\*\* PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning SEP 1 2023 and ending AUG 31 D Employer identification number Check if applicable: C Name of organization MAKE-A-WISH FOUNDATION OF CENTRAL & Address change SOUTH TEXAS Name change 74-2357788 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 3600 BEE CAVES ROAD 100 512-329-9474 5,958,080. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WEST LAKE HILLS, TX 78746 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANDREA TAURINS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WISH, ORG/CSTX J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1984 M State of legal domicile: TX Part I Summary TOGETHER WE CREATE Briefly describe the organization's mission or most significant activities: Activities & Governance LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 32 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 130 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 3,968,889, 4,736,065. Contributions and grants (Part VIII, line 1h) 8 Revenue 10,450. 14,050. Program service revenue (Part VIII, line 2g) 23,540 60,125. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -7,668 -24,232. 11 3,995,211 4 786 008. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,103,442 2,520,975. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,577,339. 1,531,537. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 7 598. 4 500. **b** Total fundraising expenses (Part IX, column (D), line 25) 939,311. 795,581. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,627,690. 4,852,593. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,632,479. -66,585. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 4,870,587 4,644,805. Total assets (Part X, line 16) 1,980,465, 1,793,024. 21 Total liabilities (Part X, line 26) 三年 2,890,122. 2,851,781. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2/6/2025 Andria Taurins Signature of officer Date Sign ANDREA TAURINS, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature MELISSA HANGSLEBEN MELISSA HANGSLEBEN 02/06/25 P02087031 Paid Firm's name CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's EIN 20 EAST THOMAS ROAD, SUITE 2300 Use Only Firm's address

No

Yes

Phone no. (602) 266-2248

May the IRS discuss this return with the preparer shown above? See instructions

PHOENIX, AZ 85012

Pa	n 990 (2023) 74-235 / 788  art III   Statement of Program Service Accomplishments	Page <b>∠</b>
га	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
•	TOGETHER, WE CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL	
	ILLNESSES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expensive the organization of the organizat	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	es, and
	revenue, if any, for each program service reported.	
4a		14,050.
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
4u		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 3,547,040.	-
4e		orm <b>990</b> (2023)

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments?  f "Yes," complete Schedule D, Part V	10		Х
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ ^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		L A

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Pai	rt IV   Checklist of Required Schedules <sub>(continued)</sub>			
			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	1
22				$\vdash$
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	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa		05-		x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
		27		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			1
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		x
0.4	contributions? If "Yes," complete Schedule M			х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
J		35b		1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17			.,,
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11 1a 17  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	Щ_

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a 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 **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
_	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
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	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.)			
	(This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
			X	
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
16-	·			
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	406		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form coc is required to be fined	opl-3	0.40;1-1	ble
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	orliy)	avalläl	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain on Schedule O)	. <b>.:</b>	.:	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANDREA TAURINS - 512-329-9474  3600 BEE CAVES DOAD 100 WEST LAKE HILLS TV 78746			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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.

Г									
L	Check this box	if neither the or	ganization nor a	any related or	ganization co	ompensated an	y current officer.	, director,	, or trustee.

