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Form	5		U

Extended to November 15, 2021

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.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection
Manager and Providence		the state of the s	lar year, or tax year beginning		dending		
	heck if pplicable	C Name of	forganization			D Employer ident	ification number
X	Addres	s Wish	of a Lifetime				
	Name change		usiness as			26-2123	649
-	Initial	and the second s	and street (or P.O. box if mail is not de	alivered to street address)	Room/suite		
-	Final return/		East 17th Ave., St		noonysuite	E Telephone numb (303)95	
	dreturn/ termin- ated	and the second s	own, state or province, country, and			G Gross receipts \$	
	Amend		er, CO 80203	2 Zil ol loloigit poolal oodo		H(a) Is this a group	the second state of the se
	Applica tion	F Name a	nd address of principal officer: ${ m Thc}$	omas Wagenlander		for subordinate	
	pending	<sup>9</sup> same	as C above			H(b) Are all subordinates	
IT	ax-exe	mpt status: L		)◀ (insert no.) 🛄 4947(a)(1)	or 527	If "No," attach	a list. See instructions
			wishofalifetime.or	non-second and a second s		H(c) Group exempt	
				ssociation Other 🏲	L Year	of formation: 2008	M State of legal domicile: CC
Pa		Summary		at 1.0			
9	1 E	Briefly describ	be the organization's mission or mos	st significant activities: Shit	t how	society va	lues seniors
Activities & Governance		No. of Concession, Name of	ting and sharing t			the state of the s	
/ern	The second second		x 🕨 🛄 if the organization disco	Contraction of the second s			
Gol			ting members of the governing body				3 8 4 6
ŝ			lependent voting members of the go of individuals employed in calendar				and the second
itie							the second se
ctiv	7.0		of volunteers (estimate if necessary d business revenue from Part VIII, c	)		7	the second se
A			business taxable income from Form				the second se
	<u></u>	vot uni olatou				Prior Year	Current Year
	8 (	Contributions	and grants (Part VIII, line 1h)			203,186	
Revenue						31,209	
eve		2073	come (Part VIII, column (A), lines 3, 4			398	
8			e (Part VIII, column (A), lines 5, 6d, 8			0	
			- add lines 8 through 11 (must equa			234,793	
			nilar amounts paid (Part IX, column			0	
			to or for members (Part IX, column (			0	All some some some some some some some some
es			compensation, employee benefits			141,978	
ens	16a F	Professional fu	undraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lir	line 11e)		0	• 0.
Expenses						124 707	400 110
			es (Part IX, column (A), lines 11a-110			134,727	The second se
			s. Add lines 13-17 (must equal Part		10111111111111111111111111111111111111	276,705	
es a	<b>19</b> F	revenue less	expenses. Subtract line 18 from line	3 12	the second s	ginning of Current Yea	and a second
Fund Balances	<b>20</b> T	Fotal assets (F	Part X, line 16)			333,591	
d Ba		1.50	(Part X, line 26)			43,174	
Fund			fund balances. Subtract line 21 from	n line 20		290,417	. 1,411,624.
	irt II	Signature					
	20	3 8 38	I declare that I have examined this return				my knowledge and belief, it is
true,	correct,	, and complete.	Declaration of preparer (other than offic	er) is based on all information of w	nich preparer	nas any knowledge.	/
_		Signature	e of officer			Date 5/2	7/21
Sigr		and the second s	as Wagenlander, Ex	recutive Directo	r	Bato	6
Here	9		print name and title	Lecucive Directo			
92 - 11		Print/Type prep		Preparer's signature	11	Date Check	PTIN
Paid	100		and a harrie			if self-empl	
Prep		Firm's name	•			Firm's EIN	
Use	and the state of t	Firm's address		n o Bana a di mangan na di kana	anna a start a sea à sea a sea		
			No. 1			Phone no.	

