OVERALL COMPENSATION FOR THE	
PRESIDENT/CEO IS APPROVED BY THE EXECUTIVE COMMITTEE. IT IS REVIEWED	
AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS	
BY MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED	
BY STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE	
BOARD'S DISCUSSIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED.	
DOCUMENTATION INCLUDES THE TERMS OF THE TRANSACTION AND THE DATE IT WAS	
APPROVED, THE MEMBERS PRESENT DURING DELIBERATIONS AND THOSE WHO VOTED ON	
IT, AND THE COMPARABILITY DATA RELIED UPON AND HOW IT WAS OBTAINED.	

Schedule O (Form 990) 2021	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.	Employer identification number 56-1492432
SALARIES FOR STAFF OTHER THAN THE TOP MANAGEMENT OFFICIALS ARE DECIDED BY	1
THE CEO IN CONSULTATION WITH THE EMPLOYEES' IMMEDIATE SUPERVISOR WITHIN	
LIMITS SET BY THE BOARD-APPROVED BUDGET. ALL SALARY INCREASES ARE BASED ON	
METRICS FROM PERFORMANCE REVIEWS AND COMPARED TO SALARY RANGES FOR SIMILAR	
POSITIONS AT OTHER MAKE-A-WISH CHAPTERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
	_

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u> </u>	or the	2021 calendar year, or tax year beginning SE	P 1, 2021 and	ending A	UG 31, 2022		
B c	heck if pplicable:	C Name of organization MAKE-A-WISH FOUNDATION OF CENTRAL	AND		D Employer	identifi	cation number
	¬Address		AND				
	_change Name	WESTERN NORTH CAROLINA, INC.			56 14	92432	
	_change □Initial	Doing business as		D = = == /= :: it =			
	return Final return/	Number and street (or P.O. box if mail is not del 217 E TREMONT AVE	vered to street address)	Room/suite	E Telephone 704-33		
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts	s \$	9,403,689.
	Amende return	CHARLOTTE, NC 28203			H(a) Is this a	group re	eturn
	Applica- tion	F Name and address of principal officer: KATHE	RINE JETTON		for subo	rdinates	? Yes X No
	pending	SAME AS C ABOVE			H(b) Are all subc	ordinates ir	ncluded? Yes No
<u> </u>	ax-exer	npt status: X 501(c)(3) 501(c) ()		or 527	If "No," a	attach a	list. See instructions
J V	Vebsite	: WWW.NC.WISH.ORG			H(c) Group ex	xemptio	n number 🕨
K F	orm of o	rganization: X Corporation Trust As	sociation Other >	L Year	of formation: 19	85 N	M State of legal domicile: NC
Pa	rt I	Summary					
•	1 B	riefly describe the organization's mission or most	significant activities: TOGETH	ER, WE CF	REATE		
Governance	L	IFE-CHANGING WISHES FOR CHILDREN WITH	CRITICAL ILLNESSES.				
rna	2 C	heck this box 🕨 🔲 if the organization discor	itinued its operations or dispos	ed of more	than 25% of its	net ass	sets.
эле	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	17
	4 N	umber of independent voting members of the gov	erning body (Part VI, line 1b)			4	17
es &	5 ⊺	otal number of individuals employed in calendar y	ear 2021 (Part V, line 2a)			5	30
viti	6 T	otal number of volunteers (estimate if necessary)				6	150
Activities		otal unrelated business revenue from Part VIII, col					0.
_	bΛ	et unrelated business taxable income from Form 9	990-T, Part I, line 11			7b	0.
					Prior Year		Current Year
<u>e</u>	8 C	ontributions and grants (Part VIII, line 1h)			3,583	789.	5,925,530.
enr						0.	300.
Revenue		vestment income (Part VIII, column (A), lines 3, 4,				3,459.	136,055.
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c,				3,729.	-64,248.
		otal revenue - add lines 8 through 11 (must equal				5,519.	5,997,637.
		rants and similar amounts paid (Part IX, column (A			1,176	5,119.	2,274,334.
		enefits paid to or for members (Part IX, column (A			1 250	0.	0.
es	15 S	alaries, other compensation, employee benefits (F			1,352	2,719.	1,653,546.
Expenses	16a ₽	rofessional fundraising fees (Part IX, column (A), li				165.	4,275.
Ϋ́	b	otal fundraising expenses (Part IX, column (D), line			65/	1,889.	721,730.
_	17	ther expenses (Part IX, column (A), lines 11a-11d,				3,892.	4,653,885.
		otal expenses. Add lines 13-17 (must equal Part IX evenue less expenses. Subtract line 18 from line		·····	•	1,627.	1,343,752.
- S		evenue less expenses. Subtract line 16 from line	ΙΖ	Ro	ginning of Curre		End of Year
ets c	20 ⊤	otal assets (Part X, line 16)		100		L,207.	8,789,526.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 16)				2,310.	1,872,141.
Vet	22 N	et assets or fund balances. Subtract line 21 from	line 20		•	3,897.	6,917,385.
	rt II	Signature Block			•	•	· ·
Unde	er penalt	es of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to the b	est of my	/ knowledge and belief, it is
		and complete. Becal atton of preparer (other than office				_	-
	Ī	GLENN TIMIN	,			5/202	3
Sigr	n	Signature of officer D17303FCC8C24D6			Date		
Her	- 1	GLENN TYNAN, BOARD TREASURER					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature	[Date	Check	PTIN
Paid	М	ELISSA HANGSLEBEN	MELISSA HANGSLEBEN	0	7/05/23	ır self-employ	_{/ed} P02087031
Prep	arer [Firm's name CLIFTONLARSONALLEN LLP			Firm's	EIN 🛌	41-0746749
Use	Only	Firm's address > 20 EAST THOMAS ROAD, SUI	TE 2300				
		PHOENIX, AZ 85012			Phone	no.(60	2) 266-2248
Мау	the IRS	discuss this return with the preparer shown above	ve? See instructions				X Yes No