(A)	(B)			((	<del>)</del>			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated amount of
	hours per week					s both r/trus		compensation from	compensation from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			seusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	com		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANN JEROME	40.00	드	드	ō	3	포함	프			
PRESIDENT & CEO (THRU 4/26/24)	10.00	1		x				174,247.	0.	9,313.
(2) EMILY FRANKE	40.00									7,
CHIEF DEVELOPMENT OFFICER		1		х				108,116.	0.	8,792.
(3) CHRISTINA SNELL	40.00									
INTERIM PRESIDENT & CEO				х				22,212.	0.	1,328.
(4) SETH RANDLE	5.00									
CHAIR		Х		Х				0.	0.	0.
(5) PETRI DARBY	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) ANDI RUDA	3.00									
TREASURER		Х		Х				0.	0.	0.
(7) HEATHER TRAEGER	3.00									
SECRETARY		Х		Х				0.	0.	0.
(8) AMY KING	1.00	1								
DIRECTOR		Х						0.	0.	0.
(9) AMY VILLARREAL	1.00	1								
DIRECTOR		Х						0.	0.	0.
(10) BILL PAUL	1.00	-								
DIRECTOR		Х						0.	0.	0.
(11) BRIAN SCHWARTZ	1.00	-								
DIRECTOR		Х						0.	0.	0.
(12) CHATCHAWIN ASSANASEN	3.00	-						_	_	
DIRECTOR		Х						0.	0.	0.
(13) JEFF BENESCH	1.00	-						_	_	
DIRECTOR (THRU 8/16/24)		Х				_		0.	0.	0.
(14) LORENA KIESER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MANUEL AZUARA	1.00	ł								
DIRECTOR	1 00	Х				_		0.	0.	0.
(16) MIKE FINKE	1.00								_	_
DIRECTOR	1 00	Х	$\vdash$			-		0.	0.	0.
(17) MIKE MILLER	1.00	.,							_	_
DIRECTOR		Х		<u> </u>				0.	0.	0. Earm <b>990</b> (2022)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D)									(E)			(F)	
Name and title	Average	(da		Pos				Reportable	Reportable		Es	stimate	ed
	hours per		not cl , unles					compensation	compensation	ı	ar	nount	of
	week	offi	cer an	d a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	ation
	hours for	or dir	e.			ated		organization	(W-2/1099-MIS	C/		om th	
	related organizations	ıstee	truste		ao	bens		(W-2/1099-MISC/	1099-NEC)			anizat	
	below	ual tri	ional		ploye	t com		1099-NEC)				d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iizati	10113
(18) MONROE MAY	1.00	-	=	0		1 0							
DIRECTOR		х						0.		0.			0.
(19) PETER KRAMER	1.00												
DIRECTOR		х						0.		0.			0.
(20) RYAN MEYER	1.00												
DIRECTOR		Х						0.		0.			0.
(21) SCOTT SCHNEIDER	1.00												
DIRECTOR		х						0.		0.			0.
		1											
1b Subtotal								304,575.		0.	19,433		
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								304,575.		0.		19,	433.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				•
compensation from the organization												Yes	No 2
O Diddle consideration that are former or fi	-Pro A A A						1	h t t t		1		162	NO
3 Did the organization list any <b>former</b> officer,	•	,	,	•	,	,	·		•		_		х
line 1a? If "Yes," complete Schedule J for st											3		
4 For any individual listed on line 1a, is the su	•		•					•	•		4	х	
and related organizations greater than \$150  5 Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes," com	•				,			J			5		Х
Section B. Independent Contractors	<u>piete Scriedule</u>	<del>2</del> J /(	or su	ich į	bers	OH .							
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100.000 of compe	ensat	tion fro	om	
the organization. Report compensation for t													
(A)	, , ,			<u> </u>				(B)			((	C)	
Name and business	address	NO	NE					Description of s	ervices	С	ompe		n
							$\dashv$						
2 Total number of independent contractors (ir	_	ot lin	nited	to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				(	0							

SOUTH TEXAS 74-2357788

Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 1,274. Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues 515,224. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 4,219,567 1f 1,175,634 g Noncash contributions included in lines 1a-1f 4,736,065 h Total. Add lines 1a-1f **Business Code** 2 a WISH ASSIST FEES 900099 14,050. 14,050. Program Service Revenue b f All other program service revenue ..... 14,050. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 61,172 other similar amounts) 61,172 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 850,994. assets other than inventory 7a **b** Less: cost or other basis 852,041. Other Revenue and sales expenses 7b 7с -1,047.c Gain or (loss) -1,047. -1,047. d Net gain or (loss) 8 a Gross income from fundraising events (not 515,224. of including \$ contributions reported on line 1c). See Part IV, line 18 295,266. **b** Less: direct expenses 320,031. -24,765 -24,765 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 900099 533 533. b d All other revenue

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Form **990** (2023)

35,893.

533

4,786,008.

e Total. Add lines 11a-11d

Total revenue. See instructions

14,050

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#### Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	plete column (A).	
	Check if Schedule O contains a respons				(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,520,975.	2,520,975.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	244,184.	109,471.	47,956.	86,757.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,075,683.	475,852.	213,428.	386,403.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,756.	14,929.	6,678.	12,149.
9	Other employee benefits	82,428.	43,643.	14,231.	24,554.
10	Payroll taxes	95,486.	42,715.	18,488.	34,283.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	86,533.		86,533.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4,500.			4,500.
f	Investment management fees	9,274.		9,274.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	42,004.	3,281.	34,056.	4,667.
12	Advertising and promotion	20,435.			20,435.
13	Office expenses	67,227.	32,438.	15,092.	19,697.
14	Information technology	53,203.	12,966.	9,646.	30,591.
15	Royalties				
16	Occupancy	158,322.	82,420.	26,882.	49,020.
17	Travel	8,405.	1,202.	3,176.	4,027.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,969.	1,668.	1,693.	6,608.
20	Interest	813.	423.	138.	252.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,163.	11,005.	3,598.	6,560.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CHAPTER DUES	276,728.	193,710.	38,742.	44,276.
b	MERCHANT FEES	24,482.	15.		24,467.
С	BAD DEBT EXPENSE	14,745.			14,745.
d	MEMBERSHIP DUES	2,278.	327.	107.	1,844.
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,852,593.	3,547,040.	529,718.	775,835.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2023)
332010	) 12-21-23				+orm <b>330</b> (2023)