Form	990 (2020) Wish of a Lifetime	26-2123649	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		📖
1	Briefly describe the organization's mission: Wish of a Lifetime's (WOL) mission is to shift the	way society view	s
	and values our oldest generations by fulfilling set	niors' dreams and	5
	sharing their stories to inspire those of all ages	•	
2	Did the organization undertake any significant program services during the year which were not listed		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes	A No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program se	arvices as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.	· · · · · ·	
4a	(Code: ) (Expenses \$ 781,408. including grants of \$ 3,000	• ) (Revenue \$ 26 ,	673. <sub>)</sub>
	We envision a world in which society embraces aging	g and the inheren	t
	accomplishments and sacrifices made by seniors, and		
	intergenerational connections are part of our daily		
	connect seniors to people, purpose, and passions to of isolation and help them live vibrant, purposeful		
	catalyst to share our recipients incredible and ins		
	we believe break down generational boundaries and o		nac
	recipients to once again discover their purpose and		•
		<b>–</b>	
4b	(Code:) (Expenses \$ including grants of \$	_ ) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
			/
4d			
-	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 781,408.	)	
<u>4e</u>	Total program service expenses ► 781,408.		<b>90</b> (2020)
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Form	990	(2020)

Form 990 (2020)Wish of a LifetimePart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	Schedule D, Part III	8		x
9				
Ū	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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
000000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	<b>A</b> (2020)
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Wish of a Lifetime 
 Form 990 (2020)
 Wish of a Lifetime

 Part IV
 Checklist of Required Schedules (continued)

			V-	<b>.</b>
~~			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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	~~~		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.74		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	255		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	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			
a		28a		x
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV	29	х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34		34	х	
25.2		35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
07	and that is tracted as a mathematic far fadaral income tay mumores 0.1f "Vos." complete Schodulo D. Dort VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	57		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
032004	12-23-20			(2020)
	5			()

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orm	990 (2020) Wish of a Lifetime		26-2123	649	F
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			_		Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b	X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over a		

4a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
с	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?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).			x		
а						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		_X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	9 Sponsoring organizations maintaining donor advised funds.					
а	a Did the sponsoring organization make any taxable distributions under section 4966?					
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

032005 12-23-20

Form 990 (2020) Part V

Form 990 (2	2020)
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Wish of a Lifetime

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

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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.

		1.1	8	Yes	1
	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>		
	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.		6		l
	Enter the number of voting members included on line 1a, above, who are independent		<u>•</u>		l
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?		2	x	
3	Did the organization delegate control over management duties customarily performed by or under t				T
	of officers, directors, trustees, or key employees to a management company or other person?		3		l
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4	Х	Ī
	Did the organization become aware during the year of a significant diversion of the organization's a				t
	Did the organization have members or stockholders?				t
	Did the organization have members, stockholders, or other persons who had the power to elect or a				t
	more members of the governing body?		7a	х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,				I
	persons other than the governing body?		7b	X	ļ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				l
	The governing body?			Х	ļ
b	Each committee with authority to act on behalf of the governing body?		8b	Х	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				ſ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ect	ion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)			_
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		J
	If "Yes," did the organization have written policies and procedures governing the activities of such				ĺ
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				t
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			Х	t
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			t
	in Schedule O how this was done			X	ļ
13	Did the organization have a written whistleblower policy?		13	Х	ļ
	Did the organization have a written document retention and destruction policy?			Х	ſ
	Did the process for determining compensation of the following persons include a review and appro				ĺ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				ļ
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		ĺ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ſ
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			1
	taxable entity during the year?		16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				1
	exempt status with respect to such arrangements?		16b		1
	ion C. Disclosure				Î
	List the states with which a copy of this Form 990 is required to be filed None				
	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 onlv	/) avai	lá
	for public inspection. Indicate how you made these available. Check all that apply.	n on Schedule O)	.,,	,	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, of	,	and fina	ncial	
	statements available to the public during the tax year.	some or interest policy,		icial	
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
	AARP - 202-434-6755				-
	601 E Street, NW, Washington, DC 20049				
32006	12-23-20		Form	1 <b>990</b>	(
	7				
		time			

