				PUBLIC DISCLOSURE (_		
Forr	" 9	90)rganization Exempt				OMB No. 1545-0047
				social security numbers on this for	•	• •		Open to Public
Depa Intern	rtment o al Reve	of the Treasury enue Service	Go to www	v.irs.gov/Form990 for instructions a	and the latest	information.		Inspection
AF	or the	e 2021 calend	lar year, or tax year beginni	ing SEP 1, 2021 a	nd ending A	UG 31, 2022		
Bc	heck if pplicabl	le [.]	f organization			D Employer ide	ntific	ation number
	Addre	MAKE-A	A-WISH FOUNDATION OF C	CENTRAL &				
	chang Name	ge SOUTH					700	
	_ chang ∣Initial		usiness as		December 1	74-2357		
	_return Final return	2224 W	r and street (of P.U. DOX IF Mail VALSH TARLTON LANE	l is not delivered to street address)	Room/suite 200	E Telephone nui 512-329-9		
	termir ated	ⁿ⁻ City or t	own, state or province, coun	try, and ZIP or foreign postal code		G Gross receipts \$		6,011,154.
	Amen return	AUSIIN	N, TX 78746-7756			H(a) Is this a grou	up ret	urn
	Applic tion pendii	F Name a	nd address of principal office	er: ANN JEROME		for subordin	ates?	' Yes X No
		SAME AS	C ABOVE			H(b) Are all subordina	ates inc	luded? Yes No
		empt status:) < (insert no.) 4947(a)(1) or 527	1 '		ist. See instructions
_		te: CSTX.W				H(c) Group exem	· · · · ·	
			X Corporation Trust	Association Other ►	L Year	of formation: 1984	M	State of legal domicile: TX
Pa	rt I	Summary						
ce	1			or most significant activities: TOGE EN WITH CRITICAL ILLNESSES.	THER, WE CH	(EATE		
Activities & Governance	2	Check this bo	ox	on discontinued its operations or disp	osed of more	than 25% of its ne	t asse	ets.
ver			ting members of the governi				3	13
ğ	4	Number of inc	dependent voting members o	of the governing body (Part VI, line 1b)		4	13
8 8				alendar year 2021 (Part V, line 2a)			5	29
/itie	6	Total number	of volunteers (estimate if neo	cessary)			6	150
Acti	7 a	Total unrelate	d business revenue from Par	rt VIII, column (C), line 12			7a	0.
_	b	Net unrelated	business taxable income fro	m Form 990-T, Part I, line 11			7b	0.
						Prior Year		Current Year
e			and grants (Part VIII, line 1h)			4,561,4	_	5,635,675.
/enue	9	Program servi	ice revenue (Part VIII, line 2g))		4,561,4	00.	5,635,675. 6,400.
Revenue	9 10	Program servi Investment ine	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), li) ines 3, 4, and 7d)		4,561,4 2,7 8	00. 63.	5,635,675. 6,400. 2,734.
Revenue	9 10 11	Program servi Investment in Other revenue	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), li e (Part VIII, column (A), lines s) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)		4,561,4 2,7 8 -39,0	00. 63. 69.	5,635,675. 6,400. 2,734. 53,331.
Revenue	9 10 11 12	Program servi Investment in Other revenue Total revenue	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), li e (Part VIII, column (A), lines (- add lines 8 through 11 (mu) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12)		4,561,4 2,7 8 -39,0 4,525,9	00. 63. 69. 79.	5,635,675. 6,400. 2,734. 53,331. 5,698,140.
Revenue	9 10 11 <u>12</u> 13	Program servi Investment in Other revenue Total revenue Grants and sin	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), li e (Part VIII, column (A), lines (<u>- add lines 8 through 11 (mu</u> milar amounts paid (Part IX, o) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) <u>ist equal Part VIII, column (A), line 12)</u> column (A), lines 1-3)		4,561,4 2,7 8 -39,0	00. 63. 69. 79. 40.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318.
	9 10 11 12 13 14	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), li e (Part VIII, column (A), lines 5 <u>- add lines 8 through 11 (mu</u> milar amounts paid (Part IX, c to or for members (Part IX, c) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) <u>ist equal Part VIII, column (A), line 12)</u> column (A), lines 1-3) olumn (A), line 4)		4,561,4 2,7 8 -39,0 4,525,9 1,086,8	00. 63. 69. 79. 40. 0.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0.
	9 10 11 12 13 14	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), li e (Part VIII, column (A), lines 5 - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1-3) iolumn (A), line 4) ienefits (Part IX, column (A), lines 5-10		4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5	00. 63. 69. 79. 40. 0.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318.
	9 10 11 12 13 14	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines (- add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colu) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) <u>ist equal Part VIII, column (A), line 12)</u> column (A), lines 1-3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5-10 imn (A), line 11e)		4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5	00. 63. 69. 79. 40. 0. 79.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143.
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines (- add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colu ing expenses (Part IX, colum) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) <u>ist equal Part VIII, column (A), line 12</u>) column (A), lines 1-3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5-10 imn (A), line 11e) in (D), line 25))	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5	00. 63. 69. 79. 40. 0. 79. 27.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143.
	9 10 11 12 13 14 15 16a b 17	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 4 - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colu ing expenses (Part IX, colum es (Part IX, column (A), lines) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) <u>ist equal Part VIII, column (A), line 12)</u> column (A), lines 1-3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5-10 imn (A), line 11e)) 1,002.	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9	00. 63. 69. 79. 40. 0. 79. 27. 00.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), li e (Part VIII, column (A), lines & - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colum ing expenses (Part IX, colum es (Part IX, column (A), lines es. Add lines 13-17 (must equ) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) <u>ist equal Part VIII, column (A), line 12</u>) column (A), lines 1·3) olumn (A), line 4) enefits (Part IX, column (A), lines 5·10 imn (A), line 11e) in (D), line 25) ▶58 11a-11d, 11f-24e))	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7	00. 63. 69. 79. 40. 79. 27. 27. 00. 46.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program servi Investment in Other revenue Total revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), li e (Part VIII, column (A), lines & - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colum ing expenses (Part IX, colum es (Part IX, column (A), lines es. Add lines 13-17 (must equ) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1-3) olumn (A), line 4) enefits (Part IX, column (A), lines 5-10 imn (A), line 11e) in (D), line 25) ▶58 11a-11d, 11f-24e) ual Part IX, column (A), line 25))	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0	00. 63. 69. 79. 40. 0. 79. 27. 00. 46. 33.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 2 - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colu ing expenses (Part IX, colum es (Part IX, column (A), lines es. Add lines 13-17 (must equ expenses. Subtract line 18 fi Part X, line 16)) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1-3) olumn (A), line 4) enefits (Part IX, column (A), lines 5-10 imn (A), line 11e) in (D), line 25) ▶58 11a-11d, 11f-24e) ual Part IX, column (A), line 25))) 1,002. Be	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0 1,380,9 ginning of Current Y 4,211,1	00. 63. 69. 79. 40. 0. 79. 27. 00. 46. 33. ear 46.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year 5,136,950.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (F Total liabilities	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 2 - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colu ing expenses (Part IX, colum es (Part IX, column (A), lines es. Add lines 13-17 (must equ expenses. Subtract line 18 f Part X, line 16) s (Part X, line 26)) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1·3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5·10 imn (A), line 11e) in (D), line 25) ▶58 11a·11d, 11f·24e) ual Part IX, column (A), line 25) rom line 12) 1,002. Be	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0 1,380,9 ginning of Current Y 4,211,1 778,0	00. 63. 69. 79. 40. 0. 79. 27. 00. 446. 33. ear 446. 43.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year 5,136,950. 607,442.
Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities Net assets or	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 2 - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colur ing expenses (Part IX, colur es (Part IX, column (A), lines es. Add lines 13-17 (must equ expenses. Subtract line 18 fr Part X, line 16) s (Part X, line 26) fund balances. Subtract line) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1·3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5·10 imn (A), line 11e) in (D), line 25) ▶58 11a·11d, 11f·24e) ual Part IX, column (A), line 25) rom line 12) 1,002. Be	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0 1,380,9 ginning of Current Y 4,211,1	00. 63. 69. 79. 40. 0. 79. 27. 00. 446. 33. ear 446. 43.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year 5,136,950.
The sets of Expenses	9 10 11 12 13 14 15 16a 17 18 19 20 21 22 17 11	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities Net assets or Signature	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 2 - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colum ing expenses (Part IX, colum es (Part IX, column (A), lines es. Add lines 13-17 (must equ expenses. Subtract line 18 f Part X, line 16) s (Part X, line 26) fund balances. Subtract line e Block) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1·3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5·10 imn (A), line 11e) in (D), line 25) ▶58 11a-11d, 11f-24e) jal Part IX, column (A), line 25) rom line 12 21 from line 20)) 1,002 Be	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0 1,380,9 ginning of Current Y 4,211,1 778,0 3,433,1	00. 63. 69. 79. 40. 0. 79. 27. 00. 46. 33. ear 46. 43. 03.	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year 5,136,950. 607,442. 4,529,508.
Expenses Development Development Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 er pena	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities Net assets or Signature alties of perjury,	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 2 - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colu ing expenses (Part IX, colum es (Part IX, column (A), lines es. Add lines 13-17 (must equ expenses. Subtract line 18 f Part X, line 16) s (Part X, line 26) fund balances. Subtract line e Block) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1·3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5·10 imn (A), line 11e) in (D), line 25) ▶58 11a·11d, 11f·24e) ual Part IX, column (A), line 25) rom line 12)	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0 1,380,9 ginning of Current Y 4,211,1 778,0 3,433,1 ents, and to the best of has any knowledge.	00. 63. 69. 79. 40. 0. 79. 27. 00. 46. 33. ear 46. 43. 03. off my	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year 5,136,950. 607,442. 4,529,508.
Expenses Development Development Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 er pena	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (f Total liabilities Net assets or Signature alties of perjury, ct, and complete	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 2 - add lines 8 through 11 (mu milar amounts paid (Part IX, of to or for members (Part IX, colum ing expenses (Part IX, colum es (Part IX, column (A), lines as. Add lines 13-17 (must equ expenses. Subtract line 18 fr Part X, line 16) s (Part X, line 26) fund balances. Subtract line e Block I declare that I have examined th s (Part I have examined th) (Part I have examined th) (Part I have examined th) (Part) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1-3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5-10 imn (A), line 11e) in (D), line 25) ▶58 11a-11d, 11f-24e) ual Part IX, column (A), line 25) rom line 12 21 from line 20 his return, including accompanying schedu)	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0 1,380,9 ginning of Current Y 4,211,1 778,0 3,433,1	00. 63. 69. 79. 40. 0. 79. 27. 00. 46. 33. ear 46. 43. 03. off my	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year 5,136,950. 607,442. 4,529,508.
Expenses Development Development Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 err pena correc	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Total expense Revenue less Total assets (f Total liabilities Net assets or Signature alties of perjury, ct, and complete	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines e (Part VIII, column (A), lines & - add lines 8 through 11 (mu milar amounts paid (Part IX, of to or for members (Part IX, colu- ing expenses (Part IX, colu- ing expenses (Part IX, colu- ing expenses (Part IX, colu- es (Part IX, column (A), lines es. Add lines 13-17 (must equ- expenses. Subtract line 18 fr Part X, line 16) s (Part X, line 26) fund balances. Subtract line e Block I declare that I have examined th signed by:) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1-3) olumn (A), line 4) ienefits (Part IX, column (A), lines 5-10 imn (A), line 11e) in (D), line 25) ▶58 11a-11d, 11f-24e) ual Part IX, column (A), line 25) rom line 12 21 from line 20 his return, including accompanying schedu)	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0 1,380,9 ginning of Current Y 4,211,1 778,0 3,433,1 ents, and to the best of has any knowledge.	00. 63. 69. 79. 40. 0. 79. 27. 00. 46. 33. ear 46. 43. 03. off my	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year 5,136,950. 607,442. 4,529,508.
ap Un An Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 17 21 22 irt II 22	Program servi Investment in Other revenue Grants and sin Benefits paid Salaries, othe Professional f Total fundrais Other expense Revenue less Total assets (f Total liabilities Net assets or Signature atties of perjury, ct, and complete	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 4 - add lines 8 through 11 (mu milar amounts paid (Part IX, c to or for members (Part IX, c r compensation, employee b undraising fees (Part IX, colur ing expenses (Part IX, colur es (Part IX, column (A), lines es. Add lines 13-17 (must equ expenses. Subtract line 18 fr Part X, line 16) s (Part X, line 26) fund balances. Subtract line e Block I declare that I have examined th signed by: . Declaration of preparer (other t c.) UYOML ERM19E169666 EROME , PRESIDENT & CE) ines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e) ist equal Part VIII, column (A), line 12) column (A), lines 1-3) olumn (A), line 4) enefits (Part IX, column (A), lines 5-10 imn (A), line 11e) in (D), line 25) ▶58 11a-11d, 11f-24e) ual Part IX, column (A), line 25) rom line 12 21 from line 20 his return, including accompanying schedut than officer) is based on all information of)	4,561,4 2,7 8 -39,0 4,525,9 1,086,8 1,360,5 9 696,7 3,145,0 1,380,9 ginning of Current Y 4,211,1 778,0 3,433,1 ents, and to the best of has any knowledge. 7/10/20	00. 63. 69. 79. 40. 0. 79. 27. 00. 46. 33. ear 46. 43. 03. off my	5,635,675. 6,400. 2,734. 53,331. 5,698,140. 2,252,318. 0. 1,478,143. 0. 869,138. 4,599,599. 1,098,541. End of Year 5,136,950. 607,442. 4,529,508.
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May the IRS dis	cuss this return with the preparer shown above? See instructions
132001 12-09-21	LHA For Paperwork Reduction Act Notice, see the separate instructions.

	MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS	74-2357788	Daga
	n 990 (2021) SOUTH TEXAS rt III Statement of Program Service Accomplishments	74 2337700	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS 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?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	·	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expe	2000
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,448,570. including grants of \$2,252,318.) (Reve	enue\$	6,400.
	SEE SCHEDULE O		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Reve		
A -1	Other program convises (Describe on Salestule O)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e)	
		Fr	orm 990 (2021
13200	2 12-09-21		,

MAKE-A-WISH FOUNDATION OF CENTRAL &

Form 990	<u>D (2021)</u> SOUTH TEXAS 74-2357	88	Р	age 3
Part IV	Checklist of Required Schedules			
			Yes	No
1 lst	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	Yes, " complete Schedule A	1	Х	<u> </u>
	the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
	the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	blic office? If "Yes," complete Schedule C, Part I	3		X
	ction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	ring the tax year? If "Yes," complete Schedule C, Part II	4		X
	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
	nilar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
	d the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to ovide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
	d the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	d the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	hedule D, Part III	8		x
	d the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	Yes, " complete Schedule D, Part IV	9		x
	I the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
	he organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
as	applicable.			
a Did	the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
Par	rt VI	11a	Х	
b Did	d the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	d the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	d the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	rt X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	d the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
	d the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	х	
	e organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
		12a	х	
	hedule D, Parts XI and XIIas the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
	Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	d the organization maintain an office, employees, or agents outside of the United States?	14a		x
	the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	restment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
ori	more? If "Yes," complete Schedule F, Parts I and IV	14b		x
	the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
fore	eign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16 Did	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
or f	for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
	the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	lumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
	d the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	and 8a? If "Yes," complete Schedule G, Part II	18	X	──
	d the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	mplete Schedule G, Part III	19		X
	d the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	d the organization report more than \$5,000 of grants or other assistance to any domestic organization or mestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I. Parts I and II</i>	21		x
uðr				

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MAKE-A-WISH FOUNDATION OF CENTRAL &

Form	990 (2021) SOUTH TEXAS 74-23577 t IV Checklist of Required Schedules (continued)	88	P	_{age} 4
	Continuedy		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
	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	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X 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	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	х	
30	Did the organization receive and e that \$25,000 in the reasures, or other similar assets, or qualified conservation	25		<u> </u>
00	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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
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		X
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		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				L
	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	2		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)

MAKE-A-WISH FOUNDATION OF CENTRAL &

	990 (2021) SOUTH TEXAS 74-235	7788	P	age 5
Fai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-			Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	29		
h	filed for the calendar year ending with or within the year covered by this return 2a	_	x	
a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions			x
	It "Yes," has it filed a Form 990-1 for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	- 70		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	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 pay	or? 7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	?? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	_		
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	15a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	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?	17		
	If "Yes," complete Form 6069.			
132005	<u>5</u> 12-09-21 6	Forr	n 990	(2021)

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	MAKE-A-WISH FOUNDATION OF CENTRAL &			
	990 (2021) SOUTH TEXAS 74-235778		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
		6		x
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		
b				
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	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			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright^{TX}			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	y/		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
15	statements available to the public during the tax year.	. man	5101	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ANN JEROME - 512-329-9474			
	2224 WALSH TARLTON LANE , 200, AUSTIN, TX 78746-7756			
132004	3 12-09-21	Form	990	(2021)
102000	7	1011		(2021)

MAKE-A-WISH FOUNDATION OF CENTRAL

	MARE-A-WISH FOUNDATION OF CENTRAL &		
Fo	orm 990 (2021) SOUTH TEXAS	74-2357788	Page 7
F	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 P	art 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition	۱ than e	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con	_	1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHRIN BREWER	40.00	_	_			<u> </u>				
PRESIDENT & CEO (THRU 1/22)		1		х				136,844.	0.	11,836.
(2) SHELBY GILL	40.00									
INTERIM CEO (BEGAN 1/22)				х				92,217.	0.	9,779.
(3) ELIZABETH BAXTER	3.00									
CHAIR		Х		Х				0.	0.	0.
(4) SETH RANDLE	3.00									
VICE CHAIR		Х		х				0.	0.	0.
(5) MANUEL AZUARA	3.00									
TREASURER		х		х				0.	0.	0.
(6) HEATHER TRAEGER	3.00									
SECRETARY		х		х				0.	0.	0.
(7) PETRI DARBY	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(8) LORENA KISER	1.00								•	0
DIRECTOR	1.00	X						0.	0.	0.
(9) PETER KRAMER	1.00							0.	0.	0
DIRECTOR (10) SCOTT SCHNEIDER	1.00	X						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) CRISPIN THOMPSON	1.00	^					<u> </u>	<u> </u>	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(12) AMY VILLARREAL	1.00								••	
DIRECTOR		x						0.	0.	0.
(13) WILLIAM BROWN	1.00									
DIRECTOR		x						0.	0.	0.
(14) ANTHONY SCHIAVO	1.00									
DIRECTOR		x						0.	0.	0.
(15) PATRICK NOLAN	1.00									
DIRECTOR		х						0.	0.	0.
(16) CAROLYN LOWE	1.00									
DIRECTOR (THRU 6/22)		х						0.	0.	0.
(17) JOAN CLEVELAND	1.00									
DIRECTOR (THRU 3/22)		Х						0.	0.	0.
132007 12.00.21										Form 990 (2021)

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Form 990 (2021)

8

MAKE-A-WISH FOUNDATION OF CENTRAL &

Form 990 (2021)	SOUTH TEXAS	CONDATION	0r	CER	I NA.					74-23	5778	8	P	age 8
	A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				Ŭ
	(A) ne and title	(B) Average hours per week	(do box	not c , unle:	(C Posi heck r ss per	C) ition more rson is		one an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr orga and	pensa om th anizat d relat inizati	e ion ed
(18) LANCE SINCL	AIR	1.00												
DIRECTOR (THRU 3	/22)		х						0.		٥.			٥.
(19) MAYA HIGA		1.00												_
DIRECTOR (THRU 3			х						0.		0.			0.
(20) HEATHER HAR		1.00												0
DIRECTOR (THRU 1 (21) CHARLIE HOL		1.00	X						0.		٥.			0.
		1.00	x						0.		0.			0
DIRECTOR (THRU 9	/21)		x						0.		0.			0.
			-											
			•											
			-											
									000.001				0.1	615
									229,061.		0. 0.		21,	615. 0.
	tinuation sheets to Part VI								229,061.		0.		21	615.
	s 1b and 1c) f individuals (including but n								,	200 of roportable			<u>21</u> ,	015.
	rom the organization		036	iiste	u ab		<i>y</i> wir		ceived more than \$100,					1
3 Did the organiza	ation list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on			Yes	No
	" complete Schedule J for s											3		X
	al listed on line 1a, is the su anizations greater than \$150											4		х
	listed on line 1a receive or a													
	organization? If "Yes." com	plete Schedule	e J f	or sı	ich p	bers	on .					5		Х
Section B. Independ								- +1		100.000 of comm				
	able for your five highest co <u> n. Report compensation for</u>	-							the organization's tax y					
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	(C omper		n
O Tatal sussibility		a al callia er la cal	-4 "		1.4	ula -								
	f independent contractors (in mpensation from the organized and the organized of the second second second second second second second second s	•	JUII	niteo	1 10 1	unos (se iis 0	red	abovej who received mo	חפ נוומוו				

\$100,000 of compensation from the organization

Form **990** (2021)

132008 12-09-21

			MAKE	-A-1	WISH FOUN	DAT	ION OF CENTRA	L &			
			2 <u>0</u> 21) SOUT							74-235778	8 Page 9
Pa	rt V	/	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	nse (or note to any line				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1	а	Federated campaigns		1a		10,003.				
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
۲ ون		с	Fundraising events		1c		1,367,922.				
ar /		d	Related organizations		1d						
s, C		е	Government grants (contr	ributi	ons) 1e		242,900.				
r Si		f	All other contributions, gifts,	grant	ts, and						
ibut			similar amounts not included	l abov	/e 1f		4,014,850.				
o tr		g	Noncash contributions included in	lines 1	1a-1f 1g	5	971,976.				
<u>0</u> E		h	Total. Add lines 1a-1f	<u></u>				5,635,675.			
							Business Code				
e	2	а	WISH ASSIST FEES				900099	6,400.	6,400.		
ervi		b									
u Si		С									
Program Service Revenue		d									
l		е									
Δ.			All other program service					6 400			
		g	Total. Add lines 2a-2f					6,400.			
	3		Investment income (includ	-				2,614.			2,614
	4		other similar amounts) Income from investment of					2,014.			2,014
	4 5		Royalties		•		ŕF				
	5		noyanies		(i) Real		(ii) Personal				
	6	а	Gross rents	6a	(7)		(
	Ŭ	b	Less: rental expenses	6b							
		c	Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	/	(i) Securit	ies	(ii) Other				
			assets other than inventory	7a	1	20.					
		b	Less: cost or other basis								
nue			and sales expenses	7b		0.					
		с	Gain or (loss)	7c	1	20.					
Bei			Net gain or (loss)			. <u></u>	<u>,</u>	120.			120
Other Reve	8	а	Gross income from fundraising								
₹			including \$1,3	367,	922. of						
			contributions reported on								
			Part IV, line 18			<u>8a</u>	354,105.				
			Less: direct expenses			8b	· · · · ·	41.001			41.001
			Net income or (loss) from				····· ►	41,091.			41,091
	9	а	Gross income from gamin								
			Part IV, line 19			9a 9b					
			Less: direct expenses								
	10		Net income or (loss) from Gross sales of inventory, I			<u>```</u>					
	10	a	and allowances			10a					
		h	Less: cost of goods sold			10a					
			Net income or (loss) from								
		-		20100		<i>.</i>	Business Code				
SNC	11	а	OTHER INCOME				900099	12,240.			12,240
nec		b						-			
Miscellaneous Revenue		с									
lisc		d	All other revenue								
2			Total. Add lines 11a-11d					12,240.			
	12		Total revenue. See instruction	ons				5,698,140.	6,400.	0.	56,065