MAKE-A-WISH FOUNDATION OF CENTRAL AND

Form	1990 (2021) WESTERN NORTH CAROLINA, INC.	56-1492432	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	<u></u>	Х
1	Briefly describe the organization's mission:		
	THE MAKE-A-WISH FOUNDATION OF CENTRAL & WESTERN NORTH CAROLINA CREATES		
	LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		. 🔻
	prior Form 990 or 990-EZ?	Ү	'es 🗓 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?	Ц	′es 🗓 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses	s, and
	revenue, if any, for each program service reported.	•	
4a	(Code:) (Expenses \$ 3,538,979. including grants of \$ 2,274,334.) (Rever	2 40 \$	300.)
Tu	SEE SCHEDULE O.		
	DEE BUILDOND O.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue.\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 3,538,979.		
· <u>-</u>		Fa.,	m 990 (2021)

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WESTERN NORTH CAROLINA, INC.

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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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 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 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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Form 990 (2021)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25<u>a</u> Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Х 28h c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х Part V. line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization x and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 13 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required **d** If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. **a** Did the sponsoring organization make any taxable distributions under section 4966? 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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 Section 501(c)(29) qualified nonprofit health insurance issuers. **a** Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х If "Yes," see the instructions and file Form 4720, Schedule N. x Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

2021.06000 MAKE-A-WISH FOUNDATION OF A1951391

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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 17 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. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on 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 х **12**a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2021)

28203

JACQUELINE HOWELLS - 704-339-0334 217 E TREMONT AVE, CHARLOTTE, NC

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(4-	not a	Pos	itior) than o	anc	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	98			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	١.	nploy	st con	_	1033-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE JETTON	40.00									
PRESIDENT & CEO		1		х				188,736.	0.	14,909
(2) TERRI ZANDHUIS	2.00							·		,
CHAIR		х		х				0.	0.	0
(3) STEVE BARUCH	2.00									
VICE CHAIR		x		х				0.	0.	0
(4) GLENN TYNAN	2.00									
TREASURER		х		х				0.	0.	0
(5) WENDY BARNES	2.00									
SECRETARY		х		х				0.	0.	0
(6) PETER SMUL	1.00									
DIRECTOR		х						0.	0.	0
(7) CHRISTINE BOLEN	1.00									
DIRECTOR		х						0.	0.	0
(8) AMANDA STOPHEL	1.00									
DIRECTOR		х						0.	0.	0
(9) GEORGE JURCH	1.00									
DIRECTOR		х						0.	0.	0
(10) ABHISHEK RATANI	1.00									
DIRECTOR		х						0.	0.	0
(11) CAROLYN ROACH	1.00									
DIRECTOR		х						0.	0.	0
(12) KARL DOERRE	1.00									
DIRECTOR		х						0.	0.	0
(13) LEIGHA SMITH	1.00									
DIRECTOR		х						0.	0.	0
(14) TIMITRA HILDEBRAND-JONES	1.00									
DIRECTOR		х						0.	0.	0
(15) TRENT HASTON	1.00									
DIRECTOR		x						0.	0.	0
(16) WHITNEY TROUT	1.00									
DIRECTOR		x						0.	0.	0
(17) VANESSA HEISKELL	1.00									
DIRECTOR	<u> </u>	x	l		l	1	l	0.	0.	0

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Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos) than c	ne.	Reportable	Reportable	E	stimate	ed
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	a	mount	of
		week		cer an	aaa	recto	r/trus	.ee)	from	from related		other	
		(list any hours for	Individual trustee or director						the	organizations	1	npensa	
		related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	1	from th ganizat	
		organizations	rustee	trus		99	mpen		1099-NEC)	1099-NEC)	1 '	gariizai nd relat	
		below	dual t	Institutional trustee	_	Key employee	st cor		10001120)		1	anizati	
		line)	ivipu	Instit	Officer	Key e	Highest compensated employee	Former					
(18)	WILL MANNING	1.00											
DIRE	CTOR		Х						0.	0.			0.
											—		
											₩		
						_					₩		
						_					┼		
						\vdash					\vdash		
											\vdash		
16	Subtotal								188,736.	0.	\vdash	14	909.
	Subtotal Total from continuation sheets to Part VII								0.	0.	+		0.
		, dection A							188,736.	0.	\vdash	14	909.
2	Total number of individuals (including but no						 a) wh	o re	eceived more than \$100.	000 of reportable			
_	compensation from the organization						,		, , , , , , , , , , , , , , , , , , , ,				1
												Yes	No
3	Did the organization list any former officer,	director, truste	e, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for so	ıch individual									3		Х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	Х	
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	lual for services			
	rendered to the organization? If "Yes." com	plete Schedule	Jf	or su	ıch <u>ı</u>	<u>oers</u>	on .				5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest cor										ıtion fr	rom	
	the organization. Report compensation for t	he calendar ye	ar e	ndir	ıg w	ith c	or wi	hin		ear.			
	(A) Name and business	addrass							(B)	onvioos		C) ensatio	n
	Name and business	address	NO.	NE				\dashv	Description of s	ervices	Jonnpe	erisatio	
								\dashv					
								\dashv					
								\dashv					
								\dashv					
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	to ·	thos	se lis	ted	above) who received mo	ore than			
_	\$100.000 of compensation from the organiz	-		_			0		,				

Form 990 (2021)

WESTERN NORTH CAROLINA, INC.

