		PUB	LIC DISCLOSURE C	OPY - STATE REGIST	TRATION	INO. 05	-53-4	1				
	0	00	Return of Org	ganization Exempt l	From I	ncome T	ax	OMB No. 1545-0047				
Forr	пy	90		4947(a)(1) of the Internal Revenue) 2021				
_			Do not enter soc	cial security numbers on this form	as it may b	e made public		Open to Public				
		of the Treasury nue Service	Go to www.irs	s.gov/Form990 for instructions and	d the latest	information.		Inspection				
A F	or th	e 2021 calenc	lar year, or tax year beginning	SEP 1, 2021 and	lending A	JG 31, 2022						
	heck if	C Name o	of organization			D Employer	identifica	ation number				
a	oplicab	MAKE-A	A-WISH FOUNDATION OF THE	HUDSON								
	Addre chang	ge VALLEY										
	Name Chang	pe Doing b	ousiness as		13-3344306							
	Initial	Numbe	r and street (or P.O. box if mail is r	not delivered to street address)	Room/suite	E Telephone	number					
	Final return	/ 832 SC	DUTH BROADWAY		914-47	8-9474						
	termii ated	City or 1	town, state or province, country,	and ZIP or foreign postal code		G Gross receipts	s \$	3,096,865.				
	Amen return	IAKKI	TOWN, NY 10591-9998		H(a) Is this a	group ret	urn					
	Applie	F Name a	and address of principal officer: ${}^{\tt F}$	RISTINE BURTON		for subo	rdinates?	Yes 🔀 No				
	pendi	^{ng} SAME AS	C ABOVE			H(b) Are all subo	ordinates incl	uded? Yes No				
		empt status: [) (insert no.) 4947(a)(1)	or 527	lf "No," a	attach a li	st. See instructions				
		te: 🕨 HUDSON				H(c) Group e		number 🕨				
		f organization: [X Corporation Trust	Association Other ►	L Year	of formation: 19	986 M	State of legal domicile: NY				
Pa	rt I	Summary										
•	1	Briefly describ	be the organization's mission or	most significant activities: TOGETH	IER, WE CR	EATE						
Activities & Governance		LIFE-CHANG	ING WISHES FOR CHILDREN	WITH CRITICAL ILLNESSES.								
rna	2	Check this bo	ox 🕨 📃 if the organization o	discontinued its operations or dispo	sed of more	than 25% of its	s net asse	ts.				
ove	3	Number of vo	ting members of the governing b	oody (Part VI, line 1a)			3	17				
Ğ	4	Number of ind	dependent voting members of th	e governing body (Part VI, line 1b)				17				
s Se	5	Total number	of individuals employed in calen	ndar year 2021 (Part V, line 2a)			5	16				
vitie	6	Total number	of volunteers (estimate if necess	sary)				315				
∖cti	7 a	Total unrelate	ed business revenue from Part VI	II, column (C), line 12			7a	0.				
1	b	Net unrelated	business taxable income from F	Form 990-T, Part I, line 11	<u></u>		7b	0.				
						Prior Year		Current Year				
e	8	Contributions	and grants (Part VIII, line 1h)			2,109	9,412.	2,589,696.				
nue	9	Program serv	ice revenue (Part VIII, line 2g)				450.	1,450.				
Revenue	10	Investment in	come (Part VIII, column (A), lines	3, 4, and 7d)			7,918.	84,571.				
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6	d, 8c, 9c, 10c, and 11e)			2,625.	-13,154.				
	12	Total revenue	- add lines 8 through 11 (must e	equal Part VIII, column (A), line 12)			5,155.	2,662,563.				
	13	Grants and si	milar amounts paid (Part IX, colu	ımn (A), lines 1-3)		479	9,368.	836,225.				
	14	Benefits paid	to or for members (Part IX, colu	mn (A), line 4)			٥.	0.				
Se				fits (Part IX, column (A), lines 5-10)		1,004	1,047. 0.	1,009,316.				
ns((A), line 11e)			0.					
Expenses	b	Total fundrais	ing expenses (Part IX, column (E	D), line 25) 🕨 403 ,	,673.							
ш	17		es (Part IX, column (A), lines 11a	, , ,			3,026.	594,593.				
	18	Total expense	es. Add lines 13-17 (must equal F	Part IX, column (A), line 25)			5,441.	2,440,134.				
	19	Revenue less	expenses. Subtract line 18 from	1 line 12			3,714.	222,429.				
Net Assets or Fund Balances					Be	ginning of Curre		End of Year				
sset	20						3,653.	1,928,809.				
et A:	21						3,121.	131,837.				
Ž	22			from line 20		1,800	0,532.	1,796,972.				
	rt II	Signatur										
				eturn, including accompanying schedule				nowledge and belief, it is				
true,	corre			officer) is based on all information of w	hich preparer	has any knowled	ge. 7/7/2	023				
			STINE BURTON			Doto	1/1/2					
Sigr		Signature of officer74 Date										
Here	е		INE BURTON, PRESIDENT &	CEO								
		,	print name and title	Preparer's signature	l r	Date	Ohad					
.		Print/Type pre		Check if								
Paid		MELISSA HA		7/05/23	self-employed							
Prep		Firm's name	CLIFTONLARSONALLEN L			Firm's	SEIN 🕨	41-0746749				
Use	Unly	Firm's address		SUITE 2300			100-					
		1	PHOENIX, AZ 85012	Phone no. (602) 266-2248								

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 FOUNDAT	ION OF THE HUDSON			
	990 (2021) VALLEY			13-3344306	Page 2
Par	t III Statement of Program Service Acc	complishments			
	Check if Schedule O contains a response or n	ote to any line in this Part III .			X
1	Briefly describe the organization's mission:				
	THE MAKE-A-WISH FOUNDATION OF THE HUDS	ON VALLEY CREATES LIFE-	CHANGING		
	WISHES FOR CHILDREN WITH CRITICAL ILLN	ESSES.			
2	Did the organization undertake any significant progra	am services during the year wh	nich were not listed on the		
				Ye	es 🗴 No
	If "Yes," describe these new services on Schedule C				
3	Did the organization cease conducting, or make sign	nificant changes in how it cond	lucts, any program services?	Ye	es 🗴 No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomp	olishments for each of its three	largest program services, as mea	asured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are req	uired to report the amount of g	grants and allocations to others, t	he total expenses,	, and
	revenue, if any, for each program service reported.				
4a	(Code:) (Expenses \$1,582,1	.31. including grants of \$	836,225.) (Revenue \$		1,450.)
	SEE SCHEDULE O				
4b	(Code:) (Expenses \$	including grapts of \$)
ъ	(Code) (Expenses \$) (nevenue \$)
				-	
				-	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
_					
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including gran	nts of \$) (Revenue \$)	
4e	x	1,582,131.	/ /	,	
		· ·		Form	n 990 (2021)
132001	12-09-21			1.511	
102002		2			

	MARE-A-WISH FOUNDATION OF THE RODSON			•
	990 (2021) VALLEY 13-334430	6	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	1
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3		-		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			\square
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		L		<u> </u>
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ا م				<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
U U		10		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		<u> </u>
16				x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
		19		x
20-	complete Schedule G, Part III			x
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Ι.
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
132003	12-09-21	Form	990	(2021)

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MAKE-A-WISH FOUNDATION OF THE HUDSON

Form	990 (2021) VALLEY 13-33443 rt IV Checklist of Required Schedules (continued) 13-33443	06	Р	_{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	<u> </u>
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		v	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	├───
240	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├───
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</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	234		
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			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	28c	x	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
	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? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u>-</u> -		v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		1 00	1	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14	-		
b		2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	x	
13200	(gambling) winnings to prize winners?	Form		<u> </u> (2021)
102002	Λ	1 011		(-021)

MAKE-A-WISH FOUNDATION OF THE HUDSON

Form	990 (2021) VALLEY 13-334430	6	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
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:			
а	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:]		
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	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	12-09-21 5	Form	9 90	(2021)

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	990 (2021) VALLEY 13-334		F	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "No"	respor	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	<u></u>		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 1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? 11 a	Х	
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	
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	
	Other officers or key employees of the organization		Х	
	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		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MY			
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	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	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 finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KRISTINE BURTON - 914-478-9474			
	832 SOUTH BROADWAY , TARRYTOWN, NY 10591-9998			
132006	12-09-21	For	n 990	(2021)
	б			
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Form 990 (2021) VALLEY	13-3344306	Page 7
Part VII Compensation of Officers, Directors, Trust	ees, Key Employees, Highest Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any	line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Hi	ghest Compensated Employees	
1a Complete this table for all persons required to be listed. Report co	ompensation for the calendar year ending with or within the organization's t	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.