132009 12-09-21

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Form 990 (2021)

MAKE-A-WISH FOUNDATION OF CENTRAL &

and domestic governments. See Part IV, line 21	Part IX Statement of Functional Expens		r organizations must	anlata aglume (A)	
Do not include amounts' reported on fines ED; Total expenses Program service expenses Management and period openses Fundbalance expenses 1 Brants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 C Program service Management and period all openses Fundbalance expenses 2 Constra and other assistance to domestic individuals. See Part IV, line 21 2 2.52,318. 2,252,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 2.52,318. 2 <td< th=""><th></th><th></th><th></th><th>· · · ·</th><th></th></td<>				· · · ·	
De, B, B, B, B, and TBA of Pair UII. Totals and Units assistance to domestic organizations. Totals and Units assistance to foreign organizations. Totals assi		(A)	(B)	(C)	(D)
1 Gamba and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Gamba and other assistance to domestic individuals. See Part IV, line 22 Gamba and other assistance to domestic individuals. See Part IV, line 24 Gamba and Key employees 2, 252, 318. 2, 252, 318. Compensation of current officers, directors, trustees, and key employees 260, 785. 139, 007. 48, 951. 72, 88 Compensation of current officers, directors, trustees, and key employees 260, 785. 139, 007. 48, 951. 72, 88 Compensation of uncent officers, directors, trustees, and key employees 260, 785. 139, 007. 48, 951. 72, 88 Other satisface and vages section 401(k) and 40(k) employee contributions 135, 157. 7, 252. 2, 754. 3, 875. 9 Other satisface for nemployees): 48 49, 612. 523, 515. 388, 699. 282, 4 1 Fees for services (nonemployees): 318, 875. 7, 252. 2, 754. 3, 800. 0 Chard and angement tees. 360. 360. 360. 360. 1 Fees for services (nonemployees): 40, 421. 710. 39, 786. 3 0 Gex sepanses 66,	· · · ·	Total expenses			
2 Grants and other assistance to domastic individuals. See Part V, line 22 2, 252, 318. 2, 252, 318. 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 Image: Compensation of current offices, directors, trustees, and key employees 2, 252, 318. 2, 252, 318. 0 Compensation of current offices, directors, trustees, and key employees 260, 785. 139, 007. 48, 951. 72, 86 0 Compensation on linduced above to disgualified persons (as defined under section 4858(l)(1)) and persons described in action 4858(l)(1) and persons described in action 4858(l)(1)) and persons described in action 4858(l)(1) and persons described in action 4858(l) and 13, 877. 2, 2, 754. 3, 8 1 Parol taxes 52, 405. 52, 405. 52, 405. 52, 405. 1 Degree described in action 4858(l) (10, 828. 77, 215. 77, 215. 52, 405. 1 Degree described in action 4858(l) (10, 1618, 25. 620.			1		ľ
individuals. See Part V, line 22 2, 252, 318. 2, 252, 318. 3 Grants and other assistance to foreign organizations, foreign governments, and toreign individuals. See Part V, lines 15 and 16 4 4 Benefits paid to or for members 5 5 Compensation not included above to disputified persons accurate and contributions (include section 401(k) and 4830(t)) and person description (scinules) 52 6 Comparisation not included above to disputified persons accurate and contributions (include section 401(k) and 4830(t)) and person description (scinules) 994, 832. 523, 515. 188, 699. 282, 4 9 Other employee benefits 92, 484. 50, 611. 16, 399. 25, 4 9 Other employee benefits 92, 484. 50, 611. 16, 399. 25, 4 9 Cher employee benefits 92, 484. 50, 611. 16, 399. 25, 4 9 Cher employee benefits 92, 484. 50, 611. 16, 399. 25, 4 9 Cher (If line 11g ameunt, list line 11g express on Sch.D) 40, 013. 710. 39, 786. 3 9 Other employee benefits 066, 486. 43, 385. 21, 152. 22, 9 9 Other employee benefits 52, 405. 52, 405. 52, 405.	and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 5 and 16 Image: Compensation of current officers, directors, trustees, and key employees 260,785,139,007,48,951,72,8 4 Benefits paid to or for members compensation of current officers, directors, trustees, and key employees 260,785,139,007,48,951,72,8 28,951,72,8 6 Compensation on included abave to disqualified persons (ad defined under section 45808(1)) and persons described in section 45808(1)(3) and persons described in section 45808(1) and persons described in an anortization 466,486,433,885,421,152,211,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,937,721,23,	2 Grants and other assistance to domestic				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part N, Ines 15 and 16	individuals. See Part IV, line 22	2,252,318.	2,252,318.		
Individuals. See Part IV, lines 15 and 16 Image: Compensation of current officers, directors, trustees, and key employees 260,785 139,007 48,951 72,8 Compensation of current officers, directors, trustees, and key employees 260,785 139,007 48,951 72,8 Compensation of current officers, directors, trustees, and key employees 260,785 139,007 48,951 72,8 Other salaries and wages 994,832 523,515 188,899 282,4 Pension plan accruits and contributions (include section 4968/(N)8) 994,832 523,515 188,899 282,4 Payroil taxes 92,484 50,611 16,398 25,4 I begal 52,405 52,405 26,4 I cobying 77,215 77,215 77,215 Protession landraising services. See Part IV, line 17 360 360,0 360,0 I cobying 97,8 360 360,0 360,0 Other (file ing anount exceeds 10% of line 25, column (A), anount, ist line 11g segness os 61,0,0 632, 2 632, 2 I dother segnese 50,100, 16,602, 10,441, 23,0 632, 2 360, 1					
4 Benefits paid to or for members 260,785 139,007 48,951. 72,85 5 Compensation not included above to disqualified persons (as defined under section 4968(f)(1) and persons described in the section 4978(f) and 31,875 7,252 2,754. 3,8 0 Other employees benefits 116,167. 67,515. 20,455. 28,1 1 Fees for services (nonemployees): 116,167. 52,405. 52,405. 52,405. 1 Fees for services (nonemployees): 17,215. 77,215. 16,602. 16,414. 1 Investment management fees. 360. 360. 62,485. 21,152. 21,9	organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 260,785. 139,007. 48,951. 72,8 Compensation not included above to disqualified persons (ascribid in section 4958(IV)) and persons (ascribid in the full as and the section 4958(IV)) and persons (ascribid in the full as and the section 4958(IV)) O Payoell taxes 994,832. 523,55. 28,24,4 3,875. 7,252. 2,754. 3,98. 9 Other employee benefits 116,167. 67,515. 20,455. 28,24. 14 Fees for services (nonemployees): 3 97.7,215. 77,215. 77,215. 1 Fees for services (nonemployees): 360. 360. 360. 90 1 Ivestment management fees 360. 360. 360. 32. 0 Other expenses 86,486. 43,385. 21,152. 21,99	individuals. See Part IV, lines 15 and 16				
trustees, and key employees 260,785. 139,007. 48,951. 72,8 6 Compensation not included above to disqualified persons (as officed under section 4980(r)(1) and persons described in section 4980(r)(1) and persons described in section 4980(r)(1) and quoty be benefits 994,832. 523,515. 188,899. 222,4 6 Pension plan acruals and contributions (include section 40 (K) and 40(b) employer contributions) 934,832. 523,515. 188,899. 222,4 3,875. 7,252. 2,754. 3,8 0 Payrol taxes 92,484. 50,611. 16,398. 25,4 25,4 1 Fees for services (nonemployees): Management 52,405. 52,405. 52,405. 52,405. 4 Accounting 77,215. 77,215. 77,215. 77,215. 1 Investment tranagement fees 360. 360. 360. 2 Advertising and promotion 632. 632. 632. 2 Advertising and promotion 636,466. 43,385. 21,152. 21,9 3 For any fedge and anotization. 37,289. 20,882.					
Compensation not include above to disqualified persons described in section 4968(r)(1)) and persons described in section 4968(r) and and the persons described in section 4968(r) and and and the persons described in section 4968(r) and and anon persons described in section 4968(r) and anon persons described in sectin 4968(r) anon persons described in section 4968(r) and anon pera					
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1) and persons de	trustees, and key employees	260,785.	139,007.	48,951.	72,82
persons described in section 4958(c)(3)(B) 994,832. 523,515. 188,899. 282,4 7 Other salaries and wages 994,832. 523,515. 188,899. 282,4 9 Other employee benefits 116,167. 67,515. 20,455. 28,1 9 Other employee benefits 92,484. 50,611. 16,398. 25,4 9 Amargement 52,405. 52,405. 52,405. 52,405. 6 Accounting 77,215. 77,215. 77,215. 77,215. 9 Other employee sciences in Stores in S					
7 Other salaries and wages 994,832. 523,515. 188,899. 282,4 9 Persion plan actruits and contributions 116,157. 7,252. 2,754. 3,8 9 Other employee benefits 92,484. 50,611. 16,398. 25,4 9 Person services (nonemployees): 92,484. 50,611. 16,398. 25,4 1 Fees for services (nonemployees): 92,484. 50,611. 16,398. 25,4 1 Fees for services (nonemployees): 92,484. 50,611. 16,398. 25,4 1 Fees for services (nonemployees): 92,484. 50,611. 16,398. 25,4 4 Anagement 52,405. </td <td>persons (as defined under section 4958(f)(1)) and</td> <td></td> <td></td> <td></td> <td></td>	persons (as defined under section 4958(f)(1)) and				
Bension data acruals and contributions (include section 401(k) and 403(b) employer contributions) 1	persons described in section 4958(c)(3)(B)				
8 Persion plan accruates and contributions (include section 401(k) and 403(b) employer contributions) 13,875. 7,252. 2,754. 3,9 9 Other employee benefits 92,484. 50,611. 16,398. 25,4 1 Fees for services (nonemployees): a 92,484. 50,611. 16,398. 25,4 a Management	7 Other salaries and wages	994,832.	523,515.	188,899.	282,41
9 Other employee benefits 116,167. 67,515. 20,455. 28,1 0 Payroll taxes 92,484. 50,611. 16,398. 25,4 1 Fees for services (nonemployees): a 92,484. 50,611. 16,398. 25,4 4 Haragement 52,405. 52,					
Payroll taxes 92,484. 50,611. 16,398. 25,4 I Fees for services (nonemployees): a Management 52,405. 52,405. a Management 52,405. 52,405. 52,405. 52,405. c Accounting 77,215. 77,215. 77,215. 77,215. d Lobbying 90.	section 401(k) and 403(b) employer contributions)	13,875.	7,252.	2,754.	3,86
0 Payroll taxes 92,484. 50,611. 16,398. 25,4 1 Fees for services (nonemployees): a	9 Other employee benefits	116,167.	67,515.	20,455.	28,19
1 Fees for services (nonemployees):		92,484.	50,611.	16,398.	25,47
b Legal 52,405. 52,405. c Accounting 77,215. 77,215. d Lobbying 77,215. 77,215. e Protessional fundraising services. See Part IV, line 17 360. 360. g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 40,813. 710. 39,786. 3 g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 40,813. 710. 39,786. 3 g Othice expenses 86,486. 43,385. 21,152. 21,9 g Advertising and promotion 50,108. 16,602. 10,441. 23,0 g Strate Strate Strate Strate 21,9 3 g Contraines Strate Strate 2,2 273. 29,3 g Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 g Conferences, conventions, and meetings 194. 10 11 10					
b Legal 52,405. 52,405. c Accounting 77,215. 77,215. d Lobbying 77,215. 77,215. e Protessional fundraising services. See Part IV, line 17 360. 360. g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 40,813. 710. 39,786. 3 g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 40,813. 710. 39,786. 3 g Othice expenses 86,486. 43,385. 21,152. 21,9 g Advertising and promotion 50,108. 16,602. 10,441. 23,0 g Strate Strate Strate Strate 21,9 3 g Contraines Strate Strate 2,2 273. 29,3 g Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 g Conferences, conventions, and meetings 194. 10 11 10	a Management				
c Accounting 77, 215. 77, 215. d Lobbying 77, 215. 77, 215. e Protessional fundrating services. See Part IV, line 17 360. 360. g Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 40, 813. 710. 39, 786. 3 g Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 40, 813. 710. 39, 786. 3 g Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 632. 632. 632. g Cherrences, conventions, and meetings 50, 108. 16, 602. 10, 441. 23, 0 g Conferences, conventions, and meetings 10, 678. 885. 5, 230. 4, 55 g Conferences, conventions, and meetings 10, 678. 885. 5, 230. 4, 59 g Deprecision, depletion, and amortization 37, 289. 20, 882. 7, 085. 9, 3 g Insurance 194. 1 1 30, 275. 30, 275. 30, 20, 2 g Chiter expenses in Scheduli		52,405.		52,405.	
d Lobbying		77,215.		77,215.	
e Professional fundraising services. See Part IV, line 17 f Investment management fees 360. 360. g Other. (If line 11g arount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 40, 813. 710. 39, 786. 33 2 Advertising and promotion 632. 633. 33 34 33 35 36 <td></td> <td></td> <td></td> <td></td> <td></td>					
Intervention Intervention<					
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 40,813. 710. 39,786. 3 2 Advertising and promotion 632. 632. 632. 3 Office expenses 86,486. 43,385. 21,152. 21,9 4 Information technology 50,108. 16,602. 10,441. 23,0 5 Royalties 0 117,229. 65,648. 22,273. 29,3 6 Occupancy 117,229. 65,648. 22,273. 29,3 7 Travel 4,747. 721. 1,837. 2,1 8 Payments of travel or entertainment expenses 10,678. 885. 5,230. 4,5 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 1 Payments to affiliates 2 2 9,3 3 3 Insurance 194. 1 1 1 1 1 1 2 1 1 1 2 9,6 1 1 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 9,3 1 Insurance 1	f Investment management fees	360.		360.	
2 Advertising and promotion 632. 632. 3 Office expenses 86,486. 43,385. 21,152. 21,9 4 Information technology 50,108. 16,602. 10,441. 23,0 5 Royaties 117,229. 65,648. 22,273. 29,3 6 Occupancy 117,229. 65,648. 22,273. 29,3 7 Travel 4,747. 721. 1,87. 2,1 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 10,678. 885. 5,230. 4,5 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 9 Interest 10,678. 885. 5,230. 4,5 1 Payments to affiliates 10 10 10 10 10 1 Payments to affiliates 10 10 10 10 10 1 Payments to affiliates 10 10 10 10 10 10 1 Payments of dimets to affiliates 10 10 10 <	g Other. (If line 11g amount exceeds 10% of line 25,				
Bit Notice appenses B6,486. 43,385. 21,152. 21,99 4 Information technology 50,108. 16,602. 10,441. 23,0 5 Royalties	column (A), amount, list line 11g expenses on Sch 0.)	40,813.	710.	39,786.	31
4 Information technology 50,108. 16,602. 10,441. 23,0 5 Royalties 117,229. 65,648. 22,273. 29,3 6 Occupancy 117,229. 65,648. 22,273. 29,3 7 Travel 4,747. 721. 1,837. 2,1 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 0 65,648. 22,273. 29,3 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 9 Interest 685. 384. 130. 1 1 Payments to affiliates 9 37,289. 20,882. 7,085. 9,3 3 Insurance 194. 1 1 4 Other expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A), arount, list line 24e expenses on Schedule 0.) 359,518. 258,853. 53,928. 46,7 4 Other expenses	2 Advertising and promotion	632.		632.	
4 Information technology 50,108. 16,602. 10,441. 23,0 5 Royalties 117,229. 65,648. 22,273. 29,3 7 Travel 4,747. 721. 1,837. 2,1 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,747. 721. 1,837. 2,1 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 0 Interest 685. 384. 130. 1 1 Payments to affiliates 10,678. 882. 7,085. 9,3 1 Payments to affiliates 1194. 1 1 2 Depreciation, depletion, and amortization 37,289. 20,882. 7,085. 9,3 3 Insurance 194. 1 1 4 Other expenses on Schedule 0.) 359,518. 258,853. 53,928. 46,7 5 MENDERSHIP DUES 504. 282. 96. 1 6 All other expenses. 504. 282. 96. 1	3 Office expenses	86,486.	43,385.	21,152.	21,94
6 Occupancy 117,229. 65,648. 22,273. 29,3 7 Travel 4,747. 721. 1,837. 2,1 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,747. 721. 1,837. 2,1 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 0 Interest 685. 384. 130. 1 1 Payments to affiliates 0 1 1 1 1 2 Depreciation, depletion, and amortization 37,289. 20,882. 7,085. 9,3 3 Insurance 194. 1 1 4 Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on Schedule 0.) 359,518. 258,853. 53,928. 46,7 a CHAPTER DUES 30,275. 30,2 30	4 Information technology	50,108.	16,602.	10,441.	23,06
6 Occupancy 117,229. 65,648. 22,273. 29,3 7 Travel 4,747. 721. 1,837. 2,1 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,747. 721. 1,837. 2,1 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 0 Interest 685. 384. 130. 1 1 Payments to affiliates 0 1 1 1 1 2 Depreciation, depletion, and amortization 37,289. 20,882. 7,085. 9,3 3 Insurance 194. 1 1 4 Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on Schedule 0.) 359,518. 258,853. 53,928. 46,7 a CHAPTER DUES 30,275. 30,2 30	5 Royalties				
B Payments of travel or entertainment expenses for any federal, state, or local public officials 10,678. 885. 5,230. 4,5 9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 0 Interest 685. 384. 130. 1 1 Payments to affiliates 685. 384. 130. 1 2 Depreciation, depletion, and amortization 37,289. 20,882. 7,085. 9,3 3 Insurance 194. 1 1 4 Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 359,518. 258,853. 53,928. 46,7 5 MERCHANT FEES 30,275. 30,275. 30,2 6 Membership DUES 504. 282. 96. 1 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 4,599,599. 3,448,570. 570,027. 581,0		117,229.	65,648.	22,273.	29,30
for any federal, state, or local public officials10,678.885.5,230.4,59Conferences, conventions, and meetings10,678.885.5,230.4,50Interest685.384.130.11Payments to affiliates12Depreciation, depletion, and amortization37,289.20,882.7,085.9,33Insurance194.14Other expenses. Itemize expenses on tocvered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)359,518.258,853.53,928.46,7aCHAPTER DUES359,518.258,853.53,928.46,7bMERCHANT FEES30,275.30,2cMEMBERSHIP DUES504.282.96.1d </td <td>7 Travel</td> <td>4,747.</td> <td>721.</td> <td>1,837.</td> <td>2,18</td>	7 Travel	4,747.	721.	1,837.	2,18
9 Conferences, conventions, and meetings 10,678. 885. 5,230. 4,5 0 Interest 685. 384. 130. 1 1 Payments to affiliates	8 Payments of travel or entertainment expenses				
O Interest 1	for any federal, state, or local public officials \dots				
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2Depreciation, depletion, and amortization37,289.20,882.7,085.9,33Insurance194.14Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses on Schedule 0.) amount, list line 24e expenses on Schedule 0.)194.1aCHAPTER DUES359,518.258,853.53,928.bMERCHANT FEES30,275.30,2cMEMBERSHIP DUES504.282.96.d	0 Interest	685.	384.	130.	17
a Insurance 194. 1 4 Other expenses. Itemize expenses on to 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.) 194. 1 a CHAPTER DUES 359, 518. 258, 853. 53, 928. 46, 7 b MERCHANT FEES 30, 275. 300, 275. 300, 2 300, 2 c MEMBERSHIP DUES 504. 282. 96. 1 d	1 Payments to affiliates				
A Other expenses. Itemize expenses on 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.) 359,518. 258,853. 53,928. 46,7 a CHAPTER DUES 359,518. 258,853. 53,928. 46,7 b MERCHANT FEES 30,275. 30,2 30,2 c MEMBERSHIP DUES 504. 282. 96. 1 d	2 Depreciation, depletion, and amortization		20,882.	7,085.	9,32
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.)359,518.258,853.53,928.46,7aCHAPTER DUES30,275.30,275.30,2bMERCHANT FEES30,275.30,2cMEMBERSHIP DUES504.282.96.1d	3 Insurance	194.			19
a CHAPTER DUES 359,518. 258,853. 53,928. 46,7 b MERCHANT FEES 30,275. 30,275. 30,275. 30,275. c MEMBERSHIP DUES 504. 282. 96. 1 d	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b MERCHANT FEES 30,275. 30,275. c MEMBERSHIP DUES 504. 282. 96. 1 d		359 518	258 853	53 928	46,73
c MEMBERSHIP DUES 504. 282. 96. 1 d	·	, , , , , , , , , , , , , , , , , , , ,			30,27
d		· · · · · ·	282	96	12
e All other expenses	•				
5 Total functional expenses. Add lines 1 through 24e 4,599,599. 3,448,570. 570,027. 581,0 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 500,027. 581,00					
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	-	4,599,599.	3,448,570.	570.027.	581,00
reported in column (B) joint costs from a combined	· · · · · · · · · · · · · · · · · · ·	, , , ,	, , ,	, ,	, ,
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	1			Eorm 990 (20