56-1492432

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 40,699 1a 1 a Federated campaigns 1b **b** Membership dues 2,203,817. c Fundraising events 1c d Related organizations 1d 790,570. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,890,444 similar amounts not included above 1f 875,538, g Noncash contributions included in lines 1a-1f 5,925,530, h Total. Add lines 1a-1f **Business Code** 2 a WISH ASSIST FEE 900099 300. 300 Program Service Revenue b f All other program service revenue 300 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 68,357. 68,357. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,980,194 assets other than inventory **b** Less: cost or other basis 2,912,496. Revenue and sales expenses c Gain or (loss) 67,698. 67,698. d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ 2,203,817. of contributions reported on line 1c). See Part IV, line 18 417,100 493 556. b Less: direct expenses -76,456. -76,**4**56. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 900099 12,208. 12,208 d All other revenue 12,208 e Total. Add lines 11a-11d 5,997,637. 300 71,807. Total revenue. See instructions

132009 12-09-21

Form 990 (2021)

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Form 990 (2021) WESTERN NORTH CAROLINA, INC.

Part IX Statement of Functional Expenses

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Page **10**

Section	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,274,334.	2,274,334.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	225 445	100 505	45.004	
	trustees, and key employees	225,147.	122,705.	47,281.	55,161
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,231,014.	670,904.	258,512.	301,598
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,183.	9,365.	3,608.	4,210,
	Other employee benefits	77,573.	42,277.	16,291.	19,005
10	Payroll taxes	102,629.	55,933.	21,552.	25,144
11	Fees for services (nonemployees):				
а	Management				
	Legal	350.		350.	
С	Accounting	78,256.		78,256.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4,275.			4,275.
f	Investment management fees	31,244.		31,244.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	23,358.	9,093.	3,162.	11,103,
12	Advertising and promotion	2,055.			2,055
13	Office expenses	82,348.	53,466.	10,346.	18,536
14	Information technology	44,852.	9,950.	6,501.	28,401.
15	Royalties				
16	Occupancy	27,662.	15,076.	5,809.	6,777.
17	Travel	11,267.	1,994.	4,880.	4,393.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,155.	770.	513.	9,872.
20	Interest	40,641.	22,149.	8,535.	9,957.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,570.	40,640.	15,660.	18,270.
23	Insurance	70.	38.	15.	17.
	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	CHAPTER DUES	292,062.	210,285.	43,809.	37,968.
b	MERCHANT FEES	1,840.			1,840
С					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,653,885.	3,538,979.	556,324.	558,582.
	Joint costs. Complete this line only if the organization	-	-	·	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2021)
Part X | Balance Sheet WESTERN NORTH CAROLINA, INC. 56-1492432

Page **11**

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			890,045.	1	505,033
2	Savings and temporary cash investments			1,579,677.	2	2,155,35
3	Pledges and grants receivable, net			344,573.	3	924,76
	Accounts receivable, net			66,089.	4	63,01
5	Loans and other receivables from any current or former officer, director,					
	trustee, key employee, creator or founder, subs	stantial cont	tributor, or 35%			
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqua	lified persor	ns (as defined			
	under section 4958(f)(1)), and persons describe	ed in section	1 4958(c)(3)(B)		6	
_ι , 7	Notes and loans receivable, net				7	
	Inventories for sale or use			37,195.	8	3,92
ĕ 9	B '11			156,048.	9	269,75
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	2,304,925.			
b	Less: accumulated depreciation	10b	317,492.	2,027,512.	10c	1,987,43
11	Investments - publicly traded securities			2,986,667.	11	2,786,23
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line	4.4			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			63,401.	15	94,00
16	Total assets. Add lines 1 through 15 (must eq			8,151,207.	16	8,789,52
17	Accounts payable and accrued expenses			286,676.	17	457,45
18	Grants payable		18			
19	Deferred revenue			57,343.	19	68,55
20	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				20	
21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
ທ 22	Loans and other payables to any current or for	mer officer,	director,			
<u>₽</u>	trustee, key employee, creator or founder, subs	stantial cont	tributor, or 35%			
Liabilities	controlled entity or family member of any of the	ese persons			22	
i 23	Secured mortgages and notes payable to unre	ated third p	parties	1,374,522.	23	1,266,02
24	Unsecured notes and loans payable to unrelate	ed third part	ies	282,600.	24	
25	Other liabilities (including federal income tax, p	ayables to r	elated third			
	parties, and other liabilities not included on line	es 17-24). Co	omplete Part X			
	of Schedule D			41,169.	25	80,10
26	Total liabilities. Add lines 17 through 25			2,042,310.	26	1,872,14
	Organizations that follow FASB ASC 958, ch	eck here	X			
Ses	and complete lines 27, 28, 32, and 33.					
<u>c</u> 27	Net assets without donor restrictions			5,746,851.	27	6,290,83
28	Net assets with donor restrictions			362,046.	28	626,55
<u> </u>	Organizations that do not follow FASB ASC	958, check	here			
[and complete lines 29 through 33.					
ັດ 29	Capital stock or trust principal, or current funds	3			29	
g 30	Paid-in or capital surplus, or land, building, or e	quipment fo	und		30	
ÿ 31	Retained earnings, endowment, accumulated i	ncome, or o	other funds		31	
Net Assets or Fund Balances 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25	T . 1			6,108,897.	32	6,917,38
33	=			8,151,207.	33	8,789,526
1 30	. 513. Resilies and flot decete/fulld balances			, , ,		Form 990