Part VII	Compensation of Officers,	<b>Directors, Trustees</b>	, Key Employees,	Highest Comp	ensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	1	l				npei	iout		· · · · · · · · · · · · · · · · · · ·	(Г)
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			ensate		(W-2/1099-MISC)	,	organization
	organizations	I trus	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Higlemb	Fori			
(1) Jeremy Bloom	2.00									_
Board Chair as of 8/1	0.00	Х		Х				0.	50,675.	0.
(2) Michael R. Wasserman	1.00									
Vice Chair / Treasurer until 8/1	0.00	Х		Х				0.	0.	0.
(3) Eric Chess	1.00									
Director	0.00	X						0.	0.	0.
(4) Joe Davis	1.00									
Director	0.00	X						0.	0.	0.
(5) Scott M. Frisch	1.00									
Director as of 8/1 & AARP EVP - COO	40.00	x						0.	726,827.	74,504.
(6) Eric Hirschberg	1.00									
Director	0.00	x						0.	0.	0.
(7) Barbara Kreisman	1.00									
Director / Chair until 8/1	0.00	x		х				0.	Ο.	0.
(8) Kent McGlincy	1.00									
Director	0.00	X						0.	0.	0.
(9) Karen Mercer	1.00									
Treasurer as of 8/1 & AARP SVP	40.00	1		Х				0.	403,802.	76,459.
(10) Sarah Shaw	1.00									
Secretary as of 8/1 & AARP SVP	40.00			Х				0.	323,149.	66,296.
(11) Thomas Wagenlander	40.00									
Executive Director	0.00			Х				112,835.	0.	12,762.
(12) Char Bloom	1.00									
Director until 8/1	0.00	X						0.	0.	0.
(13) Penny Cook	1.00									
Director until 8/1	0.00	X						0.	0.	0.
(14) Amy Johnson	1.00									
Director until 8/1	0.00	X						0.	0.	0.
(15) Laura Larson	1.00									
Director / Secretary until 8/1	0.00	x		х				0.	Ο.	0.
(16) Diane McAllister	1.00									
Director until 8/1	0.00	x						0.	Ο.	0.
(17) Sara Terry	1.00									
Director until 8/1	0.00	x						0.	0.	0.
032007 12-23-20	•				•					Form <b>990</b> (2020)

032007 12-23-20

10590527 135671 wish

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-	990 (2020) Wish of	a Lifet:	ime	e						26-22	123	649	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ighe	st C		es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	verage Position (do not check more box, unless person				than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		compensa from the organizati and relate organizatio		e on ed
	Jack York	1.00	.,						0		0			0
	ctor until 8/1	0.00	X						0.		0.			0.
									110.025	1 504 41		220		01
с	Subtotal         Total from continuation sheets to Part V         Total (add lines 1b and 1c)         Total number of individuals (including but r	II, Section A	·····	·····		·····			0. 112,835.		0. 53.		0,02 0,02	0.
	compensation from the organization		1030	11310		501	c) wi							1
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-			•	-		Ŭ	ghest compensated emp	2		3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	le co " <i>co</i>	omp <i>mple</i>	ensa ete S	atior Sche	n and e <i>dule</i>	d otl e <i>J f</i>	her compensation from for such individual	the organization		4	x	
	rendered to the organization? If "Yes," con								v			5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation fr	rom	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ing v	vith	or w	ithir	n the organization's tax <u>(</u> <b>B)</b>	year.		(C	)	
	Name and business	address	N	ONI	Ε				Description of s	ervices	С	omper	Isatior	ו
								_						
2	Total number of independent contractors ( \$100,000 of compensation from the organ	•	iot li	mite	ed to		se li: 0	l stec	d above) who received n	nore than				
												Form S	<b>190</b> (2	2020)

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			Check if Schedule O	conta	ains a re	sponse	e or note to any li	ine in this Part VIII			
						•		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	ributi grant I abov		le If Ig \$	,900,000. 503,241. 51,653.				
Program Service Revenue	2	b c d e	Management Fe					26,673.	26,673.		
	3 4		Total. Add lines 2a-2f Investment income (inclue other similar amounts) Income from investment of	ding of tax	divideno (-exemp	ds, inter t bond	rest, and proceeds	26,673.			374.
		a b c d	Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss Gross amount from sales of	6a 6b 6c	(i) F	Real	(ii) Personal	-			
ther Revenue	1	b c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)					-			
Other I	8	a b	Gross income from fundraisi including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from	ng ev I line	ents (no  1c). See	t of 8a 8t	a	_			
		a b c	Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory,	ng ac gam less	tivities. ing activ returns	See 92 92 91 /ities .	> ►	-			
Miscellaneous Revenue	11	c	and allowances Less: cost of goods sold Net income or (loss) from			10	b				
Miscell	<b>12</b> 9 12	e	All other revenue				►	2,430,288.	26,673.	0.	<b>374</b> • Form <b>990</b> (2020)