132010 12-09-21

Form 990 (2021)

- orm	990 (2	MAKE-A-WISH FOUNDATIC 2021) SOUTH TEXAS	ON OF CE	INTRAL &		74-2	2357788 Page 11
Par	<u> </u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to any lii	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,063,585.	1	3,145,189.
	2	Savings and temporary cash investments			1,244,789.	2	1,246,454.
	3		485,231.	3	295,239.		
	4		Pledges and grants receivable, net Accounts receivable, net				
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
		controlled entity or family member of any of thes	e persons	; L		5	
	6	Loans and other receivables from other disqualit	ied perso	ns (as defined			
		under section 4958(f)(1)), and persons described	in sectior	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			41,475.	8	60,946.
Š	9				73,392.	9	171,137.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	203,682.			
	b	Less: accumulated depreciation	10b	178,441.	54,417.	10c	25,241.
	11	Investments - publicly traded securities			1,994.	11	1,199.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	I1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			246,215.	15	190,032.
	16	Total assets. Add lines 1 through 15 (must equa			4,211,146.	16	5,136,950.
	17	Accounts payable and accrued expenses			489,267.	17	520,348.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela			242.000	23	0
	24	Unsecured notes and loans payable to unrelated			242,900.	24	0.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-		45,876.	05	87,094.
	00	of Schedule D			778,043.	25	607,442.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			770,043.	26	007,442.
ş		and complete lines 27, 28, 32, and 33.	ck nere				
ů Ľ	27				3,400,099.	27	4,188,827.
ala	28	Net assets with donor restrictions			33,004.	28	340,681.
Б	20	Organizations that do not follow FASB ASC 9			,	20	,
п		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,433,103.	32	4,529,508.
z	33	Total liabilities and net assets/fund balances			4,211,146.	33	5,136,950.