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

WESTERN NORTH CAROLINA, INC. 56-1492432 Page **12** Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 5,997,637, Total revenue (must equal Part VIII, column (A), line 12) 2 4,653,885, 2 Total expenses (must equal Part IX, column (A), line 25) 1,343,752 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6,108,897. 4 -584,560. 5 Net unrealized gains (losses) on investments 5 49,296. 6 6 Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 6,917,385. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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-WISH FOUNDATION OF CENTRAL AND Employer identification number WESTERN NORTH CAROLINA, INC. 56-1492432

Pa	rt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he (organi	zation is not a private found	ation because it is: (f	or lines 1 through 12. c	heck only	one box.)		
1		A church, convention of chi					IVAVi)	
2	H	A school described in secti	·			,,, (a)O 11 11	·//~///•	
	\square			,		VI. V.4V.A.V.	••	
3	H	A hospital or a cooperative					•	
4		A medical research organization	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 the benefit of a college or university owned or operated by a governmental unit described in						
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	Х	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		•			
8		A community trust describe		1)(A)(vi). (Complete Par	t IL)			
9	Ħ	An agricultural research org				ed in conic	inction with a land-grant	college
Ŭ		or university or a non-land-g				-		-
			grant college or agrici	ulture (see instructions).	Litter the i	name, ony	, and state of the college	<i>5</i> OI
40		university:	lly receives (1) many	than 22 1/20/ of its summ	aut fuana a		an manaharahin fasa an	d avece veceints from
10		An organization that norma						= -
		activities related to its exem	•	•				•
		income and unrelated busing		(less section 511 tax) fro	om busines	sses acqui	red by the organization a	atter June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	Щ	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 on
		lines 12a through 12d that	describes the type of	f supporting organizatio	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	omplete Part IV. Se	ections A and B.				
b		Type II. A supporting org	•		tion with its	s supporte	ed organization(s), by hav	vina
_		control or management o	•					-
		organization(s). You mus			arrio porco	110 11101 00	narage are supp	301104
_		Type III functionally inte	•		in connect	tion with	and functionally integrate	od with
·			-					with,
		its supported organization		-				
d		Type III non-functionally	-				· · ·	
		that is not functionally int	-		-			veness
	_	requirement (see instructi		-				
е		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
g		ride the following information			I (iv) In the area	nization listed		T . n.a
	(1) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
							i	i e

WESTERN NORTH CAROLINA, INC.

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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	,					
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(6) 2010	(6) 2013	(a) 2020	(6) 2021	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")	6,232,126.	5,734,847.	3,744,108.	3,583,789.	5,925,530.	25,220,400.
2	Tax revenues levied for the organ-	, , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3	6,232,126.	5,734,847.	3,744,108.	3,583,789.	5,925,530.	25,220,400.
	The portion of total contributions	0,202,120.	0,701,017.	0,711,100.	0,000,,000	3,523,550.	25,225,100.
3	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)						
6	Public support. Subtract line 5 from line 4.						25,220,400.
	etion B. Total Support						13,110,100.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6,232,126.	5,734,847.	3,744,108.	3,583,789.	5,925,530.	25,220,400.
	Gross income from interest,	, , ,	, , ,	, , ,	, , .	, , ,	, , ,
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	81,769.	36,453.	43,361.	32,000.	68,357.	261,940.
a	Net income from unrelated business	, -	, ,	, ,	, -	, ,	
J	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.)	676,979.	407,442.	334,718.	107,915.	429,308.	1,956,362.
11	Total support. Add lines 7 through 10		·		·	·	27,438,702.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	12,600.
	First 5 years. If the Form 990 is for the	•	,	ourth, or fifth tax ve	ear as a section 50	D1(c)(3)	
	organization, check this box and stor	-					
Sec	tion C. Computation of Publi	c Support Per	centage				<u> </u>
14	Public support percentage for 2021 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	91.92 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	91.90 %
	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c				
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		>
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly s	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box ar	nd see instructions	>

WESTERN NORTH CAROLINA, INC.

56-1492432

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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.)

qualify under the tests listed b Section A. Public Support	elow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			, ,		, ,	, ,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	9
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	9
Section D. Computation of Inves						
17 Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	9
18 Investment income percentage from					18	Ç
19a 33 1/3% support tests - 2021. If the						7 is not
more than 33 1/3%, check this box ar						>
b 33 1/3% support tests - 2020. If the						ınd
line 18 is not more than 33 1/3%, che	•					
20 Private foundation. If the organization						

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56-1492432

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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")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	3c		
	40		
	4a		
	4b		
	4c		
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Pa	rt IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction used to satisfy the Integral Part Test during the year (see instruction).	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	ee instruction		NI.
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				
	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	Oh		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 WESTERN NORTH CAROLINA, INC. 56-1492432 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	J -	
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must		•		
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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
<u>d</u>	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 integrate	d Type III supporting orga	ınization (see	
	instructions).				