		T	mzu			iper	ioutt			(E)
(A)	(B)				C) sitior	'n		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		, unle: cer an					compensation	compensation from related	amount of other
	week (list any	tor						from the	organizations	compensation
	hours for	In dividual trustee or director				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	ompe		1099-NEC)	,	and related
	below	/idual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) THOMAS J. CONKLIN	40.00									
PRESIDENT & CEO (THRU 12/21)				Х				190,145.	0.	5,704.
(2) DENISE D'AMICO	40.00									
CHIEF OF STAFF				х				123,622.	0.	11,558.
(3) KRISTINE BURTON	40.00									
PRESIDENT & CEO (BEGAN 1/22)				х				0.	0.	0.
(4) GEORGE A WHITEHEAD	1.00									
CHAIR		х		х				0.	0.	0.
(5) CATHY SIFRE	1.00									
VICE CHAIR		х		х				0.	0.	0.
(6) DIANE ROONEY	1.00									
TREASURER		х		х				0.	Ο.	0.
(7) KARL THIMM	1.00									
SECRETARY		х		х				0.	Ο.	0.
(8) BRIAN DOYLE	1.00									
DIRECTOR		х						٥.	0.	0.
(9) AUTUMN EDWARDS	1.00									
DIRECTOR		х						0.	0.	0.
(10) DEBBIE FLYNN	1.00									
DIRECTOR		х						0.	0.	0.
(11) KEVIN GRAVES	1.00									
DIRECTOR		х						0.	0.	0.
(12) JENNIFER HERODES	1.00									
DIRECTOR		х						0.	0.	0.
(13) JASON KAPLAN	1.00									
DIRECTOR		х						0.	0.	0.
(14) SHANNON KING	1.00									
DIRECTOR		х						0.	0.	0.
(15) KERRY LYONS	1.00									
DIRECTOR		х						0.	0.	0.
(16) LAUREN MOUNTY	1.00									
DIRECTOR		х						0.	0.	0.
(17) MIKE MUELLER	1.00									
DIRECTOR		х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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Form 990 (2021)

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MAKE-A-WISH FOUNDATION OF THE HUDSON

	LLEY	UNDATION .	OF.	11115	1101	000	IN			13-33	4430	6	Pa	ge 8
	irectors, Truste	es, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title		(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				ne an	(D) Reportable compensation from	(E) Reportable compensatio from related		(F) Estimated amount of other		
	o	(list any hours for related rganizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	compe fror orgar	ensati n the nizatio relate	on d
(18) ANDREW QUINN	_	1.00												•
DIRECTOR (19) GERRY RYAN		1 00	Х						0.		٥.			0.
DIRECTOR	-	1.00	x						0.		٥.			Ο.
(20) DR. AVINASH MOHAN		1.00	21								••			••
DIRECTOR			x						0.		0.			0.
	-													
	_													
									212 767				17 0	60
1b Subtotal c Total from continuation she									313,767.		0. 0.		17,2	0.
<u>d Total (add lines 1b and 1c)</u>									313,767.		0.		17,2	
2 Total number of individuals (in	ncluding but not							o re	,	000 of reportable)		,	
compensation from the organ	nization											Y	'es	⊿ No
3 Did the organization list any 1	ormer officer, d	irector, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete So												3		x
4 For any individual listed on lir												4	x	
and related organizations gre5 Did any person listed on line												4		
rendered to the organization?									-			5		Х
Section B. Independent Contrac														
1 Complete this table for your f the organization. Report com											ensat	ion from	1	
(A) Name and business address NONE						(B) Description of s	ervices	С	(C) ompens	ation				
								\neg						
								-						
2 Total number of independent \$100,000 of compensation fr	•	•	ot lin	nitec	to t	thos (se list D	ted	above) who received mo	ore than				

Form **990** (2021)

132008 12-09-21

MAKE-A-WISH FOUNDATION OF THE HUDSON

		Check if Schedule O c	conta	uins a resr	onse	or note to any line	e in this Part VIII			I
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
n,	1 a	Federated campaigns		1a						
		Membership dues								
A		Fundraising events				445,230.				
σ		Related organizations				150.000				
		Government grants (contri		-		150,000.				
D	T	All other contributions, gifts, similar amounts not included				1,994,466.				
5	a	Noncash contributions included in			\$	321,483.				
alla	9 h	Total. Add lines 1a-1f			Ψ	, · · ·	2,589,696.			
Ĭ		Business Code					, ,			
	2 a	WISH ASSIST FEES				900099	1,450.	1,450.		
D	b									
	с									
E V	d									
Develue	е									
		All other program service					1 450			
+		Total. Add lines 2a-2f					1,450.			
	3	Investment income (includ	•				35,592.			35,5
	4	other similar amounts) Income from investment of								
	5	Royalties		-	-					
	•			(i) Re		(ii) Personal				
	6 a	Gross rents	6a							
	b		6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)				►				
	7 a	Gross amount from sales of		(i) Secu		(ii) Other				
		assets other than inventory	7a	334,	,055.					
	b	Less: cost or other basis		205	070					
		and sales expenses	7b 7c	,	,076. ,979.					
		Gain or (loss) Net gain or (loss)		,			48,979.			48,9
		Gross income from fundraisir			·····		10,575.			10,5
	0 4	including \$								
		contributions reported on								
		Part IV, line 18		·	. 8a	136,072.				
	b	Less: direct expenses				149,226.				
		Net income or (loss) from				>	-13,154.			-13,1
	9 a	Gross income from gamin								
		Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from			es	▶				
	iu a	Gross sales of inventory, I and allowances			10a					
	h	Less: cost of goods sold								
		Net income or (loss) from			· –	>				
T	-	(,			,	Business Code				
Ð	11 a									
ŝnuŝ	b									
Revenue	с									
٩	d	All other revenue								
		Total. Add lines 11a-11d				►				
	12	Total revenue. See instruction	ne				2,662,563.	1,450.	0.	71,4