Form 990 (2021)

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isign	Envelope ID: 62ACCF31-7A54-4F70-B060-5A0F1B417E94					
	MAKE-A-WISH FOUNDATION OF CENTRAL &				• -	
	990 (2021) SOUTH TEXAS	74-23	57788	Pa	_{ige} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·····			X	
			-			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,140.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,599.	
3	Revenue less expenses. Subtract line 2 from line 1	3			,541.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	, ,	,103.	
5	Net unrealized gains (losses) on investments	5			,280. ,233.	
6	Donated services and use of facilities	6		14	, 233.	
7	Investment expenses	7				
8	Prior period adjustments	8		_ 9	,089.	
9 10	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	4	529	,508.	
Pa	column (B)) rt XII Financial Statements and Reporting			, 525		
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		x	
	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:	on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:	,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?		3a		x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				~~~		

Form **990** (2021)

SCHEDULE A		Public Charity Status and Public Support								
(Form 990)			•					2021		
			nization is a section 501 47(a)(1) nonexempt cha			or a section	202 I			
Department of the Treasury			Attach to Form 990 or F					Open to Public		
Internal Revenue Service		Go to www.irs.gov	v/Form990 for instruction	ons and th	ne latest in	nformation.		Inspection		
Name of the organi	ation MAKE-2	A-WISH FOUNDATIC	ON OF CENTRAL &				Employer	r identification number		
		TEXAS						74-2357788		
Part I Reaso	Part I         Reason for Public Charity Status.         (All organizations must complete this part.) See instructions.									
The organization is n	ot a private found	dation because it is: (	For lines 1 through 12, cl	neck only	one box.)					
1 A church	convention of ch	nurches, or associatio	on of churches described	in sectio	on 170(b)( [.]	I)(A)(i).				
2 A school	lescribed in <b>sec</b>	tion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990).)						
	-		anization described in se			-				
	-	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
city, and										
	•		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in		
		Complete Part II.)								
		-	nental unit described in s					anda Barraha an Alana at An		
		-	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general	public described in		
		Complete Part II.)	(1)(A)(ui) (Complete Dar							
	-		(1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i)		od in coniu	unction with a	land grant	collogo		
		•	ulture (see instructions).				°,			
university	-	grant college of agric			name, city	, and state of	the college			
		ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membersh	ip fees, an	d aross receipts from		
			t to certain exceptions; a							
			(less section 511 tax) fro					-		
	on 509(a)(2). (Co		· · · · · · · · · · · · · · · · · · ·		·	, ,				
			ively to test for public saf	ety. See	section 50	09(a)(4).				
			ively for the benefit of, to				rry out the	purposes of one or		
more pub	icly supported o	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on		
lines 12a	hrough 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.			
a 🗌 Type I.	A supporting org	anization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), t	ypically by	giving		
the sup	oorted organizati	ion(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
organiz	tion. You must	complete Part IV, Se	ections A and B.							
b 🔄 Type II.	A supporting or	ganization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing		
	-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
	· · /	st complete Part IV,								
			g organization operated				ly integrate	ed with,		
	0	()(	). You must complete F							
			porting organization oper				•	· · ·		
			zation generally must sati				an attentiv	veness		
			nplete Part IV, Sections							
			written determination from nally integrated supportir			турет, туре	п, туре Ш			
f Enter the num										
	••	organizations	ed organization(s)							
(i) Name of s		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount or	f monetary	(vi) Amount of other		
organiza	tion		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
		1								
		1								
Total										

	MA	KE-A-WISH FOU	NDATION OF CEN	TRAL &				
Sch		DUTH TEXAS				74-23577	i ugo 🖬	
Pa	rt II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) and	170(b)(1)(A)(vi)		
	(Complete only if you checked			-	failed to qualify u	nder Part III. If the	organization	
	fails to qualify under the tests	listed below, pleas	se complete Part III	.)				
Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) 2021	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4,478,098.	4,775,715.	3,987,130.	4,561,485.	5,635,675.	23,438,103.	
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 $\dots$							
4	Total. Add lines 1 through 3	4,478,098.	4,775,715.	3,987,130.	4,561,485.	5,635,675.	23,438,103.	
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)						119,370.	
6	Public support. Subtract line 5 from line 4.						23,318,733.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	(e) 2021	(f) Total	
7	Amounts from line 4	4,478,098.	4,775,715.	3,987,130.	4,561,485.	5,635,675.	23,438,103.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$	2,389.	3,728.	1,365.	863.	2,614.	10,959.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	133,549.	103,054.	151,117.	278,359.	366,345.	1,032,424.	
11	Total support. Add lines 7 through 10						24,481,486.	
12	Gross receipts from related activities,					12	32,650.	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
_	organization, check this box and stop							
	ction C. Computation of Publi							
14	Public support percentage for 2021 (I					14	95.25 %	
15								
16a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2020. If the c	0				-		
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances test							
	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							
b	10% -facts-and-circumstances test	-					0% or	
	more, and if the organization meets the				• •		. —	
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	, check this box ar			
						Schedule A (	Form 990) 2021	

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MA	KE-A-WISH FOU	NDATION OF CE	NTRAL &			
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Part III Support Schedule for O	rganizations l	Described in S	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 Pa	art II. If the organiza	ation fails to
qualify under the tests listed be	low, please comp	lete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						1

	are not an unrelated trade or bus-
	iness under section 513
Λ	Tax revenues levied for the organ-

rax revenues levies 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 $\dots$

6 T	otal.	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.)
1	ation D. Tatal	O

# Section B. Total Support

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> 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 fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	on,
check this box and stop here						

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a	a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	tion	
k	33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly suppo	rted o	organization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructi	ons ►

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Schedule A (Form 990) 2021

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MAKE-A-WISH FOUNDATION OF CENTRAL &

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

# 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.)

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| 10b | | Schedule A (Form 990) 2021

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	MAKE-A-WISH FOUNDATION OF CENTRAL &			
Sche	dule A (Form 990) 2021 SOUTH TEXAS 7	4-2357788	Pa	age (
	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		
	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			
<u></u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No." describe in <b>Part VI</b> how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among th			
	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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	N
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			
	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 instruct	tions).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental entity	(see instruction		
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			

- 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. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,
- one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization 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. 132025 01-04-22

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Зb Schedule A (Form 990) 2021

2a

2b

За

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	MAKE-A-WISH FOUNDATION OF CENTRAL	&		
	edule A (Form 990) 2021 SOUTH TEXAS			74-2357788 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	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	tion 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		
ect	tion 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		Type III supporting on	anization (see

instructions).

Schedule A (Form 990) 2021

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MAKE-A-WISH FOUNDATION OF CENTRAL

	MAKE-A-WISH FOUNDAT	ION OF CENTRAL &			
	dule A (Form 990) 2021 SOUTH TEXAS		· .		74-2357788 Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continue	ed)	[
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	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	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(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				
<u>a</u>	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	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: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	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 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

MAKE-A-WISH FOUNDATION OF CENTRAL &

	MAKE-A-WISH FOUNDATION OF CENTRAL &	
Schedule A (Form 990) 2021	SOUTH TEXAS	74-2357788 Page <b>8</b>
Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, line 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac	ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	EXPLANATION FOR OTHER INCOME:	
GROSS FUNDRAISING REVENUE		
2017 AMOUNT: \$ 133,549.		
2018 AMOUNT: \$ 103,054.		
2019 AMOUNT: \$ 149,964.		
2020 AMOUNT: \$ 278,142.		
2021 AMOUNT: \$ 354,105.		
OTHER INCOME		
2017 AMOUNT: \$ 0.		
2018 AMOUNT: \$ 0.		
2019 AMOUNT: \$ 1,153.		
2020 AMOUNT: \$ 217.		
2021 AMOUNT: \$ 12,240.		
132028 01-04-22	21	Schedule A (Form 990) 2021

# Schedule B

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

ber

Name of the organization	Employer identification num	
	MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS	74-2357788
Organization type (cheo		74 2337700
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( ³ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2021) rganization		Page <b>2</b> Employer identification number
MAKE-A-W SOUTH TE	VISH FOUNDATION OF CENTRAL &		74-2357788
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	/+-233//00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$1,455,	022.       Person       X         022.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$590,	831.       Person          831.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$242,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$609,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
5		\$300,	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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123452 11-11-21

Schedule	B (Form 990) (2021)			Page <b>3</b>
	rganization		Employ	er identification number
	VISH FOUNDATION OF CENTRAL &			
SOUTH TE	EXAS		74	-2357788
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.	
(a)				
No.	(b)	(c) FMV (or estimate	~	(d)
from	Description of noncash property given	(See instructions		Date received
Part I		(000 mendemone	·/	
1	TRAVEL, M&E, SUPPLIES	-		
1		-		
		-	,841.	08/31/22
		_   \$15,	, , , , , , , , , , , , , , , , , , , ,	
(a)		(-)		
No.	(b)	(c) FMV (or estimate	a)	(d)
from	Description of noncash property given	(See instructions		Date received
Part I		· ·	<i>,</i>	
2	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	-		
2		-		
		_ _\$\$90,	,831.	08/31/22
		Ψ		
(a)		(a)		
No.	(b)	(c) FMV (or estimate	e)	(d)
from	Description of noncash property given	(See instructions		Date received
Part I			<i>,</i>	
		-		
		-		
		-   \$		
(a)		(c)		
No.	(b)	FMV (or estimate	e)	(d)
from Part I	Description of noncash property given	(See instructions		Date received
Faiti				
		-		
		-		
		- \$\$		
(a)		(c)		
No. from	(b)	FMV (or estimate	e)	(d)
from Part I	Description of noncash property given	(See instructions		Date received
		-		
		-		
		- \$\$		
(a)	- ·	(c)		
No. from	(b)	FMV (or estimate	e)	(d) Dete received
Part I	Description of noncash property given	(See instructions	.)	Date received
		-		
		\$		

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2021.06000 MAKE-A-WISH FOUNDATION OF A2024851