Schedule A (Form 990) 2021 WESTERN NORTH CAROLINA, INC. 56-1492432 Page 7

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)	
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	3	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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	T	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е_	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c. Breakdown of line 7:				
8	Excess from 2017				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u>u</u>	Excess from 2021				

Part VI

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC. 56-1492432 Schedule A (Form 990) 2021 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: GROSS FUNDRAISING REVENUE 2017 AMOUNT: \$ 631,867. 2018 AMOUNT: \$ 388,659. 2019 AMOUNT: \$ 276,638. 2020 AMOUNT: \$ 94,199. 2021 AMOUNT: \$ 417,100. GROSS GAMING REVENUE 2017 AMOUNT: \$ 18,402. 2018 AMOUNT: \$ 14,410. 2019 AMOUNT: \$ 39,580. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 0. OTHER REVENUE 2017 AMOUNT: \$ 26,710. 2018 AMOUNT: \$ 4,373. 2019 AMOUNT: \$ 18,500. 2020 AMOUNT: \$ 13,716. 2021 AMOUNT: \$ 12,208.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-PF.

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

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC.

Employer identification number

56-1492432

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)
Page 2

Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF CENTRAL AND	
WESTERN NORTH CAROLINA, INC.	56-1492432

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$777,554.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$303,480.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
3		\$282,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rame, dadress, and En 1 4	\$507,970.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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
6		\$128,104.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021) Page **2**

	<u> </u>
Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF CENTRAL AND	
WESTERN NORTH CAROLINA, INC.	56-1492432

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

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **3**

Name of organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND

WESTERN NORTH CAROLINA, INC.

56-1492432

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	TRAVEL, M&E, SUPPLIES	_			
		_			
		\$ 16,349.	08/31/22		
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	_			
2		\$ \$\$	08/31/22		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
(a) No. rom 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
_		_			
		\$			

Schedule B (Form 990) (2021)

Name of organization **Employer identification number** MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC. 56 - 1492432Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

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

2021
Open to Public

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1492432

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's or	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be ι	used only				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose o	conferring				
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>					
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	a historically important land area				
	Protection of natural habitat	Preservation of	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of					
	day of the tax year.		Held at the End of the Tax Year				
а			2a				
b							
С	Number of conservation easements on a certified historic stru						
d	() 1						
	listed in the National Register						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax				
_	year ▶						
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·					
5		Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
_	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation easements during the year				
-	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing consequent	ion accompate divine the vecy				
7	Amount of expenses incurred in monitoring, inspecting, nand \$\\$\$\$	ning of violations, and emorcing conservat	ion easements during the year				
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170/	5)/4)/P\/i)				
0	•	· · · · · ·					
9	In Part XIII, describe how the organization reports conservation	on agraments in its revenue and expense					
9		•					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
Pai	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form						
	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	· · · · · · · · ·					
	provide the following amounts relating to these items:	· ·	•				
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	> \$				
	Assets included in Form 990, Part X						

132051 10-28-21

Schedule D (Form 990) 2021

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

Sche		TH CAROLINA, I						1492432	P	age 2
Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, or	Other S	imilar Ass	sets _{(cont}	tinued)	
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the f	ollowing that	make sign	ificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	C	ı 🔲 t	oan or exc	hange progra	ım				
b	Scholarly research	•	• 🔲 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how the	ey further th	ne organizatio	n's exemp	t purpose in I	⊃art XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he organ	ization's co	llection?			Yes		□ No
Pai	t IV Escrow and Custodial Arrang	ements. Compl	ete if the	organizatio	n answered "	Yes" on Fo	orm 990, Part	IV, line 9, c	r	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for c	ontributions	s or other ass	ets not inc	luded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing ta	able:						
								Amou	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo					-	?	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.								<u>L</u>	
Pai	t V Endowment Funds. Complete if									
	<u>_</u>	(a) Current year	(b) Pi	rior year	(c) Two year	s back (d) Three years b	ack (e) Fo	ur 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 curre	•	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С	Term endowment	-								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organiza	ation that	are held ar	nd administer	ed for the o	organization		<u> </u>	т
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u> </u>
	(ii) Related organizations							3a(ii	4	<u> </u>
b	If "Yes" on line 3a(ii), are the related organizat							<u>3b</u>		<u> </u>
4	Describe in Part XIII the intended uses of the		wment fu	ınds.						
Pai	t VI Land, Buildings, and Equipme) David IV	l: 11- 0	F 000	Dark V. Ilia	- 10			
	Complete if the organization answered							l		
	Description of property	(a) Cost or o			or other		umulated	(d) Bo	ok valu	ie
		basis (investr	nent)	pasis	(other)	aepre	eciation		240	000
	Land				340,000.		171 (40	<u> </u>		,000.
b	Buildings			1	,764,830.		171,649.	1	593,	T9T.
	Leasehold improvements				126 756		05 500			226
d	Equipment		<u> </u>		136,756.		95,520.			236.
е	Other	.			63,339.		50,323.	<u> </u>	,	,016.

Schedule D (Form 990) 2021

1,987,433.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

DocuSign Envelope ID: 769DE158-82ED-4640-859A-A6B479E96084 MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC. 56-1492432 Schedule D (Form 990) 2021 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5)(6)(7)(8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2)(3)(4) (5) (6)(7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO NATIONAL	3,513.
(3) DUE TO OTHER CHAPTERS	63,642.
(4) CAPITAL LEASE OBLIGATIONS	12,953.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	80,108.