Baction 507(c)(3) and 507(c)(4) organizations must complete all coultrms. All other organizations must complete column (A). Chack if Schedula Coordinates a response or note to may line in the Part X 0. Complete column (A). Dand fielded must format to make to may line in the Part X 0. Complete column (A). To data dozenese Program Service Management and general expenses Complete column (A). To data dozenese Complete column (A). Complete column (A). <th colspa<="" th=""><th></th><th>990 (2021) VALLEY</th><th>e .</th><th></th><th>13-334</th><th>4306 Page 10</th></th>	<th></th> <th>990 (2021) VALLEY</th> <th>e .</th> <th></th> <th>13-334</th> <th>4306 Page 10</th>		990 (2021) VALLEY	e .		13-334	4306 Page 10
Check if Schedule Quordlans a regione or note to any line in this Part IX. Image: Control of the schedule of the sched				r organizations must con	aploto column (A)		
Do not include amounts exported on lines 60, 78, 80, 80, end 100 of Par VII. Total expenses Program Service. program Service. Managements openses Program Service. Program	Secu						
To, Bb, B, and 10b of Part VII. Today States Product Name Technic and the assistance to domestic organization and denestic governments. See Part IV, line 21 Product Name Technic Additional States Product Name Technic Additional States Product Name Pr			(A)	(B)	(C)		
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 32 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 32 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 32 Grants and dute above to disquified persons (lise additud additude above to disquified persons (lise additud additude above to disquified persons (lise additud additude additude additude) persons disaction 4980(1) (1) and persons disaction 4980(1) (1) and p			Total expenses				
and domestic governments. See Part IV, line 21 Image: Construction of the assistance to domestic individuals. See Part IV, line 22 836 parts and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 21 and 16 836 past 225 836 past 226				experieee	general expenses	experiese	
2 Grants and other assistance to domesic individuals. See Part V. Ine 22 836, 225. 836, 225. 836, 225. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V. Ines 5 and 16 4 Benefits paid to or for members 5 5 Compensation of current officers, directors, trustees, and key employees 190,840. 93,538. 51,527. 45,775 6 Compensation of Lower officers, directors, trustees, and key employees 190,840. 93,538. 51,527. 45,775 7 Other satism and vages 645,811. 316,563. 174,369. 154,673 8 Persoin plan accruals and vages control 59,343. 48,674. 26,823. 22,846 9 Other employee control 14,489. 7,102. 3,912. 3,475 9 Rens for services (nonemployees): 16,111. 7,840. 4,431. 3,840 0 Compensition services (nonemployees): 16,111. 7,840. 4,261. 2,964 10 Payotition section set/06.0 23,780. 10,482. 8,338.	•						
individuals. See Part IV, line 22 836, 225. 836, 225. 836, 225. 3 Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16 1 1 1 4 Benefits paid to or foreign dividuals. See Part IV, lines 15 and 16 1 1 1 5 Compensation of current offices, directors, trustes, and key employees 190, 840. 93, 538. 51, 527. 45, 775. 6 Compensation of current offices, directors, trustes, and key employees 190, 840. 93, 538. 51, 527. 45, 775. 7 Other salaries and wages 645, 811. 316, 563. 174, 369. 154, 877. 9 Other employee barefits 99, 343. 28, 828. 15, 885. 14, 120. 11 Fees for services (nonemployees): a 85, 833. 28, 828. 15, 885. 14, 120. 11 Fees for services (nonemployees): a 45, 580. 42, 616. 2, 964. 6 Accounting - - - - - 9 Other employees 16, 313. 3, 300. 77. 3, 330. 16, 313. 12 Advertising and poronotion 16, 313. 3, 330. </td <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td>	2						
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part W, lines 15 and 16 Compensation of current offices, directors, trustees, and key employees 4 5 5 5 5 5 5 7 5 6 Compensation of current offices, directors, trustees, and key employees 190,840 93,538 51,527 45,775 45,775 6 Compensation of induct dabote to disqualified persons described in sectina 4958(c)(3(6) 7 45 7 5 45,775 45,775 45,775 7 Other satises and vages 645,811 316,563 174,369 154,679 8 Pension plan accrusts and contributions (include section 401/k and 403(b) employee contributions) 9,343 48,674 26,823 23,828 14,429 9 Other employee benefits 58,933 28,828 16,111 7,840 4,431 3640 9 Other management 45,580 42,616 2,964 2,964 2,964 2,9215 9 215,964 16,313 16,313 16,313 16,313 16,313 16,313 16,313	-		836,225.	836,225.			
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members	3	F					
4 Benefits paid to or for members Image: compensation of current officers, directors, trustees, and key employees 130,840. 93,538. 51,527. 45,775 6 Compensation not included above to disqualified persons described in section 4958(r(1)(1) and persons described in section 4958(r(1)) and personse described in section 4958(r(1)) a		C C					
4 Benefits paid to of romembers Image: compensation of current officers, directors, trustees, and key employees 130,840. 93,538. 51,527. 45,775 6 Compensation not included above to disqualified persons described in section 4958((r)(1)) and persons described in section 4958(r)(3)(8) 93,538. 51,527. 45,775 7 Other salaries and wages 645,811. 316,563. 174,369. 154,879 7 Other salaries and wages 645,811. 316,563. 174,369. 154,879 9 Other salaries and wages 58,833. 28,828. 15,885. 14,120 11 Fees for services (nonemployees): 16,111. 7,840. 4,431. 3,840 0 Legal 14 files for services (nonemployees): 16,111. 7,840. 4,431. 3,840 14 componation the induality services. See Part IV, line 17 . . . 16 rotssinal fundraking services. See Part IV, line 17 12 Advertis		individuals. See Part IV, lines 15 and 16					
5 Comparison of include dove to disguilled persons (as defined under section 4958(p(1))) and persons docified in section 4958(p(3)8) 6 45, 811. 316, 563. 174, 369. 154, 879 7 Other salaries and wages 6 45, 811. 316, 563. 174, 369. 154, 879 8 Pension plan accruals and combutions (include section 4016) and 4000, antioper contributions) 9 4, 449. 7, 102. 3, 912. 3, 475 9 Other employee benefits 99, 343. 48, 674. 26, 923. 23, 846. 14, 429. 1 Fees for services (nonemployees): 16, 111. 7, 840. 4, 431. 3, 840 0 Legal - - - - - c Accounting 45, 580. 42, 516. 2, 964. - - 0 Despines 9, 215. 9, 215. 9, 215. - - 10 Accounting and promotion 16, 513. - - - - 12 Adventising and p	4						
trustees, and key employees 120,840. 93,538. 51,527. 45,775. 6 Compensation not included above to disgualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8).	5						
6 Compensation not included above to disputified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(1)) and the section 4958(r)(1) and the section 4958(r)(1) and persons (as defined under section 4958(r)) and the section 4958(r) and 4958(r) and the section 4958(r) and anomization there appreses (1) and anometization there appreses (1) and anomization the section 4958(r) and anomization			190,840.	93,538.	51,527.	45,775.	
persons described in section 4958(c)(3)(B) 645,811 316,563 174,369 154,879 7 Other salaries and vages 645,811 316,563 174,369 154,879 9 Other employee benefits 99,343 48,674 26,823 23,846 10 Payroit taxes 58,833 28,828 15,885 14,120 11 Fees for services (nonemployees): 45,580 422,616 2,964 11 Fees for services (nonemployees): 45,580 422,616 2,964 12 Performanagement 16,111 7,840 4,960 12 Performanagement fees 9,215 9,215 9,215 11 Investment management fees 9,215 9,215 16,313 12 Advertising and promotion 16,313 16,313 16,313 13 Office expenses 25,664 6,214 9,541 10,103 16 Occupancy 126,364 61,918 34,119 30,327 17 Travel 3,330 27 <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td>	6						
7 Other salaries and wages 645,811. 316,563. 174,369. 154,879. 8 Pension plan actruals and contributions (include section 40(k) and 40(k) employer contributions) 14,489. 7,102. 3,912. 3,475. 9 Other employee benefits 99,343. 48,674. 26,823. 23,846. 10 Payroli taxes 58,833. 28,828. 15,885. 14,120. 14 Fees for services (nonemployees): 16,111. 7,840. 4,431. 3,860. 14 Legal - - - - 9 Other, (If line 11g anount exceeds 10% of line 25, 00lum (A), amount, list line 11g expenses on Sch 0. 23,780. 10,482. 8,338. 4,960. 12 Advertising and promotion 16,313. 16,313. 16,313. 13 Office expenses 85,776. 23,229. 22,051. 39,796. 14 Information technology 25,864. 6,214. 9,541. 10,101.01.01.01.01.01.01.01.01.01.01.01.01.		persons (as defined under section 4958(f)(1)) and					
8 Pension plan actruals and contributions (include section 40 (K) and 40 (b) employer contributions) 14,489,7,102. 3,912. 3,475 9 Other employee benefits 99,343. 46,674. 26,623. 23,846 10 Payroll taxes 58,833. 28,928. 15,885. 14,120 11 Fees for services (nonemployees): a 44,11. 3,840 a Management 16,111. 7,840. 4,431. 3,840 b Legal - - - - e Accounting 45,580. 42,616. 2,964 - d Lobbying - - - - - g Other, (If line 11q anount sceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 23,780. 10,482. 8,338. 4,960 12 Advertising and promotion 16,313. - - - 13 Office expenses 85,076. 23,229. 22,051. 39,795 14 Information technology 126,364. 6,1918. 34,119. 30,327		persons described in section 4958(c)(3)(B)					
section 401(k) and 403(b) employer contributions) 14,499, 7,102, 3,912, 3,475 9 Other employee benefits 99,343, 48,674, 26,823, 23,846 10 Payrolit taxes 58,833, 28,828, 15,885, 14,120 11 Fees for services (nonemployees): 7,840, 4,431, 3,840 a Management 16,111, 7,840, 4,431, 3,840 b Legal - - - - c Accounting 45,580, 42,616, 2,964 c Lobbying - - - - e Professional fundraising services. See Part IV, line 17 9,215, 9,215, - g Other, (If line 11g anount exceeds 10% of line 25, - - - g Other, (If line 11g anount exceeds 10% of line 25, - - - g Other, (If line 11g anount exceeds 10% of line 25, - - - g Other, (If line 11g anount exceeds 10% of line 25, - - - g Other, (If line 11g anount exceeds 10% of line 25, - - -	7	Other salaries and wages	645,811.	316,563.	174,369.	154,879.	
10 Payrolitaxes 58,833. 28,828. 15,885. 14,120 11 Fees for services (nonemployees): a <t< td=""><td>8</td><td></td><td></td><td></td><td></td><td></td></t<>	8						
10 Payrolitaxes 58,833. 28,828. 15,885. 14,120 11 Fees for services (nonemployees): a <t< td=""><td></td><td>section 401(k) and 403(b) employer contributions)</td><td>14,489.</td><td>-</td><td>3,912.</td><td>3,475.</td></t<>		section 401(k) and 403(b) employer contributions)	14,489.	-	3,912.	3,475.	
11 Fees for services (nonemployees): 16,111, 7,840, 4,431, 3,840 a Management	9	Other employee benefits	99,343.		26,823.		
11 Fees for services (nonemployees): 16,111. 7,840. 4,431. 3,840 a Management 16,111. 7,840. 4,431. 3,840 c Accounting 45,580. 42,616. 2,964 c Accounting 9,215. 9,215. 9,215. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, ist line 11g expenses on Sch 0.) 12,3,780. 10,482. 8,338. 4,960 12 Advertising and promotion 16,313. 16,313. 16,313. 13 Office expenses. 85,076. 23,229. 22,051. 39,796 14 Information technology 25,864. 6,214. 9,541. 10,109 16 Occupancy 126,364. 61,918. 34,119. 30,327 17 Travel 3,330. 27. 3,303. 27. 3,303. 19 Conferences, conventions, and meetings 28,573. 1,745. 15,607. 11,221 21 Payments to affliates 1 15,961. 7,821. 4,309. 3,831 22 Depreciation, depletion, and amortization 15,961. 7,	10	Payroll taxes	58,833.	28,828.	15,885.	14,120.	
b Legal	11						
c Accounting 45,580. 42,616. 2,964 d Lobbying 9 <td>а</td> <td>Management</td> <td>16,111.</td> <td>7,840.</td> <td>4,431.</td> <td>3,840.</td>	а	Management	16,111.	7,840.	4,431.	3,840.	
d Lobbying	b	Legal					
e Professional fundraising services. See Part IV, line 17 Image: Constraint of the services of the se	С	Accounting	45,580.		42,616.	2,964.	
f Investment management fees 9,215. 9,215. g Other. (If line 11g arount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 23,780. 10,482. 8,338. 4,960 13 Office expenses 85,076. 23,229. 22,051. 39,796 14 Information technology 25,864. 6,214. 9,541. 10,109 16 Occupancy 126,364. 61,918. 34,119. 30,327 17 Travel 3,330. 27. 3,303. 10 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,355. 664. 366. 325 21 Payments to affiliates 11,355. 664. 366. 325 21 Payments to affiliates 115,961. 7,821. 4,309. 3,831 23 Insurance 115,961. 7,821. 4,309. 3,644 24 Other expenses not covered above. (List miscellaneous expenses on Schedule 0.) 181,559. 130,730. 27,235. 23,604 30xauct. 410 ther expenses. 40,043. 5,255 9,03	d	Lobbying					
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 10,482. 8,338. 4,960 12 Advertising and promotion 16,313. 110,482. 8,338. 4,960 13 Office expenses 85,076. 23,229. 22,051. 39,796 14 Information technology 25,864. 6,214. 9,541. 10,009 15 Royalties 126,364. 61,918. 34,119. 30,327 16 Occupancy 126,364. 61,918. 34,119. 30,327 17 Travel 3,330. 27. 3,303. 11,221 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,355. 664. 366. 325 19 Conferences, conventions, and meetings 1,355. 664. 366. 325 19 Payments to affiliates 15,961. 7,821. 4,309. 3,831 20 Expression depletion, and amortization 15,961. 7,821. 4,309. 3,831 21 Interest 10.181,569. 130,730. 27,235. 23,604 21 Matrixonk Durss 9,033. 9,033. 9,033. 9,033.	е						
column (A), amount, list line 11g expenses on Sch 0.) 23,780. 10,482. 8,338. 4,960 12 Advertising and promotion 16,313. 16,313. 16,313. 13 Office expenses 85,076. 23,229. 22,051. 33,796 14 Information technology 25,864. 6,214. 9,541. 10,109 15 Royatties - - - - 16 Occupancy 126,364. 61,918. 34,119. 30,327 17 Travel 3,330. 27. 3,303. - - 19 Conferences, conventions, and meetings 28,573. 1,745. 15,607. 11,221 10 Interest 1,355. 664. 366. 325 19 Conferences, conventions, and meetings 15,961. 7,821. 4,309. 3,831 19 Interest 1,355. 664. 366. 325 21 Payments to affiliates - - - 22 Deprec	f	Investment management fees	9,215.		9,215.		
12 Advertising and promotion 16,313. 16,313. 13 Office expenses 85,076. 23,229. 22,051. 39,796. 14 Information technology 25,864. 6,214. 9,541. 10,109 16 Occupancy 126,364. 61,918. 34,119. 30,327 16 Occupancy 126,364. 61,918. 34,119. 30,327 17 Travel 3,330. 27. 3,303. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 1,355. 6664. 3666. 3225 19 Conferences, conventions, and meetings 28,573. 1,745. 15,607. 11,221 20 Interest 1,355. 6664. 3666. 3225 12 payments to affiliates	g	Other. (If line 11g amount exceeds 10% of line 25,					
13 Office expenses 85,076. 23,229. 22,051. 39,796 14 Information technology 25,864. 6,214. 9,541. 10,109 15 Royatties		column (A), amount, list line 11g expenses on Sch 0.)		10,482.	8,338.	4,960.	
14 Information technology 25,864. 6,214. 9,541. 10,109 15 Royatties 126,364. 61,918. 34,119. 30,327 16 Occupancy 126,364. 61,918. 34,119. 30,327 17 Travel 3,330. 27. 3,303. 1126,364. 61,918. 34,119. 30,327 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,330. 27. 3,303. 1126,364. 664. 366. 325 19 Conferences, conventions, and meetings 28,573. 1,745. 15,607. 11,221 20 Interest 1,355. 664. 366. 325 21 Payments to affiliates 15,961. 7,821. 4,309. 3,831 23 Insurance 15,961. 7,821. 4,309. 3,831 24 Other expenses. Itemize expenses on Schedule 0.) 181,569. 130,730. 27,235. 23,604 4 MERCHANT FEES 9,033. 9,033. 9,033. 9,033. 9,033. 5 MEMBERSHIP D	12	- · · · · · · · · · · · · · · · · · · ·	, ,				
15 Royalties Image: Constraint of the second s	13						
16 Occupancy 126,364. 61,918. 34,119. 30,327 17 Travel 3,330. 27. 3,303. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3 3 30. 27. 3,303. 19 Conferences, conventions, and meetings 28,573. 1,745. 15,607. 11,221 20 Interest 1,355. 664. 366. 325 21 Payments to affiliates 15,961. 7,821. 4,309. 3,831 22 Depreciation, depletion, and amortization 15,961. 7,821. 4,309. 3,831 23 Insurance 181,569. 130,730. 27,235. 23,604 24 Other expenses on Schedule 0.) 181,569. 130,730. 27,235. 23,604 a NATIONAL DUES 9,033. 9,033. 9,033. 9,033. 9,033. c MEMERSHIP DUES 6,469. 531. 683. 5,255 d			25,864.	6,214.	9,541.	10,109.	
17 Travel 3,330. 27. 3,303. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,573. 1,745. 15,607. 11,221 19 Conferences, conventions, and meetings 28,573. 1,745. 15,607. 11,221 20 Interest 1,355. 664. 366. 325 21 Payments to affiliates 20 22 Depreciation, depletion, and amortization 15,961. 7,821. 4,309. 3,831 23 Insurance 24 Other expenses. Itemize expenses on line 24e. If line 24e anount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 181,569. 130,730. 27,235. 23,604 4 MERCHANT FEES 9,033. 9,033. 9,033. 9,033. c MEMBERSHIP DUES 6,469. 531. 683. 5,255 d			100.004	(1.010	24 110	20.207	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings						30,327.	
for any federal, state, or local public officials 28,573. 1,745. 15,607. 11,221 19 Conferences, conventions, and meetings 28,573. 1,745. 15,607. 11,221 20 Interest 1,355. 664. 366. 325 21 Payments to affiliates 2 2 Depreciation, depletion, and amortization 15,961. 7,821. 4,309. 3,831 23 Insurance 2 0 111,924. 4,309. 3,831 24 Other expenses. Itemize expenses on tovered 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.) 181,569. 130,730. 27,235. 23,604 b MERCHANT FEES 9,033. 9,033. 9,033. 9,033. 9,033. 9,033. 5,255 d 2 4ll other expenses 2 6,469. 531. 683. 5,255 d 2 2.440,134. 1,582,131. 454,330. 403,673 25 Total functional expenses. Add lines 1 through 24e 2,440,134. 1,582,131. 454,330. 403,673 26		F	5,550.	27.	5,505.		
19 Conferences, conventions, and meetings 28,573. 1,745. 15,607. 11,221 20 Interest 1,355. 664. 366. 325 21 Payments to affiliates 1 15,961. 7,821. 4,309. 3,831 22 Depreciation, depletion, and amortization 15,961. 7,821. 4,309. 3,831 23 Insurance 24 Other expenses. Itemize expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 181,569. 130,730. 27,235. 23,604 b MERCHANT FEES 9,033. 9,033. 9,033. 9,033. c MEMBERSHIP DUES 6,469. 531. 683. 5,255 d	18						
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21 Payments to affiliates 15,961. 7,821. 4,309. 3,831 22 Depreciation, depletion, and amortization 15,961. 7,821. 4,309. 3,831 23 Insurance 15,961. 7,821. 4,309. 3,831 24 Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on line 25, column (A), amount, list line 24e expenses on Schedule 0.) 181,569. 130,730. 27,235. 23,604 a NATIONAL DUES 9,033. 9,033. 9,033. 9,033. c MEMBERSHIP DUES 6,469. 531. 683. 5,255 d		late and	-	/	· · · · ·		
22 Depreciation, depletion, and amortization 15,961. 7,821. 4,309. 3,831 23 Insurance 3,831 3,831 3,831 <td< td=""><td></td><td></td><td>τ, σσσ.</td><td>004.</td><td>500.</td><td>525.</td></td<>			τ, σσσ.	004.	500.	525.	
23 Insurance			15 961	7 821	4 309	3 831	
24 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.) 181,569. 130,730. 27,235. 23,604 a NATIONAL DUES 9,033. 9,033. 9,033. c MEMBERSHIP DUES 6,469. 531. 683. 5,255 d		. Г	10,001.	,,021.	±,505.	5,051.	
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a NATIONAL DUES 181,569. 130,730. 27,235. 23,604 b MERCHANT FEES 9,033. 9,033. 9,033. c MEMBERSHIP DUES 6,469. 531. 683. 5,255. d							
b MERCHANT FEES 9,033. 9,033. c MEMBERSHIP DUES 6,469. 531. 683. 5,255. d	-		181 569.	130 730.	27 235.	23 604.	
c MEMBERSHIP DUES 6,469. 531. 683. 5,255 d 6,469. 531. 683. 5,255 d <td></td> <td></td> <td>, ,</td> <td>,,</td> <td></td> <td>9,033.</td>			, ,	,,		9,033.	
d			, ,	531.	683.	5,255.	
e All other expenses			-,•		•	-,••	
25Total functional expenses. Add lines 1 through 24e2,440,134.1,582,131.454,330.403,67326Joint costs. Complete this line only if the organization </td <td></td> <td>All other expenses</td> <td></td> <td></td> <td></td> <td></td>		All other expenses					
26 Joint costs. Complete this line only if the organization		· · · · · · · · · · · · · · · · · · ·	2,440,134.	1,582,131.	454,330.	403,673.	
			. , .	, , ,	,	, -	
reported in column (B) joint costs from a combined	-	reported in column (B) joint costs from a combined					
educational campaign and fundraising solicitation.							