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10 2020.03050 Wish of a Lifetime

Form 990 (2020)

Wish of a Lifetime Part VIII Statement of Revenue

Wish of a Lifetime

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	-	3,000.	3,000.		
•	and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	117,246.	117,246.		
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	554,013.	328,732.	147,666.	77,615.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,942.	3,484.	1,611.	847.
9	Other employee benefits	85,659.	51,535.	28,564.	5,560.
10	Payroll taxes	47,276.	31,948.	6,410.	8,918.
11	Fees for services (nonemployees):	.,			
	Management				
		50,000.		50,000.	
		36,615.	24,036.	4,797.	7,782.
	Accounting	50,015.	24,050.		7,702.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	15 007	1 264	12 022	1 001
	column (A) amount, list line 11g expenses on Sch 0.)	45,987.	1,264.	42,822.	<u>1,901.</u> 363.
12	Advertising and promotion	18,477.	17,708.		
13	Office expenses	12,117.	718.	11,159.	240.
14	Information technology	37,645.	10,279.	19,141.	8,225.
15	Royalties				
16	Occupancy	73,244.	39,398.	21,172.	12,674.
17	Travel	5,018.	3,073.	304.	1,641.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	625.	90.	7.	528.
20	Interest	328.		328.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,771.		5,771.	
23	Insurance	3,051.	2,282.	35.	734.
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.)				
2	Wishes and Other Progra	134,989.	124,265.		10,724.
b	Leased Equipment	36,454.	,		36,454.
c c	Printing & Postage	11,890.	7,764.	562.	3,564.
d	Telecommunication Expen	8,884.	5,148.	2,132.	1,604.
	<b>_</b>	15,017.	9,438.	1,674.	3,905.
	All other expenses	1,309,248.	781,408.	344,561.	183,279.
25	Total functional expenses. Add lines 1 through 24e	1,305,240.	, , , , , , , , , , , , , , , , , , , ,	544,5010	103,273.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here <b>X</b> if following SOP 98-2 (ASC 958-720)				- 000
03201	0 12-23-20				Form <b>990</b> (2020)

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Form **990** (2020)

WISH\_\_\_1

					0	<b>e</b> ,		,	
	1	Cash - non-interest-bearing				91,182.	1		,308.
	2	Savings and temporary cash investments			2	13,790.	2	1,191	,345.
	3	Pledges and grants receivable, net					3		,806.
	4	Accounts receivable, net		8,998.	4	186	,946.		
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, subst							
		controlled entity or family member of any of thes	se pers	sons			5		
	6	Loans and other receivables from other disquali							
		under section 4958(f)(1)), and persons described					6		
s	7	Notes and loans receivable, net					7		
Assets	8	Inventories for sale or use					8		
Â:	9	Prepaid expenses and deferred charges				13,850.	9	74	,409.
	10a	Land, buildings, and equipment: cost or other	1						
		basis. Complete Part VI of Schedule D	10a	0.					
	b	Less: accumulated depreciation				5,771.	10c		
	11	Investments - publicly traded securities					11		
	12	Investments - other securities. See Part IV, line 1					12		
	13	Investments - program-related. See Part IV, line					13		
	14	Intangible assets					14		
	15	Other assets. See Part IV, line 11					15		
	16	Total assets. Add lines 1 through 15 (must equa				33,591.	16	1,539	
	17	Accounts payable and accrued expenses				20,734.	17	128	,190.
	18	Grants payable					18		
	19	Deferred revenue				22,440.	19		
	20	Tax-exempt bond liabilities					20		
	21	Escrow or custodial account liability. Complete I			21				
Sé	22	Loans and other payables to any current or form							
litie		trustee, key employee, creator or founder, subst	tantial	contributor, or 35%					
Liabilities		controlled entity or family member of any of thes	se pers	sons			22		
	23	Secured mortgages and notes payable to unrela	ated th	ird parties			23		
	24	Unsecured notes and loans payable to unrelated	d third	parties			24		
	25	Other liabilities (including federal income tax, pa	yables	to related third					
		parties, and other liabilities not included on lines	s <b>1</b> 7-24	). Complete Part X					
		of Schedule D					25		
	26	Total liabilities. Add lines 17 through 25				43,174.	26	128	,190.
s		Organizations that follow FASB ASC 958, che	eck he	re 🕨 🔟					
JCe		and complete lines 27, 28, 32, and 33.							
alar	27	Net assets without donor restrictions				05,417.	27	1,226	
ЧB	28	Net assets with donor restrictions			1	85,000.	28	185	,000.
nne		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🛄					
rΕ		and complete lines 29 through 33.							
tso	29	Capital stock or trust principal, or current funds				29			
sse	30	Paid-in or capital surplus, or land, building, or ec				30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		E			31		
Ne	32	Total net assets or fund balances				90,417.	32	1,411	
	33	Total liabilities and net assets/fund balances			3	33,591.	33	1,539	
								Form <b>9</b> 9	<b>90</b> (2020)