Page 3

Schedule I	B (Form 990) (2021)		Page 4
Name of o	rganization		Employer identification number
MAKE-A-W	VISH FOUNDATION OF CENTRAL &		
SOUTH TE			74-2357788
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or I</b>	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	(b) Purpose of gift (c) Use of gift	
-			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			(d) Description of how rift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	 t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		(a) Transfor of -:tt	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SC	HEDULE D	OMB No. 1545-0047							
(Forr	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2021					
	ment of the Treasury I Revenue Service	Open to Public Inspection							
	Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.           Name of the organization         MAKE-A-WISH FOUNDATION OF CENTRAL &         Employed								
	SOUTH TEXAS								
Pa		-	d 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		nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5	-		writing that the assets held in donor advised t						
6			exclusive legal control? dvisors in writing that grant funds can be use						
0			r donor advisor, or for any other purpose con						
	impermissible priva			ľ m					
Pa			ganization answered "Yes" on Form 990, Par						
1		ervation easements held by the organization		,					
		of land for public use (for example, recrea	· · · ·	nistorically important land area					
		f natural habitat		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 a	conservation easement on the last					
	day of the tax year			Held at the End of the Tax Year					
а	Total number of co	onservation easements		2a					
b		And and the second account for a second s		0					
с	Number of conserv	vation easements on a certified historic stru							
d	Number of conserv	vation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure						
	listed in the Nation	al Register		2d					
3			eased, extinguished, or terminated by the org						
	year 🕨								
4	Number of states v	where property subject to conservation eas	ement is located						
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of						
	,	orcement of the conservation easements it							
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year					
	►								
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year					
	►\$								
8			e satisfy the requirements of section 170(h)(4						
-									
9		· ·	on easements in its revenue and expense sta						
			ote to the organization's financial statements	s that describes the					
Dai		ounting for conservation easements.	Art, Historical Treasures, or Othe	r Similar Assets					
I a		the organization answered "Yes" on Form		i olimiai Assets.					
				halanaa ahaat waxka					
Ia	U U		8, not to report in its revenue statement and						
			lic exhibition, education, or research in furthe						
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. <b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
D D	-								
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:								
	•	<b>č</b>		▶ \$					
2									
-	•	unts required to be reported under FASB A		,					
а	-			▶ \$					
		eduction Act Notice, see the Instructions		Schedule D (Form 990) 2021					
	1 10-28-21	-							
			26						

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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued).         3       Using the equination's accession, and other reacrds, check any of the following that make significant use of its collection items (check all that apply):       a         a       Public exhibition       d       b       b         b       Bohadary research       e       c       c         c       Provide a description of the organization solicit or neavive donations of art, historical treasures, or other similar assets to be solid to naise funds attrive than to be maintained as part of the organization's owenpt purpose in Part XII.         5       Using the sear, dift the organization solicit or neavive donations of art, historical treasures, or other similar assets to to be solid the organization of norm 900, Part X. Ine 21.         1a       Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X?       file         b       If the organization include an amount on Form 900, Part X, Ine 21.       file         c       Beginning balance       1d       file         c       Beginning of year XIII. Check here if the explanation in has been provided on Part XIII.       file         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation in has been provided on Part XIII.       file         b       If 'Yes,' explain the arrangement in Part XIII. C	ISign E	Envelope ID: 62ACCF31-7A54-4F70-B060-5A0	)F1B417E94							
Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued).         3       Using the expinizion's accession, and other records, check any of the following that make significant use of its collection items (check all that apply): <ul> <li>a</li> <li>proble exhibition</li> <li>d</li> <li>both exhibition</li> <li>d</li> <li>checking program</li> <li>d</li> </ul> <li>d</li> <li>d</li> <li>d</li> <li>d</li> <li>d</li> <li>d</li> <lid< li=""> <li>d</li> <li>d</li></lid<>		MAKE-A-WISH	FOUNDATION OF	CENTR	AL &					
Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued).         3       Using the expinizion's accession, and other records, check any of the following that make significant use of its collection items (check all that apply): <ul> <li>a</li> <li>proble exhibition</li> <li>d</li> <li>both exhibition</li> <li>d</li> <li>checking program</li> <li>d</li> </ul> <li>d</li> <li>d</li> <li>d</li> <li>d</li> <li>d</li> <li>d</li> <lid< li=""> <li>d</li> <li>d</li></lid<>	Sche	dule D (Form 990) 2021 SOUTH TEXAS						74-2	357788	Page <b>2</b>
3         Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tens (sheck all that apply): <ul></ul>	Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Other S	imilar Asse	ets _{(contin}	
a       Public exhibition       d       ican or exchange program         b       Scholarly research       e       Other         c       Prevention for future generations       collections and explain how they further the organization's exempt purpose in Part XIII.         During the year, did the organization solid craces data future data trassures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta       is the organization anigent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       is the organization include an amount on Form 990, Part X, line 21.         1a       is the organization include an amount on Form 990, Part X, line 21.       id         2a       Did the organization include an amount on Form 990, Part X, line 21.       id         2a       Did the organization include an amount on Form 990, Part X, line 21.       id         2b       Did the organization include an amount on Form 990, Part X, line 21.       id         2b       Did the organization include an amount on Form 990, Part X, line 21.       id         2b       Did the organization include an amount on Form 990, Part X, line 21.       id         2b       Did the organization include an amount on Form 990, Part X, line 10.       id         3a <th>3</th> <th>Using the organization's acquisition, accessio</th> <th>n, and other record</th> <th>s, checł</th> <th>c any of the f</th> <th>following tha</th> <th>t make signi</th> <th>ificant use of i</th> <th>ts</th> <th></th>	3	Using the organization's acquisition, accessio	n, and other record	s, checł	c any of the f	following tha	t make signi	ificant use of i	ts	
b       Scholary research       e       Other         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or resported an amount on Form 990. Part XI, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part XI.       Yes       1         1b       If "Yes", explain the arrangement in Part XIII and complete the following table:       Yes       1         0       Beginning balance       1       1       4         1b       If "Tos", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       1         1d       1d       1       1       1       1       10       1         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabilty?       1       1         2b       If "Todowrment Funds.       Complete if the explanation has been provided on Part XII.       1         Part Ver.       in Controbutions       (a) Current year       (b) Prov year 100.       1         1f		collection items (check all that apply):								
c       Preservation of thuture generations         4       Provide a description of the organization's collections and explain how they kurther 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         15       During the year, did the organization answered "Yee" on Form 900, Part IV, line 90, Part X, line 21.         16       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.         16       Is the organization include an amount on Form 900, Part X, line 21.         17       Yes, "explain the arrangement in Part XIII and complete the following table:         16       Amount         17       Is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?       Ves       1         16       Interpretation of year balance       Interpretation how the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Point Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Interpretation include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?       Ves       1         18       Beginning of year balance       Interpretation answered "Yes" on Form 900, Part X, line 21.       Interpretation answered "Yes" on Form 900, Part X, line 10.         19	а	Public exhibition	c	1 L	Loan or exc	hange progra	am			
Provide a description of the organization's collections and explain how they further the organization's scenetal purpose in Part XIII.     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 answered 'Yes' on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     If 'Yes,' explain the arrangement in Part XIII and complete the following table:     Intermediary for custodial account liability?     If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     Intervent Funds. Complete if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the explanation has been provided on Part XII     Part V Endowment Funds. Complete if the explanation thas been provided on Part XII     Part V Endowment Funds. Complete if the explanation thas been provided on Part XII     Part V Endowment Funds. Complete if the explanation is been provided on Part XII     Part V Endowment Funds. Complete if the explanation is the prove on Form 990, Part V, line 10.     Complete	b	Scholarly research	e	•	Other					
5       During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or       reported an amount on Form 990, Part X, line 21.         1       Is the organization answered "Yes" on Form 990, Part IV, line 9, or        reported an amount on Form 990, Part X, line 21.         1       Is the organization answered "Yes", explain the arrangement in Part XIII and complete the following table:	с	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       I         Part IV       Escrow and Custodial Arrangements. Complete the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X!       Maintain the arrangement in Part X!!!         If 'Yes,' explain the arrangement in Part X!!! and complete the following table:       Amount       Amount         If definition barrangement in Part X!!!       Amount       Id       Amount         If be organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       If         Part V       Endowment Funds. Complete if the organization has been provided on Part X!!       Im       Im         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X!       Im 10.       Im         If a Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and programs       Im       Im         If a Beginning of year balance       (a) Current year end balance (line 1g, column (al) held as:       Board disignated or quasiendowment b       %6         I	4	Provide a description of the organization's col	lections and explain	n how th	ney further th	ne organizatio	on's exempt	purpose in Pa	art XIII.	
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives	5	During the year, did the organization solicit or	receive donations of	of art, hi	storical treas	sures, or othe	er similar as	sets		
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?       Ives       Ives <td< th=""><td></td><td>to be sold to raise funds rather than to be mai</td><td>ntained as part of t</td><td>he orgai</td><td>nization's co</td><td>llection?</td><td></td><td></td><td>Yes</td><td>No</td></td<>		to be sold to raise funds rather than to be mai	ntained as part of t	he orgai	nization's co	llection?			Yes	No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Trustee in the arrangement in Part XIII and complete the following table:         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       I         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Pert Y       Endowment Funds.       Yes       I         earns or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back (e) Four years back         f       Administrative expenses	Par	t IV Escrow and Custodial Arrang	ements. Compl	ete if the	e organizatio	n answered	"Yes" on Fo	rm 990, Part I	V, line 9, or	
on Form 990, Part X?       Yes       I         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       1         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Yes       1         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (c) Two years back       (c) Two years back       (e) Four year		reported an amount on Form 990, Part	X, line 21.							
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contribution	s or other as	sets not incl	uded		
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         d       Distributions during the year       If         d       Distributions during the year       If         d       Distributions       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         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         a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Other expenditures for facilities       (d) Administrative expenses       (d) Administrative expenses       (e) Four years         g       End of year balance       %       %       Permeanent endowment        %       %         D       Perovide the estimnated percentage of the cu		on Form 990, Part X?							Yes	No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1f       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       If         Part V       Endowment Funds.       Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (e) Four years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (d) Three years back       (e) Four years back         1b       Contributions	b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing t	able:					
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered Yes' on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Twa years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Twa years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Twa years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Twa years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Twa years back       (e) Four years back         1a Contributions       (b) Prior year       (c) Twa years back       (e) Tur years back       (e) Four years back         1a Contributions       (b) Prior year       (b) Prior year       (b) Prior year       (c) Twa years back       (e) Tur years back         2 Controlotions       fadministrative expenses       (b) Administratity expenditures for facilities       (c) Twa									Amount	t
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       1         Part V       Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10.       (e) Four years back       fe four years back back	с	Beginning balance						1c		
f       Ending balance	d	Additions during the year						1d		
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       I         b       If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered Yes' on Form 990, Part X, line 10.         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (metas degraditions)       (metas)       (metas)       (metas)         g       End of year balance       (metas)       (metas)       (metas	е	Distributions during the year						1e		
b       fr 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         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         e       Other expenditures for facilities       (c) Administrative expenses       (c) Two years back       (d) Four years         g       End of year balance       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses         g       End of year balance       (f) Four year balance       (f) Four years balach       (f) Four years back	f	Ending balance						If		
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         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (e) Two years back         d       Grants or scholarships       (c) Two years back       (c) Two years back         e       Other expenditures for facilities       (c) Two years back       (c) Two years back         and programs       (c) Two years back       (c) Two years back       (c) Two years back         f       Administrative expenses       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two years back       (c) Two years back         g       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (c) Term endowment (c) years back       (c) Term endowment (c) years back         g       Provide the estimated proganizations       (c) Term endowment (c) years back	2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liability?	<b>)</b>	Yes	No No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       Image: Second										
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         d       Contributions       Image: Contributions       Image: Contributions       Image: Contributions         d       Decrement percentages on lines 2a, 2b, and 2c should equal 100%.       Image: Contributions       Image: Contributions       Image: Contributions         d       Decrement percentages on lines 2a, 2b, and 2c should equal 100%.       Image: Contributions       Image: Contributions       Image: Con	Par	t V Endowment Funds. Complete if								
b       Contributions			(a) Current year	(b)⊦	Prior year	(c) I wo yea	rs back (d)	Three years ba	ick (e) Four	years back
c       Net investment earnings, gains, and losses										
d Grants or scholarships										
e       Other expenditures for facilities and programs										
and programs										
f       Administrative expenses	е									
g End of year balance		F								
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         main 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										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         c Term endowment ▶%         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         (iii) Related organizations         3a(ii)										
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>depreciation</li> <li>full Land</li> <li>b Buildings</li> <li>c Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li< th=""><td></td><td>1 0</td><td>,</td><td>e (line 1</td><td>g, column (a)</td><td>)) held as:</td><td></td><td></td><td></td><td></td></li<>		1 0	,	e (line 1	g, column (a)	)) held as:				
c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:				_%						
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization subset of the organization's endowment funds.</li> </ul> <ul> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(e) Lasehold i</li></ul>										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes N         (i) Unrelated organizations       3a(i)       3a(i)         (ii) Related organizations       3a(i)       3a(i)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       1a       1a       1a         b Buildings       51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536, 51,536,	С									
by: (i) Unrelated organizations (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 (investment) b Buildings c Leasehold improvements d Equipment (b) Cost or 51, 536. (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (c) Accumulat			•							
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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)       (c) Accumulated depreciation         1a Land	3a	•	sion of the organiza	ation tha	it are held ar	nd administer	red for the c	organization	Г	Vee Ne
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		-								Yes No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       Equipment										
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (b) Cost or other basis (other)         c Leasehold improvements       51,536.         d Equipment       152,146.		(II) Related organizations							3a(II)	
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	-								30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land				witterit	unus.					
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land				). Part I\	/. line 11a. S	ee Form 990	). Part X. line	e 10.		
basis (investment)         basis (other)         depreciation           1a Land					1				(d) Book	< value
1a Land		Ecception of property			• •					, value
b Buildings	1a	Land		,			· · ·			
c         Leasehold improvements         51,536.         51,536.           d         Equipment         152,146.         126,905.         25,24										
d Equipment 152,146. 126,905. 25,24						51,536.		51,536.		0.
						152,146.		126,905.		25,241.
		Other								