13380705 131839 A202471

if following SOP 98-2 (ASC 958-720)

Check here

132010 12-09-21

Form 990 (2021)

MAKE-A-WISH FOUNDATION OF THE HUDSON

	990 (2					13-334	4306 Page
a	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			248,885.	1	202,118
	2	Savings and temporary cash investments	23,266.	2	32,063		
	3	Pledges and grants receivable, net				3	82,37
	4	Accounts receivable, net			1,831.	4	4,10
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	-			-	
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			13,726.	8	9,30
As	9	B			80,016.	9	60,26
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	148,672.			
	b	Less: accumulated depreciation		117,137.	47,496.	10c	31,53
	11	Investments - publicly traded securities			1,614,768.	11	1,439,52
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	48,665.	15	67,51		
	16	Total assets. Add lines 1 through 15 (must equ			2,078,653.	16	1,928,80
	17	Accounts payable and accrued expenses			70,930.	17	82,65
	18	Grants payable				18	
	19	Deferred revenue			3,250.	19	5,52
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form	er officer, di	rector,			
Liabilities		trustee, key employee, creator or founder, subst	antial contril	outor, or 35%			
abil		controlled entity or family member of any of the	e persons			22	
Ë	23	Secured mortgages and notes payable to unrela	ted third par	ties		23	
	24	Unsecured notes and loans payable to unrelated	I third partie	s	150,000.	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Con	nplete Part X			
		of Schedule D		53,941.	25	43,65	
	26	Total liabilities. Add lines 17 through 25			278,121.	26	131,83
		Organizations that follow FASB ASC 958, che	ck here 🕨	X			
ces		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			1,794,724.	27	1,710,29
Ba	28	Net assets with donor restrictions			5,808.	28	86,67
nd		Organizations that do not follow FASB ASC 9	58, check h	ere 🕨 🗌			
Ъ,		and complete lines 29 through 33.					
sot	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in	come, or oth	er funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,800,532.	32	1,796,972
	33				2,078,653.	33	1,928,809

Form **990** (2021)

13380705 131839 A202471

Sign	Envelope ID: 167E94A5-287B-4ABE-9A18-E81AEB0D4B9F				
	MAKE-A-WISH FOUNDATION OF THE HUDSON				
	990 (2021) VALLEY	13-33443	306	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,662,	563.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,440,	134.
3	Revenue less expenses. Subtract line 2 from line 1	3		222,	429.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,800,	532.
5	Net unrealized gains (losses) on investments	5		-241,	800.
6	Donated services and use of facilities	6		15,	811.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,796,	972.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
			Form	990	(2021)