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Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or	note to a	ny line in	this Part X			
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				194,974.	1	148,357
	2	Savings and temporary cash investments		2,500,464.	2	1,687,546		
	3	Pledges and grants receivable, net				234,732.	3	870,178
	4	Accounts receivable, net				20.	4	25
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su						
		controlled entity or family member of any of t	these per	sons .			5	
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons descri	58(c)(3)(B)		6			
y,	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use				3,425.	8	36,969
₽s	9	Duran aid ann an an an al dafanna dalan ann a				150,100.	9	168,013
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a		108,217.			
	b	Less: accumulated depreciation			82,308.	36,569.	10c	25,909
	11	Investments - publicly traded securities		•		920.	11	994
	12	Investments - other securities. See Part IV, lir					12	
	13	Investments - program-related. See Part IV, li			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		1,749,383.	15	1,706,814		
	16	<b>Total assets.</b> Add lines 1 through 15 (must e				4,870,587.	16	4,644,805
	17	Accounts payable and accrued expenses				376,212.	17	289,725
	18	Grants payable		·	18	·		
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Comple		21				
,,	22	Loans and other payables to any current or form						
Ĕ		trustee, key employee, creator or founder, su						
Liabilities		controlled entity or family member of any of t					22	
틷	23	Secured mortgages and notes payable to un		-			23	
	24	Unsecured notes and loans payable to unrela		•			24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on li						
		of Cohodula D				1,604,253.	25	1,503,299
	26					1,980,465.	26	1,793,024
		Organizations that follow FASB ASC 958, o			X	, , -		<u>, , ,                                </u>
Se		and complete lines 27, 28, 32, and 33.	oncok ne					
Ĕ	27	Net assets without donor restrictions				2,624,521.	27	1,891,087
33	28	Net assets with donor restrictions				265,601.	28	960,694
틸		Organizations that do not follow FASB AS				, -		<u>,                                      </u>
ᆵᅵ		and complete lines 29 through 33.	0 000, 01	icok iici	· I			
ō	29	Capital stock or trust principal, or current fun	nde				29	
ets	30	Paid-in or capital surplus, or land, building, o					30	
4ss	31	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				2,890,122.	32	2,851,781
Z	33	Total liabilities and net assets/fund balances				4,870,587.	33	4,644,805

Form	990 (2023) SOUTH TEXAS	/4-235//88	5	Pa	ge IZ
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,786,	008.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,852,	593.
3	Revenue less expenses. Subtract line 2 from line 1	3		-66,	585.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,890,	122.
5	Net unrealized gains (losses) on investments	5		13,	563.
6	Donated services and use of facilities	6		1,	321.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		13,	360.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	,851,	781.
Pa	t 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	o.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

vaiii	e or t	_	-WISH FOUNDATIO	N OF CENTRAL &						iiibei
D.	.41	SOUTH Description							74-2357788	
Pa		Reason for Public C					ee instruction	IS.		
	organ	ization is not a private found	•	•	•	•				
1	Щ	A church, convention of chu				n 170(b)(1	)(A)(i).			
2	Щ	A school described in secti								
3	Щ	A hospital or a cooperative					-			
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's nan	ne,
		city, and state:								
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C								
6	Щ	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that normal	•	ntial part of its support fr	om a gove	ernmental ı	unit or from th	ne general p	oublic described in	า
		section 170(b)(1)(A)(vi). (Co	•							
8		A community trust describe								
9		An agricultural research org				-		-	-	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city,	, and state of	the college	or	
		university:								
10		An organization that normal								
		activities related to its exem		· · · · · · · · · · · · · · · · · · ·					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquir	red by the org	ganization a	fter June 30, 197	5.
		See <b>section 509(a)(2).</b> (Cor	•							
11	Щ	An organization organized a	· ·	•	•					
12		An organization organized a	•	•	•		•	•	•	or
		more publicly supported org							Check the box on	
		lines 12a through 12d that o				-		-		
а		<b>Type I.</b> A supporting orga	•	•	•	_				
		the supported organization		• • • •	majority o	of the direc	tors or truste	es of the su	ipporting	
		organization. <b>You must c</b>								
b		Type II. A supporting orga	•				-	•	-	
		control or management of			ıme perso	ns that cor	ntrol or mana	ge the supp	oorted	
		organization(s). You mus								
С		Type III functionally inte	=					lly integrate	d with,	
_		its supported organization		·						
d		Type III non-functionally	•				• •	•	` '	
		that is not functionally int	-		•		='	l an attentiv	reness	
		requirement (see instructi	•	•	•					
е		Check this box if the orga					Type I, Type	II, Type III		
	C	functionally integrated, or		nally integrated supporting	ng organiz	ation.				
1		er the number of supported or ride the following information	•	d organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of o	ther
	•	organization	.,	(described on lines 1-10	in your governi <b>Yes</b>	No No	support (see ir	-	support (see instruc	
				above (see instructions))	163	140				
F . 4										