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

Schedule D (Form 990) 2021

DocuSign Envelope ID: 769DE158-82ED-4640-859A-A6B479E96084 MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA. INC. Schedule D (Form 990) 2021 <u> Page</u> **4** Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,790,690. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 332,401, Donated services and use of facilities 2b 2c Recoveries of prior year grants Other (Describe in Part XIII.) 2d d -252,159. Add lines 2a through 2d 6,042,849. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -76.456. Other (Describe in Part XIII.) -45,212. c Add lines 4a and 4b 4c 5,997,637. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12., Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,982,202. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 283 105 a Donated services and use of facilities **b** Prior year adjustments 2b 76,456. 2d d Other (Describe in Part XIII.) 359,561. Add lines 2a through 2d 4,622,641. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 31,244. c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 4,653,885. | Part XIII| Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,

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

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

NORTH CAROLINA INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE

(IRC) SECTION 501(C)(3) AND SECTION 55A OF THE GENERAL STATUTES OF NORTH

CAROLINA. HOWEVER, THE FOUNDATION REMAINS SUBJECT TO INCOME TAXES ON ANY

NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON

AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION.

NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM

ANY UNRELATED TRADE OR BUSINESS. IN THE OPINION OF MANAGEMENT. IS NOT

MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE,

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WESTERN NORTH CAROLINA, INC.	56-1492432	Page 5
Part XIII Supplemental Information (continued)		
FOUNDATION AT AUGUST 31, 2022 AND 2021. THE FOUNDATION FILES INCOME TAX		
RETURNS IN THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE		
JURISDICTIONS.		
JURISDICTIONS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED TO THE STATEMENT OF REVENUE FROM THE		
FUNCTIONAL EXPENSE STATEMENT -76,456.		
·		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED TO THE STATEMENT OF REVENUE FROM THE FUNCTIONA		
FUNCTIONAL EXPENSE STATEMENT 76,456.		
		_ _

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service	▶ 60	• Attach to Form 990 • to www.irs.gov/Form990 for instr				on		Open to Public Inspection
Name of the organizatio		H FOUNDATION OF CENTRAL AND		3 dila	the latest informati		mployer id	lentification number
	WESTERN NO	RTH CAROLINA, INC.					56-14924	132
		Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17.	Form 990-E	Z filers are not
	complete this part							
	-	ed funds through any of the following	-					
=	τιοns I email solicitations			_	overnment grants nment grants			
b Internet and c Phone solic		g Special		-	-			
d In-person so		g Special	iuiiuia	using	events			
		or oral agreement with any individual	(includ	ling of	fficers, directors, trus	tees, or		
key employees lis	ted in Form 990, Pa	art VII) or entity in connection with p	rofessi	onal f	undraising services?		Ye	es No
b If "Yes," list the 10) highest paid indiv	riduals or entities (fundraisers) pursu	ant to	agree	ments under which th	ne fundi	raiser is to k	ре
compensated at le	east \$5,000 by the	organization.						
			(iii) fundr	Did		(v) Ar	mount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	ustody	(iv) Gross receipts from activity		retained by) ndraiser	to (or retained by)
or entity (luni	uraiser)		or cor contrib	itrol of utions?	Hom activity		d in col. (i)	organization
			Yes	No				
			1					
Total				•				
List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exe	empt from r	registration
or noorioning.								

132081 10-21-21

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

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021

Part II Fundraising Events

WESTERN NORTH CAROLINA, INC.

56-1492432

Page 2

Г	irt i	of fundraising Events . Complete if the				
		3	(a) Event #1	(b) Event #2	(c) Other events	
			WISH BALL	TRAILBLAZE		(d) Total events
			CHARLOTTE	CHALLENGE SPRING	15	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts	1,310,278.	447,138.	863,501.	2,620,917.
	2	Less: Contributions	1,067,480.	373,799.	762,538.	2,203,817.
	3	Gross income (line 1 minus line 2)	242,798.	73,339.	100,963.	417,100.
	4	Cash prizes			1,500.	1,500.
	5	Noncash prizes				
benses	6	Rent/facility costs	101,200.	40,472.	38,606.	180,278.
Direct Expenses	7	Food and beverages	112,820.	18,437.	31,338.	162,595.
Ē	8	Entertainment	12,487.		7,375.	19,862.
	9	Other direct expenses		39,702.	39,636.	129,321.
	10	Direct expense summary. Add lines 4 through	0 1 1 (1)		>	493,556.
	11	Net income summary. Subtract line 10 from li				-76,456.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
σ.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c)
Revenue	1	Gross revenue				
SS	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re	· ·	-	year?	Yes No
13208	2 10	-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021 W	ESTERN NORTH CAROLINA, INC.		56-1492432	Page 3
11	Does the organization conduct gamin	g activities with nonmembers?		Ye	es No
12		ary or trustee of a trust, or a member of a			
				☐ Ye	es No
10	Indicate the percentage of gaming a				C3 110
		-		امدا	0/
					<u>%</u>
k					%
14	Enter the name and address of the p	erson who prepares the organization's ga	aming/special events books and records	:	
	Name				
	Address >				
15a	Does the organization have a contract	t with a third party from whom the organ	nization receives gaming revenue?	Ye	es No
k	If "Yes," enter the amount of gaming	revenue received by the organization 🕨	and the amou	ınt	
	of gaming revenue retained by the th				
,	If "Yes," enter name and address of				
	The root of the manner and address of	io tima party.			
	Name •				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	¢			
	Garning manager compensation	Φ			
	Description of parvious provided				
	Description of services provided				
	Director/officer	Employee Independ	lent contractor		
17	Mandatory distributions:				
	•	te law to make charitable distributions fr	om the gaming proceeds to		
•	retain the state gaming license?			Ye	es No
					es 140
r		uired under state law to be distributed to	other exempt organizations or spent in	tne	
Da	organization's own exempt activities				
Pa		tion. Provide the explanations required		ınd Part III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as ap	olicable. Also provide any additional info	rmation. See instructions.		
_					
				· 	