	CHEDULE A rm 990)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						OMB No. 1545-0047	
	tment of the Treasury al Revenue Service			Attach to Form 990 or F //Form990 for instruction			formation.		Open to Public Inspection
Nan	ne of the organization		-WISH FOUNDATIO	N OF THE HUDSON					identification number
Pa	rt I Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		
The				For lines 1 through 12, cl					
1	A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school dese	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
-	city, and state		ar the henefit of a col		l or oporat		vorpmontolu	nit doooriba	
5			Complete Part II.)	llege or university owned	or operation	eu by a gu	vernmentalu	nit describe	
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7			•	ntial part of its support fr			.,	ne general r	oublic described in
	section 170(I	b)(1)(A)(vi). (C	omplete Part II.)		Ū.			c .	
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	· · · · · · · · ·	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10	university:	on that narma		than 33 1/3% of its supp	art from a	ontribution		in face and	d areas ressints from
10				t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)	. ,		·			·
11	An organizati	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
			-	d in section 509(a)(1) o					Check the box on
		•	• •	f supporting organizatior				-	
а			-	upervised, or controlled gularly appoint or elect a	• • • •	-			
		-	complete Part IV, Se		majonty c				ipporting
b	<u> </u>		•	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
			-	anization vested in the sa			-		-
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		-	• • • •	g organization operated				ly integrate	d with,
		•	.,.). You must complete I			-		
d		-		oorting organization oper ation generally must sat				0	
			• •	nplete Part IV, Sections			•	i all'allentiv	leness
е				written determination from				II. Type III	
		0		nally integrated supportin			31 3	, ,	
f	Enter the number	of supported o	organizations						
g	Provide the followi (i) Name of suppo		about the supporte	d organization(s). (iii) Type of organization	(iv) is the oroa	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	organization		(ii) EIN	(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
	-			above (see instructions))	Yes	No	``````````````````````````````````````	•	,
									<u> </u>
Tota	al								

	М	AKE-A-WISH FOU	NDATION OF THE	HUDSON			
Sch		ALLEY				13-33443	i ugo 🖬
Pa	ITT II Support Schedule for	-		•			
	(Complete only if you checked			-	failed to qualify u	nder Part III. If the	organization
_	fails to qualify under the tests	s listed below, pleas	se complete Part III	.)			
	ction A. Public Support			T			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,923,687.	2,252,916.	1,742,242.	2,109,412.	2,589,696.	11,617,953.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,923,687.	2,252,916.	1,742,242.	2,109,412.	2,589,696.	11,617,953.
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)						309,850.
	Public support. Subtract line 5 from line 4.						11,308,103.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,923,687.	2,252,916.	1,742,242.	2,109,412.	2,589,696.	11,617,953.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	30,241.	44,204.	38,461.	31,233.	35,592.	179,731.
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.)	212,964.	226,128.	33,156.	8,791.	136,072.	617,111.
11	Total support. Add lines 7 through 10						12,414,795.
12	Gross receipts from related activities,	•	,			12	3,250.
13	First 5 years. If the Form 990 is for the						
_	organization, check this box and stop						
	ction C. Computation of Publi						
14	Public support percentage for 2021 (I					14	91.09 %
15	Public support percentage from 2020					15	90.48 %
1 6a	33 1/3% support test - 2021. If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
k	33 1/3% support test - 2020. If the o	•				•	
	and stop here. The organization qual						
17 a	10% -facts-and-circumstances test	•					-
	and if the organization meets the fact			-	-	VI how the organization	ation
	meets the facts-and-circumstances te	-					
k	o 10% -facts-and-circumstances test	•				-	0% or
		and the state of the stress of	and a second	المعرف بتمط متطلبا	n horo Evolain i	n Dort VI how the	
	more, and if the organization meets the				• •		. —
	organization meets the facts-and-circu	umstances test. Th	e organization qual	lifies as a publicly s	supported organiz	zation	
18	•	umstances test. Th	e organization qual	lifies as a publicly s	supported organiz	ation nd see instructions	► □ ► □ Form 990) 2021

132022 01-04-22

	(Form 990) 2021	VALLEY	13-3344306	Pa
Part III	Support Schedule fo	 Organizations Described in Section 509 	a)(2)	
	(Complete only if you check	ed the box on line 10 of Part I or if the organization fail	ed to qualify under Part II. If the organization fai	ils to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disgualified 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							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support				L			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total
	Amounts from line 6			(-,	(,	<u> </u>		()
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
h	Unrelated business taxable income							
~	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11								
	activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain							
	or loss from the sale of capital						ſ	
10	assets (Explain in Part VI.)				+			
	Total support. (Add lines 9, 10c, 11, and 12.)		rot accord third	fourth or fifth toy		[[]		
14	First 5 years. If the Form 990 is for the	-			-		-	
Sec	check this box and stop here							
	Public support percentage for 2021 (I			column (f))		15		%
16	Public support percentage from 2020					16		%
-	ction D. Computation of Invest							/
17	Investment income percentage for 20			ne 13. column (f))		17		%
18	Investment income percentage from		'			18		9
	33 1/3% support tests - 2021. If the			on line 14 and line			and line 1 ⁻	
198	more than 33 1/3%, check this box ar							
۲.	33 1/3% support tests - 2020. If the						33 1/2% 2	🚩 📖
L.	line 18 is not more than 33 1/3%, che	•						
20	Private foundation. If the organization							
	23 01-04-22	T GIG HOL CHECK A	557 011116 14, 19	a, or rob, check li	10 DOX AND SEE INS			(Form 990) 2021
13202	.0 01-07-22					3	Sileaule A	1,1 0,111 330/ 202

¹⁵ 2021.06000 MAKE-A-WISH FOUNDATION OF A2024711

VALLEY

MAKE-A-WISH FOUNDATION OF THE HUDSON

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

No Yes

Schedule A (Form 990) 2021 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")? // "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 disgualified 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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7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

16

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	MAKE-A-WISH FOUNDATION OF THE HUDSON			
chedule A (Form 990) 202	1 VALLEY 13-3	344306	Pa	ag
	g Organizations (continued)			
			Yes	
1 Has the organization	accepted a gift or contribution from any of the following persons?			
a A person who directl	y or indirectly controls, either alone or together with persons described on lines 11b and			
	ning body of a supported organization?	11a		
	person described on line 11a above?	11b		Γ
	ity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.		11c		
ection B. Type I Su	oporting Organizations			-
			Yes	Γ
1 Did the governing bo	dy, members of the governing body, officers acting in their official capacity, or membership of one or			Γ
	nizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	supervised, or controlled the organization's activities. If the organization had more than one supported			
	e how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		ſ
	ons and what conditions or restrictions, if any, applied to such powers during the tax year.	-		ŀ
	operate for the benefit of any supported organization other than the supported			
	perated, supervised, or controlled the supporting organization? If "Yes," explain in			
,	g such benefit carried out the purposes of the supported organization(s) that operated,			ſ
supervised, or contro	lled the supporting organization. pporting Organizations	2		L
			v	Г
			Yes	┝
	e organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each o	the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of th	e supporting organization was vested in the same persons that controlled or managed			
the supported organi	zation(s). Il Supporting Organizations	1		L
ection D. All Type I				Г
			Yes	
-	provide to each of its supported organizations, by the last day of the fifth month of the			
organization's tax ye	ar, (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 govern	ing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the orga	nization'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 mair	tained a close and continuous working relationship with the supported organization(s).	2		
By reason of the rela	tionship described on line 2, above, did the organization's supported organizations have a			
significant voice in th	e organization's investment policies and in directing the use of the organization's			
-	Ill times during the tax year? If "Yes," describe in Part VI the role the organization's			
supported organizati	ons played in this regard.	3		Γ
ection E. Type III F	unctionally Integrated Supporting Organizations		-	-
	the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
	on satisfied the Activities Test. Complete line 2 below.			
	on is the parent of each of its supported organizations. Complete line 3 below.			
	on supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	20)	
	rer lines 2a and 2b below.	INSTRUCTION	Yes	Γ
			103	
-	f the organization's activities during the tax year directly further the exempt purposes of			
	zation(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	ganizations and explain how these activities directly furthered their exempt purposes,			
how the organization	was responsive to those supported organizations, and how the organization determined			
the state set of the set	eventity to all evidentically all of its entities		1	

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

3a

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	MAKE-A-WISH FOUNDATION OF THE HUE	SON		
Sche	dule A (Form 990) 2021 VALLEY			13-3344306 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	1
ect	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		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting org	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

	MAKE-A-WISH FOUNDAT	ION OF THE HUDSON			
	dule A (Form 990) 2021 VALLEY	(-)(0) 0		1	.3-3344306 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	<u>d)</u>	
Secti	on D - Distributions		I		Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he 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	(1)	I	10	/)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	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 2017				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

	MAKE-A-WISH FOUNDATION OF THE HUDSON		
Schedule A (Form 990) 2021	VALLEY	13-3344306	Page 8
Part IV, Section A, lines line 1; Part IV, Section D	Drmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Id 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Sectior , Section B, line 1e; Pa	n C, art V,
CHEDULE A, PART II, LINE 1	0, EXPLANATION FOR OTHER INCOME:		
ROSS FUNDRAISING EVENT REV	ENUE		
2017 AMOUNT: \$ 212,964.			
018 AMOUNT: \$ 226,128.			
019 AMOUNT: \$ 33,156.			
020 AMOUNT: \$ 6,870.			
2021 AMOUNT: \$ 136,072.			
THER INCOME			
017 AMOUNT: \$ 0.			
018 AMOUNT: \$ 0.			
019 AMOUNT: \$ 0.			
020 AMOUNT: \$ 1,921.			
2021 AMOUNT: \$ 0.			