332021 12-21-23

Schedule A (Form 990) 2023

SOUTH TEXAS

74-2357788

Page 2

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

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

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization without charge to respond 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 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Suther time is from line 4 8 Gross income from innet 4 9 Net income from innet 4 9 Net income from unrelated business activities, whether or not the business is regularly carried on or other horne. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines? Through 10 15 First 5 years. If the Form 990 is for the organization site, etc. (see instructions) 12 Gross recepts from related activities, etc. (see instructions) 15 First 5 years. If the Form 990 is for the organization for dublic Support 40 years as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support eventage for 2023 (line 6, column (f), divided by line 11, column (f)) 16 Apulse support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 17 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 18 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 19 Apolitic Support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 19 Apolitic Support percentage for 2023 (line 6, column (f), divided by line 11, column (fi)) 19 Apolitic Support percentage for 2023 (line 6, column (f), divided by line 11, column (fi)) 19 Apolitic Support percentage for 2023 (line 6, column (f), divided by line 11, column (fi)) 19 Apolitic Support percentage for 2023 (line 6, column (f), divided by line 11, column (fi)) 19 Apolitic Support percenta	Sec	ction A. Public Support						
1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization include any "unusual grants.") 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Suttractive a tomatic state of the amount shown on line 11, column (f) 7 Amounts from line 4 3, 987, 130, 4, 561, 485, 5, 635, 675, 3, 968, 889, 4, 736, 065, 22, 889, 131; column (f) 6 Public support suttractive a tomate 4 3, 987, 130, 4, 561, 485, 5, 635, 675, 3, 968, 889, 4, 736, 065, 22, 889, 131; column (f) 7 Public support suttractive a tomate 4 3, 987, 130, 4, 561, 485, 5, 635, 675, 3, 968, 889, 4, 736, 065, 22, 889, 131; column (f) 8 Public support suttractive a tomate 4 3, 987, 130, 4, 561, 485, 5, 635, 675, 3, 968, 889, 4, 736, 065, 22, 889, 131; column (f) 9 Public support suttractive a tomate 4 1, 365, 863, 2, 614, 25, 388, 61, 172, 91, 1844, 11 Total support. Add lines? Unrupid 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines? Unrupid 10 12 Gross receipts from related activities, etc. (see instructions) 15 First 5 years, If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) constraints on the column (f) 4 points of public Support Percentage  8 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 93.17 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 9 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16 33 1/3% support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 18 public support percentage for 2023	Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		or loss from the sale of capital						
12 35, 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		assets (Explain in Part VI.)	151,117.	278,359.	366,345.	353,268.	295,799.	1,444,888.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	11	Total support. Add lines 7 through 10						24,425,534.
organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	12	Gross receipts from related activities,	etc. (see instruction	ns)			12	35,700.
Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	13	First 5 years. If the Form 990 is for th	ne organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  14 93.17  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		organization, check this box and stop	here					
15 Public support percentage from 2022 Schedule A, Part II, line 14  16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	ction C. Computation of Publi	c Support Perc	centage				
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization				•	.,,		14	93.17 %
stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 2022	Schedule A, Part II	l, line 14			15	94.17 %
	16a							
b 00 4/00/		stop here. The organization qualifies	as a publicly suppo	rted organization				X
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	b		•		•		•	
and stop here. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly si	upported organizat	tion			
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		and if the organization meets the fact	s-and-circumstance	s test, check this b	oox and stop here	e. Explain in Part	VI how the organiz	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances test	- <b>2022.</b> If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	<b>p here.</b> Explain in	n Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. The	e organization qual	ifies as a publicly s	supported organiz	ation	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 SOUTH TEXAS

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed b Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(4,) = 0.10	(3) 2323	(6) 262 :	(4,) = 3 = 2	(0) = 0=0	(1) 1014
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	•	•	
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6		,	,		, ,	
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
anguired ofter June 20, 1075						
c Add lines 10a and 10b  11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
Section C. Computation of Publi						
15 Public support percentage for 2023 (I			column (f))		15	<u>%</u>
16 Public support percentage from 2022					16	%
Section D. Computation of Inves					<del> </del>	
17 Investment income percentage for 20					17	<u>%</u>
<b>18</b> Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2022. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

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Schedule A (Form 990) 2023

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### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

	Vac	No
	Yes	No
1		
2		
За		
3b		
3c		
4.		
4a		
4b		
4c		
5a		
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Schedule A (Form 990) 2023

SOUTH TEXAS 74-2357788 Schedule A (Form 990) 2023 Page 5 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations plaved in this regard Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described 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 2b these activities but for the organization's involvement. 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. За 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.