25,241. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 

Schedule D (Form 990) 2021

132052 10-28-21

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Schedule D (Form 990) 2021 SOUTH TEXAS	ATION OF CENTRAL &		74-2357788 Page <b>3</b>
Part VII Investments - Other Securities.			Tage •
Complete if the organization answered "Yes" of	n 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 e	nd-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.	n Farma 000 Dart IV/ line		
Complete if the organization answered "Yes" of		(c) Method of valuation: Cost or e	nd of yoor market value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		►
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO NATIONAL			708.
(3) DUE TO OTHER CHAPTERS			52,941.
(4) CAPITAL LEASE OBLIGATIONS			8,657.
(5) DEFERRED RENT			24,788.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		▶ 87,094.
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide t</li> </ol>		the organization's financial statements	

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

132053 10-28-21

	MAKE-A-WISH FOUNDATION OF CENTRAL &				
Sche	dule D (Form 990) 2021 SOUTH TEXAS			74-2357788	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,073,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-7,280.		
b	Donated services and use of facilities	2b	368,562.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-9,089.		
е	Add lines 2a through 2d			2e	352,193.
3	Subtract line <b>2e</b> from line <b>1</b>			3	5,720,841.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	360.		
b	Other (Describe in Part XIII.)	4b	-23,061.		
с	Add lines 4a and 4b			4c	-22,701.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,698,140.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	4,976,629.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	354,329.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d	23,061.		
е	Add lines 2a through 2d			2e	377,390.
3	Subtract line 2e from line 1			3	4,599,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	360.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	360.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	4,599,599.
Pa	rt 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.

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PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

TEXAS TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION

501(C)(3) AND SECTION 205 OF THE TEXAS REVENUE AND TAXATION CODE. 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 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

132054 10-28-21

Schedule D (Form 990) 2021

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MAKE-A-WISH FOUNDATION OF CENTRAL &		
Schedule D (Form 990) 2021 SOUTH TEXAS	74-2357788	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 THE APPLICABLE STATE		
JURISDICTIONS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN VALUE OF BENEFICIAL INTEREST HELD BY OTHERS -9,089.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE		
STATEMENT OF REVENUE23,061.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE		
STATEMENT OF REVENUE. 23,061.		

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021
Department of the Treasury		Attach to Form 990	) or Fo	m 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.		Inspection
Name of the organization	MAKE-A-WISI SOUTH TEXAS	H FOUNDATION OF CENTRAL &					Employer i 74-2357	dentification number
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	Form 990 Part IV I	ine 17		
	complete this par			00 01				
		ed funds through any of the followir						
a Mail solicitat					overnment grants			
— _ · · ·	email solicitations				nment grants			
c Phone solici d In-person so		g 🔛 Specia	i tundra	lising	events			
		or oral agreement with any individual	l (includ	lina of	ficers directors trus	tees	or	
		art VII) or entity in connection with p				,		es 🗌 No
<b>b</b> If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	he fur	ndraiser is to	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	(iii) fundr have c	ustodv	(iv) Gross receipts	tò (c	or retained by fundraiser	(vi) Amount paid to (or retained by)
or entity (func	laiser)		or con contribu	trol of utions?	from activity		ted in col. (i)	organization
			Yes	No				
		n is registered at licensed to colicit			or has been notified	:+ :0 /	womat from	registration
or licensing.	ich the organizatio	n is registered or licensed to solicit	CONTRID	utions	or has been notified		exemptition	registration
HA For Paperwork P	eduction Act Noti	ce, see the Instructions for Form	990 or	مم٥	7		Schod	ıle G (Form 990) 2021
				550-E			Genear	

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	edu	le G (Form 990) 2021 SOUTH TEXA	\S		74-	2357788 Page 2
Pa	art	<b>3 - - - - - - - - - -</b>				
		of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			SAN ANTONIO GALA	AUSTIN GALA	7	
~			(event type)	(event type)	(total number)	col. <b>(c)</b> )
snue						
Revenue	1	Gross receipts	892,266.	750,643.	79,118.	1,722,027
ш						
	2	Less: Contributions	799,957.	490,047.	77,918.	1,367,922
	3	Gross income (line 1 minus line 2)	92,309.	260,596.	1,200.	354,105
		· · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
~	5	Noncash prizes	8,123.	3,473.	1,200.	12,796
JSec		Port/facility costs	10,840.	127.		10.96
xpe	6	Rent/facility costs	10,040.	127.		10,967
Direct Expenses	7	Food and beverages	35,085.	93,524.		128,609
Dire						·
	8	Entertainment		935.		3,816
	9	Other direct expenses		104,964.	6,254.	156,826
		Direct expense summary. Add lines 4 throug			►	313,014
		Net income summary. Subtract line 10 from				41,093
- 0	art	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or re	eported more than	
		\$13,000 0H F0HH \$30-E2, life 0a.		(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Dingo			<b>[U]</b> Total garming (aut
IUe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	
evenue				bingo/progressive bingo	(c) Other gaming	
Revenue	1	Gross revenue		bingo/progressive bingo	(c) Other gaming	
Revenue	1	Gross revenue		bingo/progressive bingo	(c) Other gaming	
	1			bingo/progressive bingo	(c) Other gaming	
	2	Cash prizes		bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
xpenses	2			bingo/progressive bingo	(c) Other gaming	
xpenses	2	Cash prizes		bingo/progressive bingo	(c) Other gaming	
xpenses	2	Cash prizes		bingo/progressive bingo	(c) Other gaming	
xpenses	2	Cash prizes		bingo/progressive bingo	(c) Other gaming	
xpenses	1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) billigo	bingo/progressive bingo	(c) Other gaming	
xpenses	1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs				
xpenses	1 2 3 4 5 6	Cash prizes	Yes%	□ Yes%	Yes% No	
xpenses	1 2 3 4 5	Cash prizes	Yes%	Yes%	Yes% No	
xpenses	1 2 3 4 5 6	Cash prizes		%	Yes% No	
xpenses	1 2 3 4 5 6 7	Cash prizes		%	Yes% No	
Direct Expenses	1 2 3 4 5 6 7 8 En	Cash prizes	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:	☐ Yes%	Yes% No	col. (a) through col. (c
Direct Expenses	1 2 3 4 5 6 7 8 En	Cash prizes	Yes%         No         h 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these in	☐ Yes%	Yes% No	col. (a) through col. (c
b G Direct Expenses	1 2 3 4 5 6 7 8 En	Cash prizes	Yes%         No         h 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these in	☐ Yes%	Yes% No	col. (a) through col. (
b G Direct Expenses	1 2 3 4 5 6 7 8 En	Cash prizes	Yes%         No         h 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these in	☐ Yes%	Yes% No	col. (a) through col. (c
g b G Direct E	1 2 3 4 5 6 7 8 En 1 Is 1 0 If "	Cash prizes	h 5 in column (d)		Yes% No	Col. (a) through col. (c
b d Direct Expenses	1 2 3 4 5 6 7 8 En 1 Is 1 0 If "	Cash prizes	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ictivities in each of these evoked, suspended, or te	Yes% No states?	Yes% No	Col. (a) through col. (c
b d b lirect Expenses	1 2 3 4 5 6 7 8 En 1 Is 1 0 If "	Cash prizes	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ictivities in each of these evoked, suspended, or te	Yes% No states?	Yes% No	Col. (a) through col. (c
	1 2 3 4 5 6 7 8 En 1 Is 1 0 If "	Cash prizes	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ictivities in each of these evoked, suspended, or te	Yes% No states?	Yes% No	Col. (a) through col. (a) through col. (b)

	MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS	74-23577	0 0	Dee	
Schedule G (Form 990) 2021				Pag	
	gaming activities with nonmembers?		Yes		No
	eneficiary or trustee of a trust, or a member of a partnership or other entity formed		<b>X</b>		
	۱۶		Yes		No
13 Indicate the percentage of gam		120	1		0/
					<u>%</u> %
	the person who prepares the organization's gaming/special events books and records				70
		•-			
Name 🕨					
Address 🕨					
<b>15a</b> Does the organization have a co	ontract with a third party from whom the organization receives gaming revenue?		Yes		No
<b>b</b> If "Yes," enter the amount of ga	aming revenue received by the organization 🕨 \$ and the amou	unt			
	the third party ▶\$				
c If "Yes," enter name and addres					
Name 🕨					
Address 🕨					
<b>16</b> Gaming manager information:					
Name 🕨					
Gaming manager compensation	n ▶ \$				
Description of services provided	d 🕨				
Director/officer	Employee Independent contractor				
17 Mandatory distributions:					
	der state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?			Yes		No
<b>b</b> Enter the amount of distribution	ns required under state law to be distributed to other exempt organizations or spent in	the			
organization's own exempt acti					
	<b>prmation.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); as applicable. Also provide any additional information. See instructions.	and Part III, lii	nes 9, 9	9b, 10l	э,
132083 10-21-21		Schedule G	(Form	990) 2	021
	33		,. <i>.</i>	, -	

MAKE-A-WISH	FOUNDATION	OF	CENTRAL	,

		MAKE-A-WISH FOUNDATION OF CENTRAL &		
Schedule G	G (Form 990)	SOUTH TEXAS	 74-2357788	Page 4
Part IV	G (Form 990) Supplemental Info	ormation (continued)		
_				
			Schedule G	(Form 990)
132084 11-18-	-21			

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2021.06000 MAKE-A-WISH FOUNDATION OF A2024851

10460710 131839 A202485

SCHEDULE I			irants and Oth					OMB No. 1545-0047
(Form 990)			vernments, ar ete if the organizatio					2021
Department of the Treasury Internal Revenue Service		p-		Attach to For				Open to Public Inspection
Name of the organizat	ion MAKE-A-WISH F SOUTH TEXAS	OUNDATION OF C	CENTRAL &					Employer identification number 74-2357788
Part I General I	nformation on Grants a	nd Assistance						
criteria used to a	zation maintain records t award the grants or assis	stance?				<b>v</b>		
Part II Grants ar	IV the organization's pro ad Other Assistance to that received more than S	Domestic Organiz	ations and Domestic	<b>Governments.</b> (	Complete if the org	anization answered "Y	/es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and a	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	per of section 501(c)(3) a per of other organization:							 

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MAKE-A-WISH FOUNDATION OF CENTRAL &

Schedule I	(Form 990) 2021	SOUTH TEXAS	74-2357788	Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WISHES GRANTED	242	281,158.	1,971,160.	FMV	TRAVEL, M&E AND SUPPLIES
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	-
PART I, LINE 2:					
FOR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A FI	LE IS ESTABLI	SHED IN			
ACCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURES.	THE CHILD I	S			
INTERVIEWED BY THE WISH GRANTING STAFF TO UNDERSTA	ND THE CHILD'	S WISH			

REQUEST. A WISH BUDGET IS CREATED BY WISH STAFF AND APPROVED BY WISH

MANAGEMENT. WISH EXPENSES ARE GENERATED BY WISH FULFILLMENT STAFF AND

REVIEWED AND APPROVED BY WISH MANAGEMENT TO ENSURE THAT COSTS ALIGN WITH

THE WISH BUDGET. ONCE THE WISH HAS BEEN GRANTED AND ALL EXPENSES PAID, THE

WISH FILE IS CLOSED.