Schedule A (Form 990) 2021

Schedule B

(Form	990)
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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

ation number

Name of the organization		Employer identification n
	MAKE-A-WISH FOUNDATION OF THE HUDSON VALLEY	13-3344306
Organization type (che		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the General Rule or a Special Rule. 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot any one contributor. Complete Parts I and II. See instructions for determining a contribu	•
Special Rules		
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16t uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount o D-EZ, line 1. Complete Parts I and II.	o, and that received from any one
For an organiz	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fi	rom 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.

Schedule I	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
	ISH FOUNDATION OF THE HUDSON		12 2244205
VALLEY			13-3344306
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
1		\$442,	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
2		\$177,	,543. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
3		\$150,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
4		\$178,	,507. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
5		\$173,	,768. Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$154	,500. (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule I	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
	IISH FOUNDATION OF THE HUDSON		
VALLEY			13-3344306
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
7		\$145	,000. Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
8		\$134	, 269. (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
9		\$57 	,708. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

23 2021.06000 MAKE-A-WISH FOUNDATION OF A2024711

13380705 131839 A202471

Schedule	B (Form 990) (2021)		Page 3
	rganization		Employer identification number
MAKE-A-W VALLEY	ISH FOUNDATION OF THE HUDSON		13-3344306
	New Street Design of the second		ł
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	J.
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
Part I	TRAVEL, M&E, SUPPLIES		·
1		-	
		_ \$9,	098. 08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION	_	
2		\$177,	.543. 08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	MEDICAL EQUIPMENT		
9		_	
		\$57,	.70812/08/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		-	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		-	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Listo received
		-	
		- - \$	

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_	
Pane	4

AUX3A "Fill FORDATION OF "BER RUBON"		3 (Form 990) (2021)		Page		
13.334306 Part III Endiantikation: Comparing one contribution: Complete counting (a) through (a) and the following line after, Ex cognizations complete counting (a) through (a) and the following line after, Ex cognizations complete counting (a) through (a) and the following line after, Ex cognizations complete counting (a) through (a) and the following line after, Ex cognizations complete counting (a) through (a) and the following line after, Ex cognizations complete counting (a) through (a) and the following line after, Ex cognizations complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (a) through (a) and the following line after cognization complete counting (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) Non- (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (a) Non- (b) Purpose of gift (c) Use of gift (d) Descriptio				Employer identification number		
Part III Exclusivey reliquot, churchells, etc. contributions to capatitations described in section 50 (e)(7), (6), e1 (th) that total more than \$1,000 for the year comparisons capatities on a contribution of the year comparisons capatities in bioland advances of advances, churchells, etc. contributions of \$1,000 or these to research in advances in medical and advances of advances in the intervence in the interve		ISH FOUNDATION OF THE HUDSON		12 2244206		
from part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. for the part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. for the part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. for the part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (g) No. for the part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. for the part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. for the part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (f) No. for the part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (f) Description of how gift is held (g) No. for the part i (g) No. for the part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) Description of how gi		from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
Part I	(a) No.					
Image: construction of transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift <t< th=""><th></th><th>(b) Purpose of gift</th><th>(c) Use of gift</th><th>(d) Description of how gift is held</th></t<>		(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
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Part I Image: Constraint of the cons	_	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee		
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
		Transforce's name address				
123454 11-11-21 Schedule B (Form 990) (24		iransteree's name, address, a 	<u></u>			
25	123454 11-11-	21		Schedule B (Form 990) (202		

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SC	SCHEDULE D Supplemental Financial Statements							
(Forr	n 990)	b.	2021					
	ment of the Treasury		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 THE HUDSON Employer instructions and the latest information.							
Nam		VALLEY			13-3344306			
Pa	rt I Organizat	tions Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts.	Complete if the			
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advised funds	(b) Funds an	d other accounts			
1		d of year						
2		contributions to (during year)						
3		grants from (during year)						
4		end of year						
5	-		vriting that the assets held in donor advise					
~			exclusive legal control?		Yes No			
6	•		dvisors in writing that grant funds can be r donor advisor, or for any other purpose o	•				
	impermissible privat		donor advisor, or for any other purpose of	0	Yes No			
Pa			anization answered "Yes" on Form 990, F					
1		ervation easements held by the organization						
-		of land for public use (for example, recreat		a historically impor	tant land area			
		natural habitat		a certified historic				
	Preservation of	of open space						
2	Complete lines 2a th	hrough 2d if the organization held a qualif	ed conservation contribution in the form o	of a conservation ea	asement on the last			
	day of the tax year.			Held	at the End of the Tax Year			
а	Total number of con	nservation easements		2a				
b	Total acreage restric	cted by conservation easements		2b				
с	Number of conserva	ation easements on a certified historic stru	icture included in (a)	2c				
d	Number of conserva	ation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re				
	listed in the Nationa	ll Register		2d				
3	Number of conserva	ation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during	the tax			
	year 🕨							
4		here property subject to conservation eas						
5		on have a written policy regarding the per						
~		rcement of the conservation easements it						
6	Starr and volunteer I	nours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements	s during the year			
7			ling of violations, and enforcing conservat	ion occomonto duri	ng the year			
7	Amount of expenses ► \$	s incurred in monitoring, inspecting, hand	ing of violations, and enforcing conservat	ION easements duri	ng the year			
8		ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)				
•					Yes No			
9			on easements in its revenue and expense					
		o .	ote to the organization's financial stateme		the			
	organization's accou	unting for conservation easements.						
Pa	rt III Organizat	tions Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Ass	sets.			
	Complete if t	he organization answered "Yes" on Form	990, Part IV, line 8.					
1 a	If the organization e	lected, as permitted under FASB ASC 95	B, not to report in its revenue statement a	nd balance sheet w	orks			
	of art, historical trea	sures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public				
			cial statements that describes these item					
b			8, to report in its revenue statement and b					
		· ·	exhibition, education, or research in furth	erance of public se	rvice,			
		g amounts relating to these items:		x +				
~			an una constant annual an annual					
2			asures, or other similar assets for financial	gain, provide				
~	-	nts required to be reported under FASB A	-	▶ \$				
-		duction Act Notice, see the Instructions			dule D (Form 990) 2021			
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	MAKE-A-WIS	H FOUNDATION OF	THE H	UDSON						
Sche	dule D (Form 990) 2021 VALLEY						13-	33443	06	Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar Ass	ets	continue	n uge —
3	Using the organization's acquisition, accession								oonanac	
	collection items (check all that apply):	,	,	,	5	5				
а	Public exhibition		a 🗌	Loan or exc	hange progr	am				
b	Scholarly research	(Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	e organizatio	on's exem	pt purpose in F	Part XII	Ι.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	er similar a	issets			
	to be sold to raise funds rather than to be ma								Yes	No
Pa	rt IV Escrow and Custodial Arrang	gements. Compl	ete if the	e organizatio	n answered	"Yes" on F	orm 990, Part	IV, line	e 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contributions	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
								A	mount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe						y?		Yes	No
	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Fai	rt V Endowment Funds. Complete i									ara haali
		(a) Current year 4,303.	(0)	Prior year	(c) Two yea		d) Three years b		e) Four ye	
	Beginning of year balance	4,303.		4,303.		4,303.	4,30	···		4,303.
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	4,303.		4,303.		4,303.	4,30	13		4,303.
-	End of year balance Provide the estimated percentage of the curr		 			1,303.	1,50	,		1,000.
2	Board designated or quasi-endowment	.0000	e (inte Tų %	y, column (a)) Heiu as.					
	Permanent endowment 100	%	70							
	Term endowment .0000									
Ū	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation tha	it are held ar	nd administe	red for the	organization			
	by:						o ga Lator		Y	es No
	(i) Unrelated organizations							ſ	3a(i)	x
	(ii) Related organizations								3a(ii)	x
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?				····	3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	ee Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulated	(d	l) Book v	alue
	-	basis (investi	ment)	basis	(other)	depi	reciation			
1a	Land									
	Buildings									
	Leasehold improvements				31,045.		29,977.			1,068.
	Equipment				117,627.		87,160.		3	30,467.
	Other									

Schedule D (Form 990) 2021

31,535.

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

	MAKE-A-WISH FOUN	DATION OF THE HUDSON	I		
Schedule D) (Form 990) 2021 VALLEY			13-3344306	Page 3
Part VII					
	Complete if the organization answered "Yes"				
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	value
(1) Financi	al derivatives				
• • •	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
<u>(D)</u>					
(E)					
(F)					
(G)					
(H)	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	value
(1)				,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	 11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin		
1.	(a) Description of liability			(b) Book v	value
	deral income taxes				
	E TO NATIONAL				105.
	E TO OTHER CHAPTERS				10,882.
(4) 116'6	FERRED RENT				13,777.
	PITAL LEASE OBLIGATIONS				18,891.
(5) CAI					
(5) CAI					
(5) CAH (6) (7)					
(5) CAB (6) (7) (8)					
(7) CAR (6) (7) (8) (9)	ımn (b) must equal Form 990. Part X. col. (B) lin	- 25)			43,655.

Schedule D (Form 990) 2021

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	MAKE-A-WISH FOUNDATION OF THE HUDS	ON			
Sche	dule D (Form 990) 2021 VALLEY			13-334	4306 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,591,905
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-241,800.		
b	Donated services and use of facilities	2b	167,203.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-74,597
3	Subtract line 2e from line 1			3	2,666,502
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	9,215.		
b	Other (Describe in Part XIII.)	4b	-13,154.		
с	Add lines 4a and 4b			4c	-3,939
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,662,563
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With I	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	2,595,465
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	151,392.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	13,154.		
е	Add lines 2a through 2d			2e	164,546
3	Subtract line 2e from line 1			3	2,430,919
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	9,215.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	9,215
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	3.)		5	2,440,134
Pa	t XIII Supplemental Information.	-			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, lin	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	ation.		