Schedule A (Form 990) 2023

SOUTH TEXAS 74-2357788 Schedule A (Form 990) 2023 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part Ⅵ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A)

Schedule A (Form 990) 2023

5

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

4 5

6

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS 74-2357788 Schedule A (Form 990) 2023 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j

Schedule A (Form 990) 2023

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

SOUTH TEXAS 74-2357788 Schedule A (Form 990) 2023 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: GROSS FUNDRAISING REVENUE 2019 AMOUNT: \$ 149,964. 2020 AMOUNT: \$ 278,142. 2021 AMOUNT: \$ 354,105. 2022 AMOUNT: \$ 353,051. 2023 AMOUNT: \$ 295,266. OTHER INCOME 2019 AMOUNT: \$ 1,153. 2020 AMOUNT: \$ 217. 2021 AMOUNT: \$ 12,240. 2022 AMOUNT: \$ 217. 2023 AMOUNT: \$ 533.

Schedule A (Form 990) 2023

Schedule B

**Schedule of Contributors** 

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL &

SOUTH TEXAS

Employer identification number

74-2357788

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF CENTRAL &	
SOUTH TEXAS	74-2357788

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 896,998. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	\$ 500,000. Type of contribution  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Name, aud 655, and ZIF T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page

Concadio B (1 0111 000) (2020)	r ago -
Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF CENTRAL &	
SOUTH TEXAS	74-2357788

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

Schedule B (Form 990) (2023) Page **3** 

Name of organization

MAKE-A-WISH FOUNDATION OF CENTRAL &

SOUTH TEXAS

T4-2357788

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	TRAVEL, M&E, SUPPLIES						
1	<u> </u>						
		\$ 50,411.	08/31/24				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	THEME PARK TICKETS, LODGING, MEALS, TRANSPORTATION						
2		\$901,530.	08/31/24				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
		Ψ					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	·						
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		¢					
		\$					

Schedule B (Form 990) (2023)

**Employer identification number** Name of organization MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS 74 - 2357788Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

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

2023
Open to Public

Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL &

Employer identification number 74-2357788

SOUTH TEXAS 74-2357788 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

Assets included in Form 990, Part X

the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2023

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

Sche	dule D (Form 990) 2023 SOUTH TEXA						74-235		Page 2
Par	t III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Ot	her S	imilar	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mal	ke signi	ficant u	se of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's	exempt	purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other sin	nilar ass	sets			
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the organizatio	n answered "Yes"	on For	m 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contributio	ns or other assets	not inc	luded		_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	:
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account l	ability?		<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete it	the organization and	swered "Yes" on Fo	1					
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three y	ears back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		<u></u> %							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered fo	or the			_	
	organization by:							$\longrightarrow$	Yes No
	(i) Unrelated organizations?							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm					4.0			
	Complete if the organization answere	d "Yes" on Form 990	· · · · · · · · · · · · · · · · · · ·	T T					
	Description of property	(a) Cost or o	, ,	1 ,	c) Accu		d	(d) Book	< value
		basis (investr	nent) basis	(other)	depre	ciation			
	Land								
	Buildings								
С	Leasehold improvements			18,986.			725.		9,261.
d	Equipment			89,231.		72,	583.		16,648.
	Other								
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Part	X. line 10c. column	(B))					25,909.

Schedule D (Form 990) 2023

MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS 74-2357788 Page 3 Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4)(5)(6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value DUE FROM NATIONAL 135,902. (1) DUE FROM OTHER CHAPTERS 47,869. BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 109,018. RIGHT-OF-USE ASSETS 1,405,808, SECURITY DEPOSITS 8,217. (5) (6) (7) (8) (9) 1,706,814. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes (1) DUE TO NATIONAL 19,687. DUE TO OTHER CHAPTERS 28,260 (3)LEASE LIABILITY 1,455,352 (4)(5) (6)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

1,503,299.

(7) (8) (9)

SOUTH TEXAS Page **4** Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,164,901. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 336,479 Donated services and use of facilities 2c Recoveries of prior year grants 13,360. Other (Describe in Part XIII.) 363,402. Add lines 2a through 2d 4,801,499. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 24,765 Other (Describe in Part XIII.) -15,491. c Add lines 4a and 4b 4c 4,786,008. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,203,242. 1 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 335,158 a Donated services and use of facilities <u>2a</u> **b** Prior year adjustments 2b 2c 24 765 Other (Describe in Part XIII.) 359,923. Add lines 2a through 2d 4,843,319. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 9,274. c Add lines 4a and 4b 4c 4,852,593. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND TEXAS TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND SECTION 171.063 OF THE TEXAS 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 BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

Schedule D (Form 990) 2023 SOUTH TEXAS	74-2357788	Page <b>5</b>
Part XIII Supplemental Information (continued)		
FOUNDATION AT AUGUST 31, 2024 AND 2023. THE FOUNDATION FILES INCOME TAX		
RETURNS IN THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE		
JURISDICTIONS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN VALUE OF BENEFICIAL INTEREST HELD BY OTHERS 13,360.		
DADE VI I INC AD ORGED AD THOMBNESS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE		
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE		
STATEMENT OF REVENUE24,765.		
DIALEMENT OF REVENUE.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
IMI MII, HIKE BE SIMM MESSELLARIS.		
SPECIAL EVENT EXPENSES MOVED FROM THE FUNCTIONAL EXPENSE STATEMENT TO THE		
<u> </u>		
STATEMENT OF REVENUE. 24,765.		