Schedule G (Forn	_{n 990)} pplemental Infori	WESTERN NORTH CAROLINA, INC.	56-1492432	Page 4
Part IV Sup	pplemental Infori	mation (continued)		
-				

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SCHEDULE I (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

OMB No. 1545-0047	2021	Open to Public
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WESTERN NORTH CAROLINA,

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2021

Part III

Page 2

56-1492432

(f) Description of noncash assistance TRAVEL, M&E AND SUPPLIES (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 2,041,740. FMV (d) Amount of non-cash assistance 232,594. (c) Amount of cash grant SPECIFIC CRITERIA FOR THE WISH GRANTING PROGRAM, THE ORGANIZATION GENERALLY COMMUNICATED TO THE WISH FAMILY PRIOR TO THE ISSUANCE OF CARDS SO THAT THE HOWEVER, CASH ASSISTANCE IN THE FORM OF DECLINING BALANCE PURCHASING CARDS IS PROVIDED TO WISH CHILDREN AND THEIR FAMILIES TO COVER CERTAIN EXPENSES SOMETIMES THE ORGANIZATION GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET THE FOR SOME WISH TYPES, PRIMARILY TRAVEL STIPENDS FOR TRAVEL WISHES (I.E. GAS, ETC.). THE PURPOSE AND AMOUNT OF ASSISTANCE IS 280 (b) Number of ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES. recipients (a) Type of grant or assistance PART I, LINE 2: WISHES GRANTED MEALS, TIPS, Part IV

Schedule I (F	orm 990)	WESTERN	NORTH CAROLINA,	INC.	56-1492432	Page 2
Part IV	Form 990) Supplemental	Information				
FAMILY IS	AWARE OF THE	INTENDED USE	FOR THE FUNDS.			
-						

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1492432

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	-		х
	The organization?	5a		X
D	Any related organization?	5b		_ A
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of: The experience of the continue of the cont	60		х
	The organization? Any related organization?	6a		х
D	If "Yes" on line 6a or 6b, describe in Part III.	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
3	initial contract constitution described in Devolutions and in Eq. (050, 4/2)(0)0 K IIV/co. II describe in Devt III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	in 165 on the 6, and the organization also rollow the resultable presumption procedure described in			

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9 Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2021 WESTERN NORTH CAROLINA, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHERINE JETTON	(i)	165,736.	23,000.	0	7,200.	7,709.	203,645.	0.
PRESIDENT & CEO	(0	0	• 0	0	0	0	0
	Θ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	€							
	Ξ							
	(ii)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Θ							
	(ii)							
	(j)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	⊞							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. WESTERN NORTH CAROLINA, INC. BONUSES ARE BASED ON BOARD DISCRETION. Schedule J (Form 990) 2021

Part III Supplemental Information PART I, LINE 7:

132113 11-02-21

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

► 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.

Open to Public Inspection

Name of the organization M

MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1492432

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 331 (WISH RELATED Х 849,662. FMV 25 SPECIAL EVENT Х 9 13,628, 26 Other Х 11 OTHER 12,248. FMV 27 Other 28 Other

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

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

Number of Forms 8283 received by the organization during the tax year for contributions

for which the organization completed Form 8283, Part V, Donee Acknowledgement

Schedule M (Form 990) 2021

29

29

Schedule M	1 (Form 990) 2021 WESTERN NORTH CAROLINA, INC.	56-1492432	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	33 and whether the organiz	ation
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a co	ombination of both. Also com	າplete
	this part for any additional information.		.,,,,,,,
SCHEDULE	M, PART I, COLUMN (B):		
THE AMOUN	NT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS		
RECEIVED			