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PART V, LINE 4:

THE INCOME FROM THE ENDOWMENT FUND WILL BE USED IN THE FOUNDATION'S WISH

GRANTING ACTIVITIES.

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND

NEW YORK STATE INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE

SECTION 501(C)(3) AND THE NEW YORK STATE TAX 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 ANY UNRELATED TRADE OR

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Schedule D (Form 990) 2021

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MAKE-A-WISH FOUNDATION OF THE HUDSON		
Schedule D (Form 990) 2021 VALLEY	13-3344306	Page
Part XIII Supplemental Information (continued)		
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		
FOUNDATION AT AUGUST 31, 2022 AND 2021. THE FOUNDATION FILES INCOME TAX		
RETURNS IN THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE		
JURISDICTIONS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT		
TO THE STATEMENT OF REVENUE -13,154.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT		
TO THE STATEMENT OF REVENUE 13,154.		
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SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					OMB No. 1545-0047			
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instruct H FOUNDATION OF THE HUDSON	uction	s and	the latest informati	on.	Employer in	dentification number
Nume of the organization	VALLEY	I FOUNDATION OF THE HUDDON					13-33443	
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
	complete this par							
a Mail solicita	•	ed funds through any of the followin e Solicita	•		overnment grants			
	email solicitations				nment grants			
c Phone solici		g Special						
d 📃 In-person so	olicitations							
		or oral agreement with any individual				tees,	or	
		art VII) or entity in connection with p			U U			es 🔄 No
compensated at le	•	viduals or entities (fundraisers) pursuation organization.	ant to a	agreer	ments under which th	ne fur	idraiser is to	be
			(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	(iii) fundr have ci	ustodv	(iv) Gross receipts	tò (c	or retained by	
or entity (fund	draiser)		or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total								
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from	registration
or licensing.								
		an and the broken in the Post					<u> </u>	L. O (F
LITA FOR Paperwork R	eduction ACt Noti	ce, see the Instructions for Form 9	SO OL	990-F	<i>L</i> .		Schedu	ile G (Form 990) 2021

132081 10-21-21

MAKE-A-WISH FOUNDATION OF THE HUDSON

Sch	edu	le G (Form 990) 2021 VALLEY	SH FOUNDATION OF TH			3344306 Page 2
Pa	rt I					
		of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WISH BALL	WALK FOR WISHES	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anı					(1014111201)	
Revenue	1	Gross receipts	321,666.	174,633.	85,003.	581,302.
Å					· · · · · ·	
	2	Less: Contributions	226,983.	155,621.	62,626.	445,230.
	3	Gross income (line 1 minus line 2)	94,683.	19,012.	22,377.	136,072.
	_					
	4	Cash prizes				
	5	Noncash prizes				
S	5	Noncash prizes				
ense	6	Rent/facility costs		5,018.		5,018.
Exp.						
Direct Expenses	7	Food and beverages	53,907.	2,208.		56,115.
Dire						
	8	Entertainment				22,967.
	9	Other direct expenses		15,263.	22,617.	65,126.
	10	Direct expense summary. Add lines 4 throug	()		•	149,226. -13,154.
Pa	11 rt			990 Part IV line 19 or r		-15,154.
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
leve						
ш	1	Gross revenue				
	_					
es	2	Cash prizes				
Expenses	3	Noncach prizas				
Exp	3	Noncash prizes				
Direct	4	Rent/facility costs				
Di	-					
	5	Other direct expenses				
			Yes%	 Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line	7 from line 1 column (d)		•	
	0	Net gaming income summary. Subtract line				
9	En	ter the state(s) in which the organization cond	ucts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses r			ear?	Yes No
b	I† "	Yes," explain:				
13208	32 10)-21-21			Sche	dule G (Form 990) 2021

MAKE-A	-WISH	FOUNDATION	OF	THE	HUDS

	MZ	AKE-A-WISH FOUNDATION OF THE HUDSON			
Scl	nedule G (Form 990) 2021 V2	ALLEY	13-33	44306	Page 3
		g activities with nonmembers?		Yes	No
12		ary or trustee of a trust, or a member of a partnership or other entity formed		<u> </u>	—]
				Yes	└── No
	Indicate the percentage of gaming ac		1	120	07
				13a 13b	<u>%</u>
		erson who prepares the organization's gaming/special events books and records:			70
••					
	Name 🕨				
	Address 🕨				
15	a Does the organization have a contrac	t with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
		revenue received by the organization > \$ and the amoun	it		
	of gaming revenue retained by the thi c If "Yes," enter name and address of the				
		le tinti party.			
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
	Name 🕨				
	Gaming manager compensation 🕨	\$			
	Description of services provided 🕨				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
	-	te law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	No No
	• •	ired under state law to be distributed to other exempt organizations or spent in t	he		
_	organization's own exempt activities of				
Pa		tion. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as app	plicable. Also provide any additional information. See instructions.			
_					
1320	083 10-21-21	22	schedu	le G (Form	990) 2021

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chedule G (Form 9

132084 11-18-21

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Grants and Other Assistance to Organizations,									
(Form 990)	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization MAKE-A-WISH FOUNDATION OF THE HUDSON VALLEY Employer iden									
Part I General Information on	Grants and Assistance								
1 Does the organization maintain criteria used to award the grant	ts or assistance?	-							
	ation's procedures for monitor tance to Domestic Organiz ore than \$5,000. Part II can	ations and Domestic	Governments. (Complete if the org	anization answered "	res" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and address of organ or government	ization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
 2 Enter total number of section 5 3 Enter total number of other org 	anizations listed in the line 1	table							

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

Schedule I	l (Form 990) 2021	VALLEY		13-3344306	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
IISHES GRANTED	87	64,484.	771,741.	FMV	TRAVEL, M&E, SUPPLIES
Part IV Supplemental Information. Provide the information	I required in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	I
ART I, LINE 2:					
OR EACH CHILD WHO MEET ELIGIBILITY CRITERIA, A	FILE IS ESTABLI	SHED IN			
CCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURE	S. THE CHILD I	S			
VTERVIEWED BY THE WISH GRANTING STAFF TO UNDERS					
EQUEST. A WISH BUDGET IS CREATED BY WISH STAFF					

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.

sc	HEDULE J		OMB No. 1	1545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	1
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU		I
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization	MAKE-A-WISH FOUNDATION OF THE HUDSON	Employer ide		on nui	nber
De		VALLEY Descerting Componenties	13-334	4306		
Pa	rt I Questions	Regarding Compensation				
	O				Yes	No
1a		e box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		e 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or cha					
	Travel for compa					
	Discretionary sp	ending account Personal services (such as maid, chauned	ir, chei)			
Ь	If any of the bayes on	line to are abacked, did the examination follow a written policy recording payment or				
D	•	Ine 1a are checked, did the organization follow a written policy regarding payment or vision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		equire substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	-	, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onicers,			~		
3	Indicate which if any	, of the following the organization used to establish the compensation of the organization's				
•		or. Check all that apply. Do not check any boxes for methods used by a related organization				
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee					
		npensation consultant X Compensation survey or study				
	Form 990 of othe		ommittee			
4	During the year, did a	ny person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a relat					
а	-	payment or change-of-control payment?		4a		x
b	Participate in or recei	ve payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or recei	ve payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines	s 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3	3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the rev	enues of:				
а	The organization?			5a		х
		ion?		5b		х
		5b, describe in Part III.				
6	For persons listed on	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the net	earnings of:				
а	The organization?			6a		X
		ion?		6b		X
	If "Yes" on line 6a or 6	6b, describe in Part III.				
7		Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines	s 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts re	ported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
	initial contract except	ion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did	the organization also follow the rebuttable presumption procedure described in				
	Regulations section 5		<u></u>	9		
LHA	For Paperwork Red	luction Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	n 990)	2021

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Schedule J (Form 990) 2021	VALLEY	13-3344306	Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS J. CONKLIN	(i)	166,082.	24,063.	0.	5,704.	0.	195,849.	0.
PRESIDENT & CEO (THRU 12/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (I	VALLEY	13-334	4306 Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUSES ARE DETERMINED BY THE BOARD OF DIRECTORS BASED ON GOALS MET.

Schedule J (Form 990) 2021

Departn	rm 990)				butions				7	
Internal	 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. 							2021 Open to Public Inspection		
Name	e of the organiz		ATION OF 7	THE HUDSON		Employ	yer identificatio		nber	
Par		of Property					13-334430	0		
I UI		, or i roperty	(a)	(b)	(c)		(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		nod of determin contribution ar	0	S	
1	Art - Works of	art								
2	Art - Historical	treasures								
3	Art - Fractional	interests								
		olications								
5	Clothing and h	ousehold goods								
6	Cars and othe	r vehicles								
		nes								
		perty								
		blicly traded								
		osely held stock								
11	Securities - Pa	rtnership, LLC, or								
	trust interests									
12	Securities - Mi	scellaneous								
		ervation contribution -								
	Historic struct	ures								
		ervation contribution - Other								
15	Real estate - R	esidential								
		ommercial								
		ther								
		/								
		dical supplies								
		acts								
		imens								
	Archeological									
25	Other	(WISH-RELATED)	Х	71	318,222.	FMV				
26	Other 🕨	(OTHER)	Х	1	2,600.	FMV				
27	Other 🕨	(SPECIAL EVENT)	Х	5	661.	FMV				
28	Other 🕨	()								
29	Number of For	ms 8283 received by the organi	ization during	g the tax year for co	ontributions					
	for which the o	organization completed Form 82	283, Part V, D	onee Acknowledge	ement 29			0		
				-				Yes	No	
30a	During the yea	r, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it				
	0,	at least three years from the dat								
	exempt purpos	ses for the entire holding period	?				30a		х	
b		ibe the arrangement in Part II.								
		nization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?	31	х		
	-	nization hire or use third parties		-						
	contributions?	•		•			32a		х	
b	If "Yes," descr									
		tion didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked,				
_	describe in Pa		. ,							
LHA		ork Reduction Act Notice, see	the Instruc	tions for Form 990).	Sc	hedule M (Forr	n 990)	2021	