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization MAKE-A-W SOUTH TE	ISH FOUNDATION OF CENTRAL & XAS					74-235778	ntification number
Part I Fundraising Activitie	es. Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this    1 Indicate whether the organization a Mail solicitations	raised funds through any of the followir			Check all that apply.			
<ul> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> </ul>	ons f Solicita g Special			nment grants events			
2 a Did the organization have a writte key employees listed in Form 990	en or oral agreement with any individual b, Part VII) or entity in connection with p ndividuals or entities (fundraisers) pursu the organization.	rofess	onal f	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
List all states in which the organization or licensing.	ation is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration
For Paperwork Reduction Act Notice	, see the Instructions for Form 990 or	990-E	Z.			Schedule	G (Form 990) 2023

Schedule G (Form 990) 2023 SOUTH TEXAS 74-2357788 Page **2** 

Pa	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1  AUSTIN GALA  (event type)	(b) Event #2 WINE, WOMEN AND SHOES (event type)	(c) Other events  4 (total number)	(d) Total events (add col. (a) through col. (c))				
Revenue	1	Gross receipts	481,201.	143,321.	185,968.	810,490.				
Re		Less: Contributions	330,277.		156,016.					
		Gross income (line 1 minus line 2)	150,924.	114,390.	29,952.	295,266.				
	4	Cash prizes								
S	5	Noncash prizes	15,581.	14,893.	315.	30,789.				
Direct Expenses	6	Rent/facility costs		5,600.	4,547.	10,147.				
Direct E	7	Food and beverages	66,476.	23,184.		89,660.				
		Entertainment	7,250. 74,275.	81,489.	1,041. 25,380.	8,291. 181,144.				
		Other direct expenses	·		·	320,031.				
	10 Direct expense summary. Add lines 4 through 9 in column (d)  11 Net income summary. Subtract line 10 from line 3, column (d)									
Pa						-24,765.				
		\$15,000 on Form 990-EZ, line 6a.		_		<u> </u>				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue								
es	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes % No	Yes % No					
	7	Direct expense summary. Add lines 2 through	5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
а	En	ter the state(s) in which the organization conductive organization licensed to conduct gaming ac	cts gaming activities: _ tivities in each of these	states?		Yes No				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No				
	_									

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023	SOUTH TEXAS				74-2357788	Page 3
11	Does the organization conduct ga	aming activities with nonmer	mbers?			Yes	☐ No
12	Is the organization a grantor, bene						
	to administer charitable gaming?					Yes	☐ No
13	Indicate the percentage of gaming						
	The organization's facility	•				13a	%
	An outside facility						%
	Enter the name and address of th						
•		porcon mic propared and	o.ga <u>_</u> ao o §	yag, op sola o rolli			
	Name						
	Address						
15	Does the organization have a con	tract with a third party from	whom the orga	nization receives gar	ming revenue?	Yes	☐ No
	If "Yes," enter the amount of gam	ning revenue received by the	organization	\$	and the amou	nt	
	of gaming revenue retained by the			Ψ			
	If "Yes," enter name and address						
•	in res, entername and address	of the time party.					
	Name						
	Address						
16	Gaming manager information:						
10	Carring manager information.						
	Name						
	Gaming manager compensation	\$					
	daming manager compensation	Ψ					
	Description of services provided						
	Director/officer	Employee	Indepen	dent contractor			
17	Mandatory distributions:						
	Is the organization required under	r state law to make charitab	e distributions	from the gaming prod	ceeds to		
	retain the state gaming license?					Yes	No
	Enter the amount of distributions						
	organization's own exempt activit	•					
Pa		mation. Provide the expla		ed by Part I, line 2b, o	columns (iii) and (v); ar	nd Part III, lines 9,	9b, 10b,
		s applicable. Also provide an				, ,	
	, , ,		,				

Schedule G	(Form 990) SOUTH	TEXAS	74-2357788	Page 4
Part IV	(Form 990) SOUTH <b>Supplemental Information</b>	(continued)		
-				
-				
<del></del>				

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

south Texas	CONDATION OF C	ZENIKAL «					74-2357788		
Part I General Information on Grants a	and Assistance					•			
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?								
1 (a) Name and address of organization or government	(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 501(c)(3) a  5 Enter total number of other organization	-	-	e line 1 table		<u></u>				