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1492432

PART III LINE 4A, DESCRIPTION OF PROGRAM SERVICE: IT IS THE FOUNDING PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY ELIGIBLE CHILD, BETWEEN THE AGES OF 2 1/2 AND 18. FOR WISH KIDS JUST THE ACT OF MAKING THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO COMPLY WITH THEIR MEDICAL TREATMENTS WITH OUR WISH MAKING PROCESS WE STRIVE TO BRING A SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY DIFFICULT TIMES AND DELIVER A JOYFUL LIFE CHANGING EXPERIENCE WHETHER THE WISH IS A PRINCESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS OTHER POSSIBILITIES DREAMED UP BY THE MAGICAL MIND OF A CHILD. MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, GRANTED 280 LIFE CHANGING WISHES IN THE FISCAL YEAR ENDING AUGUST 31 THE TOTAL COST OF WISHES GRANTED FOR THE FISCAL YEAR WAS \$3,792,381. OF THIS AMOUNT, \$253,402 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND CONTRIBUTIONS SUCH AS TRAVEL AND TRAVEL SERVICES TRANSPORTATION. LODGING, AND OTHER SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S WISH. FOR FINANCIAL STATEMENT PURPOSES AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE FOR FORM 990, HOWEVER, THE IRS REQUIRES THIS AMOUNT BE EXCLUDED FROM BOTH REVENUE AND EXPENSE. IN RESPONSE TO THE CORONAVIRUS PANDEMIC. MARCH 10, 2020, IN CONJUNCTION WITH THE MAKE-A-WISH NATIONAL MEDICAL ADVISORY COUNCIL MAKE-A-WISH OF AMERICA ISSUED INSTRUCTIONS TO PAUSE TRAVEL AND LARGE GATHERING WISHES UNTIL IT WAS DEEMED MEDICALLY SAFE FOR OUR VULNERABLE POPULATION AND THEIR FAMILES. PRIOR TO FISCAL TRAVEL WISHES HAD BEEN 80% OF THE WISHES GRANTED AND THE NUMBER OF GRANTED WISHES AVERAGED APPROXIMATELY 371. IN ADDITION, THE PROGRAM EXPENSE RATIO WAS IMPACTED DUE TO THE FOUNDATION'S INABILITY TO GRANT

Schedule O (Form 990) 2021

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

Schedule O (Form 990) 2021	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.	Employer identification number 56-1492432
TRAVEL WISHES. THE PROGRAM EXPENSE RATIO WAS 78% IN THE PRE-PANDEMIC	
FISCAL YEAR ENDING AUGUST 31, 2019. TOWARD THE END OF FISCAL YEAR 2022,	
THE FOUNDATION BEGAN TO EMERGE FROM PANDEMIC OPERATING CONDITIONS AND	
NATIONAL WISH TRAVEL WAS RESUMED. NATIONAL EFFORTS ARE UNDERWAY TO	
RETURN TO PRE-PANDEMIC WISH GRANTING AND FUNDRAISING EFFORTS.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY OF THE	
DIRECTORS THEN SERVING, MAY DESIGNATE AND APPOINT ONE OR MORE COMMITTEES	
COMPRISED OF DIRECTORS, EACH OF WHICH SHALL CONSIST OF ONE OR MORE	
DIRECTORS. SUCH COMMITTEES, TO THE EXTENT PROVIDED IN SAID RESOLUTION,	
SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE	
MANAGEMENT OF THE CORPORATION, EXCEPT NO SUCH COMMITTEE MAY EXERCISE THE	
AUTHORITY OF THE BOARD OF DIRECTORS IN REFERENCE TO THE FOLLOWING MATTERS:	
(I) FILLING VACANCIES ON, OR INCREASING OR DECREASING THE MEMBERS OF, THE	
BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD OF DIRECTORS; (II)	
ADOPTION, AMENDMENT OR REPEAL OF THESE BYLAWS OR THE ARTICLES OF	
INCORPORATION; OR (III) ANY MATTERS PROHIBITED BY LAW.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION WORKS WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM TO PREPARE	
THE FORM 990. THE DRAFT FORM 990 IS THEN REVIEWED BY THE FOUNDATION'S	
PRESIDENT & CEO AND TREASURER. THE RETURN WILL THEN BE PRESENTED TO THE	
FINANCE COMMITTEE FOR THEIR REVIEW. PENDING APPROVAL, THE FORM 990 WILL	
THEN BE PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING WITH	
THE INTERNAL REVENUE SERVICE.	

Schedule O (Form 990) 2021 Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL AND	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.	Employer identification number 56-1492432
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER MANAGER IF THEY ARE FROM VOLUNTEERS, AND THE	
PRESIDENT/CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS	
MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICT	_
OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE INCLUDES, BUT ARE NOT	_
LIMITED TO, THE FOLLOWING (1) DETERMINING THE NATURE OF THE CONFLICT VIA	_
VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON (2) FULLY	_
DISCLOSING CONFLICTING INTERESTS TO THE BOARD (3) THE CONFLICTED PERSON	_
RECUSES HIMSELF-HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE	
TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT	
AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
TOP OFFICIAL MERIT INCREASES AND THE OVERALL COMPENSATION FOR THE	
PRESIDENT/CEO IS APPROVED BY THE EXECUTIVE COMMITTEE. IT IS REVIEWED	
AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS	
BY MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED	
BY STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE	
BOARD'S DISCUSSIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED.	
DOCUMENTATION INCLUDES THE TERMS OF THE TRANSACTION AND THE DATE IT WAS	
APPROVED, THE MEMBERS PRESENT DURING DELIBERATIONS AND THOSE WHO VOTED ON	_
IT, AND THE COMPARABILITY DATA RELIED UPON AND HOW IT WAS OBTAINED.	

Schedule O (Form 990) 2021	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC.	Employer identification number 56-1492432
SALARIES FOR STAFF OTHER THAN THE TOP MANAGEMENT OFFICIALS ARE DECIDED BY	
THE CEO IN CONSULTATION WITH THE EMPLOYEES' IMMEDIATE SUPERVISOR WITHIN	
LIMITS SET BY THE BOARD-APPROVED BUDGET. ALL SALARY INCREASES ARE BASED ON	
METRICS FROM PERFORMANCE REVIEWS AND COMPARED TO SALARY RANGES FOR SIMILAR	
POSITIONS AT OTHER MAKE-A-WISH CHAPTERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
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Schedule O (Form 990) 2021