	MAKE-A-WISH FOUNDATION OF THE HUDSON	
Schedule N	I (Form 990) 2021 VALLEY	13-3344306 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an is reporting in Part I, column (b), the number of contributions, the number of items received, or a	nd 33, and whether the organization combination of both. Also complete
	this part for any additional information.	· · · · · · · · · · · · · · · · · · ·
SCHEDULE	M, PART I, COLUMN (B):	
THE AMOUN	NT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS	
RECEIVED.		
132142 11-17-2	21	Schedule M (Form 990) 2021
	41	

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Complete to provide info Form 990 or 990-EZ ► Attacl	prmation to Form 990 or rmation for responses to specific question Z or to provide any additional information h to Form 990 or Form 990-EZ. .gov/Form990 for the latest information.	ons on	OMB No. 1545-0047
Name of the organization	MAKE-A-WISH FOUNDATION (er identification number
	VALLEY		13-	3344306
FORM 990, PART III	LINE 4A, DESCRIPTION OF PROC	GRAM SERVICE:		
IT IS THE FOUNDING	PRINCIPLE OF OUR VISION TO G	RANT THE WISH OF EVERY		
ELIGIBLE CHILD, BE	WEEN THE AGES OF 2 1/2 AND 18	8. FOR WISH KIDS, JUST		
THE ACT OF MAKING	HEIR WISH COME TRUE CAN GIVE	THEM THE COURAGE TO		
COMPLY WITH THEIR	EDICAL TREATMENTS. WITH OUR	WISH MAKING PROCESS, WE		
STRIVE TO BRING A	ENSE OF EXCITEMENT AND HOPE I	DURING EXTREMELY		
DIFFICULT TIMES AN	DELIVER A JOYFUL LIFE CHANG	ING EXPERIENCE WHETHER		
THE WISH IS A PRIN	ESS PARTY, SWIM WITH THE DOLD	PHINS, OR THE COUNTLESS		
OTHER POSSIBILITIE	DREAMED UP BY THE MAGICAL M	IND OF A CHILD. THE		
MAKE-A-WISH FOUNDA	ION OF HUDSON VALLEY GRANTED	87 LIFE CHANGING WISHES		
IN THE FISCAL YEAR	ENDING AUGUST 31, 2022. THE	TOTAL COST OF WISHES		
GRANTED FOR THE FI	CAL YEAR WAS \$1,733,522. OF 2	THIS AMOUNT, \$151,391		
WAS CONTRIBUTED BY	VARIOUS VENDORS WHO PROVIDED	IN-KIND CONTRIBUTIONS		
SUCH AS TRAVEL AND	TRAVEL SERVICES, TRANSPORTAT	ION, LODGING, AND OTHER		
SERVICES AND USE C	FACILITIES TO COMPLETE A CH	ILD'S WISH. FOR		
FINANCIAL STATEMEN	PURPOSES, THESE AMOUNTS ARE	INCLUDED AS		
CONTRIBUTION REVEN	E AND GRANTED WISH EXPENSE.	FOR FORM 990, HOWEVER,		
THE IRS REQUIRES T	IIS AMOUNT BE EXCLUDED FROM BO	OTH REVENUE AND EXPENSE.		
IN RESPONSE TO THE	CORONAVIRUS PANDEMIC, ON MARC	CH 10, 2020, IN		
CONJUNCTION WITH T	E MAKE-A-WISH NATIONAL MEDICA	AL ADVISORY COUNCIL,		
MAKE-A-WISH FOUNDA	ION OF AMERICA ISSUED INSTRUC	CTIONS TO PAUSE TRAVEL		
AND LARGE GATHERIN	WISHES UNTIL IT WAS DEEMED N	MEDICALLY SAFE FOR OUR		
VULNERABLE POPULAT	ON AND THEIR FAMILIES. PRIC	OR TO FISCAL 2020,		
TRAVEL WISHES HAD	EEN 74% OF THE WISHES GRANTE	D AND THE NUMBER OF		
GRANTED WISHES AVE	AGED APPROXIMATELY 125. IN A	DDITION, THE PROGRAM		
	MPACTED DUE TO THE FOUNDATION duction Act Notice, see the Instruction		Sch	edule O (Form 990) 202
132211 11-11-21			301	

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Schedule O (Form 990) 2021 Name of the organization MAKE-A-WISH FOUNDATION OF THE HUDSON	Page 2 Employer identification number
VALLEY	13-3344306
TRAVEL WISHES. THE PROGRAM EXPENSE RATIO WAS 75% IN THE PRE-PANDEMIC	
FISCAL YEAR ENDING AUGUST 31, 2019. TOWARD THE END OF FISCAL YEAR	
2022, THE FOUNDATION BEGAN TO EMERGE FROM PANDEMIC OPERATING CONDITIONS	
AND NATIONAL WISH TRAVEL WAS RESUMED. NATIONAL EFFORTS ARE UNDERWAY TO	
RETURN TO PRE-PANDEMIC WISH GRANTING AND FUNDRAISING EFFORTS.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE BOARD OF DIRECTORS MUST MAINTAIN AN EXECUTIVE COMMITTEE, AUDIT	
COMMITTEE, AND A FINANCE INVESTMENT COMMITTEE. THE BOARD OF DIRECTORS, BY	
RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS, MAY DESIGNATE AND	
APPOINT ONE OR MORE ADDITIONAL COMMITTEES, EACH OF WHICH SHALL CONSIST OF	
ONE OR MORE DIRECTORS; AND, AT THE DISCRETION OF THE BOARD OF DIRECTORS,	
SUCH PERSONS WHO ARE NOT DIRECTORS. SUCH COMMITTEES, TO THE EXTENT PROVIDED	
IN SAID RESOLUTION, SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF	
DIRECTORS IN THE MANAGEMENT OF THE CORPORATION, EXCEPT NO SUCH COMMITTEE	
MAY EXERCISE THE AUTHORITY OF MANAGEMENT OF THE BOARD OF DIRECTORS IN	
REFERENCE TO THE FOLLOWING MATTERS: (I) FILLING VACANCIES ON OR INCREASING	
OR DECREASING THE MEMBERS OF THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE	
BOARD OF DIRECTORS; (II) ADOPTION, AMENDMENT, OR REPEAL OF THE BYLAWS OR	
THE ARTICLES OF INCORPORATION.	
FORM 990, PART VI, SECTION A, LINE 4:	
THE BYLAWS WERE AMENDED DURING FISCAL 2022 FOR THE FOLLOWING CHANGES:	
- REDUCED MINIMUM NUMBER OF BOARD MEETINGS IN A YEAR FROM SIX TO FOUR	
- BOARD DIRECTOR ELECTION PROCESS WAS REDEFINED	
- STREAMLINED WORDING AROUND DIRECTOR TERMS	
- CHANGED OFFICER TERMS TO TWO-YEAR TERMS WITH NO MORE THAN FOUR-YEARS IN	

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Schedule O (Form 990) 2021

Name of the organization MAKE-A-WISH FOUNDATION OF THE HUDSON VALLEY	Employer identification number 13-3344306
THE AGGREGATE IN ANY ONE POSITION. WITH ANY OFFICER SERVING TWO YEARS MUST	
DESERVE A BREAK IN SERVICE OF A MINIMUM OF ONE YEAR	
- UPDATED WAYS IN WHICH A DIRECTOR CAN PARTICIPATE IN MEETING OTHER THAN	
IN-PERSON MEETINGS	
- ADDED LANGUAGE TO DESCRIBE EX-OFFICIO AND HONORARY DIRECTORS	
- MADE LANGUAGE GENDER NEUTRAL	
- ADDED LANGUAGE TO ROLE OF PRESIDENT / CEO	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM	
ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE	
ACCOUNTING FIRM WAS REVIEWED AND APPROVED BY THE FOUNDATION'S TREASURER.	
THE RETURN WAS THEN PRESENTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW.	
SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FORM 990 WAS	
PROVIDED TO ALL VOTING MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE	
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER COORDINATOR IF THEY ARE FROM VOLUNTEERS,	
MANAGEMENT IF THE STATEMENTS ARE FROM STAFF, AND THE PRESIDENT/CEO IF THE	
STATEMENTS ARE FROM THE BOARD MEMBERS. REVIEW OF THE STATEMENTS IS	
MONITORED BY THE DIRECTOR OF PROGRAM SERVICES AND OPERATIONS. THE	
PROCEDURES FOR ADDRESSING ANY CONFLICTS OF INTEREST OF WHICH THE	

Name of the organization MAKE-A-WISH FOUNDATION OF THE HUDSON VALLEY	Employer identification numbe
	1
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 15:	
FOR 2021 COMPENSATION, THE PRESIDENT/CEO'S COMPENSATION WAS DETERMINED BY	
THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED	
AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS	
BY MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED	
BY STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE	
BOARDS DISCUSSIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED.	
DOCUMENTATION INCLUDES THE TERMS OF THE TRANSACTION AND THE DATE IT WAS	
APPROVED, THE MEMBERS PRESENT DURING DELIBERATIONS AND THOSE WHO VOTED ON	
, IT, AND THE COMPARABILITY DATA RELIED UPON AND HOW IT WAS OBTAINED.	
THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER STAFF, USING THE SAME	
, INSTRUMENTS. SALARIES FOR THE STAFF OTHER THAN THE PRESIDENT/CEO ARE	
DECIDED BY THE CEO AFTER CONSULTING WITH THE EMPLOYEE'S IMMEDIATE	
SUPERVISOR AND THE BOARD'S EXECUTIVE COMMITTEE AND ARE BASED ON CHAPTER AND	
INDIVIDUAL PERFORMANCE.	
FORM 990, PART VI, SECTION C, LINE 19:	

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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