SOUTH TEXAS 74-2357788 Schedule I (Form 990) 2023 Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 2,085,875.FMV WISHES GRANTED 238 435,100, TRAVEL, M&E AND SUPPLIES Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: FOR EACH CHILD WHO MEET ELIGIBILITY CRITERIA. A FILE IS ESTABLISHED IN ACCORDANCE WITH MAKE-A-WISH FOUNDATION PROCEDURES. THE CHILD IS INTERVIEWED BY THE WISH GRANTING STAFF TO UNDERSTAND THE CHILD'S WISH REQUEST. A WISH BUDGET IS CREATED BY WISH STAFF AND APPROVED BY WISH MANAGEMENT. WISH EXPENSES ARE GENERATED BY WISH FULFILLMENT STAFF AND REVIEWED AND APPROVED BY WISH MANAGEMENT TO ENSURE THAT COSTS ALIGN WITH THE WISH BUDGET. ONCE THE WISH HAS BEEN GRANTED AND ALL EXPENSES PAID. THE

WISH FILE IS CLOSED.

#### **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

74-2357788

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. MAKE-A-WISH FOUNDATION OF CENTRAL &

SOUTH TEXAS Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 SOUTH TEXAS 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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANN JEROME	(i)	173,751.	0.	496.	1,800.	7,513.	183,560.	0.
PRESIDENT & CEO (THRU 4/26/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						-	
	(i)						-	
	(ii)							

Schedule J (Form 990) 2023 SOUTH TEXAS 74-2357788 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.

Schedule J (Form 990) 2023

# SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Employer identification number

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

MAKE-A-WISH FOUNDATION OF CENTRAL &

Open to Public Inspection

	SOUTH TEXAS						74-2357	788		
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r		(d) od of deter contribution		•	3
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ( WISH-RELATED )	Х	252	1,173,502.						
26	Other ( SPECIAL EVENTS )	Х	127	2,132.	FAIR	VALUE				
27	Other ()									
28	Other ( )									
29	Number of Forms 8283 received by the organiz	-	•						•	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>				1.	0	
									Yes	No
30a	During the year, did the organization receive by		*	· · · · · · · · · · · · · · · · · · ·		that it				
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to be used	for					
	exempt purposes for the entire holding period?	)					30	)a		Х
	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	•	·	•	ions?		<u>  3</u>	1	Х	
32a	Does the organization hire or use third parties		•							v
_	contributions?						3	2a		Х
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	tor which column (a) is chec	cked,					
	describe in Part II.									

Schedule M (Form 990) 2023

Schedule N	M (Form 990) 2023 SOUTH TEXAS	74-2357788	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	33, and whether the organiz	ation
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a co	ombination of both. Also com	ıplete
	this part for any additional information.		
SCHEDULE	M, PART I, COLUMN (B):		
THE AMOU	NT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS		
RECEIVED	•		

Schedule M (Form 990) 2023

332142 09-11-23

**SCHEDULE 0** (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service Name of the organization

MAKE-A-WISH FOUNDATION OF CENTRAL &

**Employer identification number** 

SOUTH TEXAS	74-2357788
FORM 990, PART III, LINE 4A	
IT IS THE FOUNDING PRINCIPLE OF OUR VISION TO GRANT THE WISH OF EVERY	
ELIGIBLE CHILD BETWEEN THE AGES OF 2 1/2 AND 18. FOR WISH KIDS, JUST	_
THE ACT OF MAKING THEIR WISH COME TRUE CAN GIVE THEM THE COURAGE TO	
COMPLY WITH THEIR MEDICAL TREATMENTS. WITH OUR WISH-MAKING PROCESS, WE	
STRIVE TO BRING A SENSE OF EXCITEMENT AND HOPE DURING EXTREMELY	
DIFFICULT TIMES AND DELIVER A JOYFUL, LIFE-CHANGING EXPERIENCE, WHETHER	
THE WISH IS A PRINCESS PARTY, SWIM WITH THE DOLPHINS, OR COUNTLESS	
OTHER POSSIBILITIES DREAMED UP BY THE MAGICAL MIND OF A CHILD. THE	
MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS GRANTED 238	
LIFE-CHANGING WISHES IN THE FISCAL YEAR ENDING AUGUST 31, 2024. THE	
TOTAL COST OF WISHES GRANTED FOR THE FISCAL YEAR WAS \$3,860,891. OF	
THIS AMOUNT, \$313,851 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED	_
IN-KIND CONTRIBUTIONS SUCH AS TRAVEL AND TRAVEL SERVICES,	_
TRANSPORTATION, LODGING, AND OTHER SERVICES AND USE OF FACILITIES TO	_
COMPLETE A CHILD'S WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE	
AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE.	
FOR FORM 990, HOWEVER, THE IRS REQUIRES THIS AMOUNT BE EXCLUDED FROM	
BOTH REVENUE AND EXPENSE.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE GOVERNING BOARD, BY RESOLUTION ADOPTED BY A MAJORITY OF THE BOARD, MAY	
DESIGNATE AND APPOINT ONE OR MORE COMMITTEES COMPRISED OF DIRECTORS, EACH	
OF WHICH SHALL CONSIST OF ONE OR MORE DIRECTORS. SUCH COMMITTEES, TO THE	
EXTENT PROVIDED IN SAID RESOLUTION, SHALL HAVE AND EXERCISE THE AUTHORITY	