	HEDULE M			Nonc	ash Contri	ibutions	l	OMB No. 1	545-004	7	
(Fo	rm 990)		<b>N</b> -					20	21		
Dement	Department of the Treasury			ganizations answered "Yes" on Form 990, Part IV, lines 29 or 30.					Open to Public		
	Revenue Service				r instructions and	the latest information.		Inspe			
Name	e of the organiza	ation	MAKE-A-WISH FOUNDA				Employer	identificatio	on nur	nber	
			SOUTH TEXAS					74-235778	8		
Par	tl Types	s of F	Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of determin ntribution ar	0	S	
1	Art - Works of	art				, , <u>,</u>					
2			ures								
3			ests								
4			ons								
5	Clothing and h	nouseł	nold goods								
6	Cars and other	r vehi	cles								
7	Boats and plar	nes									
8	Intellectual pro	operty									
9	Securities - Pu	ıblicly	traded								
10	Securities - Clo	osely l	neld stock								
11	Securities - Pa	Irtners	hip, LLC, or								
	trust interests										
12			neous								
13	Qualified cons	ervati	on contribution -								
	Historic struct										
14			on contribution - Other								
15			ntial								
16			ercial								
17											
18											
19 00											
20			supplies								
21 22											
22 23			·····								
23	Archeological		3								
24 25	Other		H-RELATED )	x	263	958 500.	FAIR VALUE				
26	Other	` <u> </u>	CIAL EVENT	X	1	,	FAIR VALUE				
27	Other	` ( ОТН		X	1	,	FAIR VALUE				
28	Other	(	/ )			, .					
29		rms 82	283 received by the organiz	zation during	the tax vear for co	ontributions					
			zation completed Form 82		, ,				0		
		Ũ	·	, ,	Ũ				Yes	No	
30a	During the yea	ar, did	the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
						which isn't required to be us					
	exempt purpos	ses fo	r the entire holding period	?				30a		Х	
b	If "Yes," descr	ribe th	e arrangement in Part II.								
31	Does the orga	nizatio	on have a gift acceptance p	policy that re	equires the review o	of any nonstandard contribu	tions?	31	х		
32a	Does the orga	nizatio	on hire or use third parties	or related or	ganizations to solic	cit, process, or sell noncash					
	contributions?	•						32a		X	
b	If "Yes," descr	ribe in	Part II.								
33	If the organizat	tion d	idn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Pa										
LHA	For Paperw	ork R	eduction Act Notice, see	the Instruct	tions for Form 990	).	Sched	lule M (Forn	n 990)	2021	

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MAKE-A-WISH FOUNDATION OF CENTRAL &	R4 0358800
	74-2357788 Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a combinat	whether the organization
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combinat this part for any additional information.	tion of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS	
THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS	
RECEIVED.	
132142 11-17-21	Schedule M (Form 990) 2021

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection
Name of the organization			identification number
	SOUTH TEXAS	/4-23	57788
FORM 990, PART III	, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:		
IT IS THE FOUNDING	PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY		
ELIGIBLE CHILD, BE	TWEEN 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 AN	D DELIVER A JOYFUL LIFE CHANGING EXPERIENCE WHETHER		
THE WISH IS A PRIN	CESS PARTY, SWIM WITH THE DOLPHINS, OR THE COUNTLESS		
OTHER POSSIBILITIE	S DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE		
MAKE-A-WISH FOUNDA	TION OF CENTRAL & SOUTH TEXAS GRANTED 242 LIFE		
CHANGING WISHES IN	THE FISCAL YEAR ENDING AUGUST 31, 2022. THE TOTAL		
COST OF WISHES GRA	NTED FOR THE FISCAL YEAR WAS \$3,776,471. OF THIS		
AMOUNT, \$327,901 W	AS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED		
IN-KIND CONTRIBUTI	ONS SUCH AS TRAVEL AND TRAVEL SERVICES,		
TRANSPORTATION, LO	DGING, AND OTHER SERVICES AND USE OF FACILITIES TO		
COMPLETE A CHILD'S	WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE		
AMOUNTS ARE INCLUD	ED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE.		
FOR FORM 990, HOWE	VER, THE IRS REQUIRES THIS AMOUNT BE EXCLUDED FROM		
BOTH REVENUE AND E	XPENSE. IN RESPONSE TO THE CORONAVIRUS PANDEMIC, ON		
MARCH 10, 2020, IN	CONJUNCTION WITH THE MAKE-A-WISH NATIONAL MEDICAL		
ADVISORY COUNCIL,	MAKE-A-WISH FOUNDATION OF AMERICA ISSUED INSTRUCTIONS		
TO PAUSE TRAVEL AN	D LARGE GATHERING WISHES UNTIL IT WAS DEEMED		
MEDICALLY SAFE FOR	OUR VULNERABLE POPULATION AND THEIR FAMILIES.		
PRIOR TO FISCAL 20	20, TRAVEL WISHES HAD BEEN 84% OF THE WISHES GRANTED		
AND THE NUMBER OF	GRANTED WISHES AVERAGED APPROXIMATELY 299. IN		
ADDITION, THE PROG	RAM EXPENSE RATIO WAS IMPACTED DUE TO THE		
-	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Scheo	dule O (Form 990) 2021
132211 11-11-21	39		

Vame of the organization MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS	Employer identification numbe 74-2357788
OUNDATION'S INABILITY TO GRANT TRAVEL WISHES. THE PROGRAM EXPENSE	
ATIO WAS 80% IN THE PRE-PANDEMIC FISCAL YEAR ENDING AUGUST 31, 2019.	
YOWARD THE END OF FISCAL YEAR 2022, THE FOUNDATION BEGAN TO EMERGE FROM	
ANDEMIC OPERATING CONDITIONS AND NATIONAL WISH TRAVEL WAS RESUMED.	
NATIONAL EFFORTS ARE UNDERWAY TO RETURN TO PRE-PANDEMIC WISH GRANTING	
ND FUNDRAISING EFFORTS.	
ORM 990, PART VI, SECTION A, LINE 1A:	
THE GOVERNING BOARD, BY RESOLUTION ADOPTED BY A MAJORITY OF THE BOARD, MAY	
ESIGNATE AND APPOINT ONE OR MORE COMMITTEES COMPRISED OF DIRECTORS, EACH	
OF WHICH SHALL CONSIST OF ONE OR MORE DIRECTORS. SUCH COMMITTEES, TO THE	
XTENT PROVIDED IN SAID RESOLUTION, SHALL HAVE AND EXERCISE THE AUTHORITY	
OF THE GOVERNING BOARD IN THE MANAGEMENT OF THE CORPORATION, EXCEPT NO SUCH	
COMMITTEE MAY EXERCISE THE AUTHORITY OF THE GOVERNING BOARD IN REFERENCE TO	
THE FOLLOWING MATTERS: (I) FILLING VACANCIES ON, OR INCREASING OR	
ECREASING THE MEMBERS OF, THE GOVERNING BOARD OR ANY COMMITTEE OF THE	
OVERNING BOARD; (II) ADOPTION, AMENDMENT OR REPEAL OF THESE BYLAWS OR THE	
RTICLES OF INCORPORATION; OR (III) ANY MATTERS PROHIBITED BY LAW.	
CORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM	
INGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS REVIEWED AND	
APPROVED BY THE FOUNDATION'S TREASURER AND PRESIDENT & CEO. THE DRAFT IS	
THEN PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH	
NCLUDES FINANCIAL PROFESSIONALS, FOR THEIR REVIEW. SUBSEQUENT TO THE	
COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO ALL	
OTING BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.	

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Schedule O (Form 990) 2021 Page 2 MAKE-A-WISH FOUNDATION OF CENTRAL & Employer identification number Name of the organization SOUTH TEXAS 74-2357788 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 DIRECTOR OF VOLUNTEER SERVICES IF THEY ARE FROM VOLUNTEERS AND THE PRESIDENT & CEO IF THEY ARE FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS MONITORED BY THE PRESIDENT & CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICTS 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: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVE AS THE COMPENSATION AND PERSONNEL COMMITTEE THAT EVALUATES THE PERFORMANCE OF THE PRESIDENT & CEO. SPECIFIC GOALS ARE SET FOR THE PRESIDENT & CEO FOR THE FISCAL YEAR AND WERE APPROVED BY THE EXECUTIVE COMMITTEE. THESE GOALS INCLUDED PERFORMANCE IN KEY AREAS: OVERALL CHAPTER FINANCIAL PERFORMANCE (INCLUDES REVENUE/FINANCIAL), WISH GRANTING, TALENT/OPERATIONS AND PERSONNEL DEVELOPMENT. A WEIGHT IS ASSIGNED TO EACH AREA AND IS COMPILED AND DELIVERED BY THE BOARD CHAIR WITH INPUT, REVIEW, AND APPROVAL FROM THE

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Schedule O (Form 990) 2021

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Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS	Employer identification number 74-2357788
XEUCTIVE COMMITTEE. THE EXECUTIVE COMITTEE DETERMINES THE VALUE OF THE	
INCENTIVE COMPENSATION BASED ON PERFORMANCE IN THE KEY AREAS.	
FOR 2021 COMPENSATION, THE PRESIDENT & CEO'S COMPENSATION WAS DETERMINED BY	
HE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED	
AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS	
BY THE MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS	
CONDUCTED BY STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING	
DRGANIZATIONS. THE BOARD'S DISCUSSION 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	
DBTAINED.	
THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER OFFICERS AND STAFF MEMBERS,	
JSING THE SAME INSTRUMENTS. SALARIES FOR STAFF, OTHER THAN THE PRESIDENT &	
CEO, ARE DECIDED BY THE PRESIDENT & CEO IN CONSULTATION WITH THE EMPLOYEE'S	
IMMEDIATE SUPERVISOR WITHIN LIMITS SET BY THE BOARD-APPROVED BUDGET. ALL	
GALARY INCREASES ARE BASED ON METRICS FROM PERFORMANCE REVIEWS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
OLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST HELD BY OTHERS -9,089.	
	Schedule O (Form 990) 20