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023  Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL &	Page 2  Employer identification number
SOUTH TEXAS	74-2357788
OF THE GOVERNING BOARD IN THE MANAGEMENT OF THE CORPORATION, EXCEPT NO SUCH	
COMMITTEE MAY EXERCISE THE AUTHORITY OF THE GOVERNING BOARD IN REFERENCE TO	
THE FOLLOWING MATTERS: (I) FILLING VACANCIES ON, OR INCREASING OR	
DECREASING THE MEMBERS OF, THE GOVERNING BOARD OR ANY COMMITTEE OF THE	
GOVERNING BOARD; (II) ADOPTION, AMENDMENT OR REPEAL OF THESE BYLAWS OR THE	
ARTICLES OF INCORPORATION; OR (III) ANY MATTERS PROHIBITED BY LAW.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDATION WORKS CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM	
ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS REVIEWED AND	
APPROVED BY THE FOUNDATION'S BOARD TREASURER AND PRESIDENT & CEO. THE DRAFT	
IS THEN PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH	
INCLUDES FINANCIAL PROFESSIONALS, FOR THEIR REVIEW. SUBSEQUENT TO THE	
COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO ALL	
VOTING BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE DIRECTOR OF VOLUNTEER SERVICES IF THEY ARE FROM VOLUNTEERS,	
AND THE PRESIDENT & CEO IF THEY ARE FROM STAFF AND BOARD MEMBERS. REVIEW OF	
THE STATEMENTS IS MONITORED BY THE PRESIDENT & CEO. THE PROCEDURES FOR	
ADDRESSING ANY CONFLICTS OF INTEREST OF WHICH THE PRESIDENT & CEO BECOMES	
AWARE INCLUDES BUT ARE NOT LIMITED TO THE FOLLOWING (1) DETERMINING THE	
NATURE OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE	0.1.1.0 (5

Schedule O (Form 990) 2023	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS	Employer identification number 74-2357788
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:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVE AS THE COMPENSATION	_
AND PERSONNEL COMMITTEE THAT EVALUATES THE PERFORMANCE OF THE CEO. SPECIFIC	
GOALS ARE SET FOR THE CEO FOR THE FISCAL YEAR AND WERE APPROVED BY THE	
EXECUTIVE COMMITTEE. THESE GOALS INCLUDED PERFORMANCE IN KEY AREAS: OVERALL	
CHAPTER FINANCIAL PERFORMANCE (INCLUDES REVENUE/FINANCIAL), WISH GRANTING,	
TALENT/OPERATIONS AND PERSONNEL DEVELOPMENT. A WEIGHT IS ASSIGNED TO EACH	
AREA AND IS COMPILED AND DELIVERED BY THE BOARD CHAIR WITH INPUT, REVIEW,	
AND APPROVAL FROM THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE	
DETERMINES THE VALUE OF THE INCENTIVE COMPENSATION BASED ON PERFORMANCE IN	
THE KEY AREAS.	
THE CEO'S COMPENSATION WAS DETERMINED BY THE BOARD OF DIRECTORS, CONSISTENT	
OF INDEPENDENT PERSONS. IT WAS REVIEWED AGAINST NATIONAL BENCHMARKING	
SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS BY THE MAKE-A-WISH FOUNDATION	
OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED BY STATE ORGANIZATIONS	
AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE BOARD'S DISCUSSION AND	
DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED, DOCUMENTATION INCLUDES THE	
TERMS OF THE TRANSACTION AND THE DATE IT WAS APPROVED, THE MEMBERS PRESENT	
DURING DELIBERATIONS AND THOSE WHO VOTED ON IT, AND THE COMPARABILITY DATA	
RELIED UPON AND HOT IT WAS OBTAINED.	

Name of the organization MAKE-A-WISH FOUNDATION OF CENTRAL &	Employer identification number
SOUTH TEXAS	74-2357788
THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER OFFICERS AND STAFF MEMBERS,	
THE SAME INCOMES HISTED ABOVE IS USED FOR CITER OFFICERS AND STAFF MEMBERS,	
USING THE SAME INSTRUMENTS. SALARIES FOR STAFF, OTHER THAN THE CEO, ARE	
DECIDED BY THE CEO IN CONSULTATION WITH THE EMPLOYEE'S IMMEDIATE SUPERVISOR	
WITHIN LIMITS SET BY THE BOARD-APPROVED BUDGET. ALL SALARY INCREASES ARE	
BASED ON METRICS FROM PERFORMANCE REVIEWS AND/OR ECONOMIC CONDITIONS AS A	
COST OF LIVING INCREASE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST HELD BY OTHERS 13,360.	