**(B)** End of year

**(A)** Beginning of year

Part X | Balance Sheet

Wish of a Lifetime

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

10590527 135671 wish

WISH\_\_\_1

Form	990 (2020) Wish of a Lifetime	26-212	23649	Pa	ge <b>12</b>				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,430						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,309						
3	3 Revenue less expenses. Subtract line 2 from line 1 3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	290	),4	17.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8		1	67.				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,411	L,6	24.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.							
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	d 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 separat								
	consolidated basis, or both:								
	Separate basis X 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 th	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	1				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si								
	Act and OMB Circular A-133?	-	3a		x				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		1				
_				000					

Form **990** (2020)

032012 12-23-20

**SCHEDULE A** 

Department of the Treasury

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

	2020
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

Interna	I Rever	nue Service		Go to www.irs.go	v/Form990 for instructi	ons and tl	he latest i	nformation.			Inspection
Nam	e of t	the organizati									fication number
De		Decen		of a Life						6-21	123649
Pa					(All organizations must c				ns.		
	organ		•		(For lines 1 through 12, c		,				
1		,		,	on of churches describe		• • •	I)(A)(I).			
2					(Attach Schedule E (Forn			,			
3					anization described in <b>se</b>					Ale - 1	
4			U U	ation operated in co	onjunction with a hospita	I described	a in sectio	n 170(d)(1)(A	(III). Enter	the nos	spital's name,
-		city, and stat		or the herefit of a cr		d ar anara	tad by a a	overnmentel	unit dooorik	and in	
5		-	-	Complete Part II.)	ollege or university owned	u or opera	lied by a g	overnmental	unit descrit	Jed in	
6					mental unit described in	section 1	70(h)(1)(A)	(v)			
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
'		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		-			(1)(A)(vi). (Complete Par	+ 11 )					
9		-			d in section 170(b)(1)(A)		ed in conii	inction with a	land-arant	college	2
5		-	-	-	culture (see instructions).		-		-	-	
		university:		grant concyc or agric			name, en	y, and state c	in the coneg		
10			ion that norma	Illy receives (1) more	than 33 1/3% of its sup	nort from	contributio	ons members	shin fees a	nd aros	s receipts from
					ct to certain exceptions;						
					e (less section 511 tax) fr					-	
				mplete Part III.)					gamzation	untor of	
11					sively to test for public sa	afetv. See	section 50	)9(a)(4).			
12		-	-	-	sively for the benefit of, to	•			arrv out the	e purpo	uses of one or
		-	-	-	ed in section 509(a)(1) o				•		
				-	of supporting organizatio						
а			-		supervised, or controlled				-	/ giving	
				-	egularly appoint or elect a	•			• • •		
		organizatio	n. You must c	complete Part IV, S	ections A and B.						-
b		<b>Type II.</b> A s	supporting org	anization supervise	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving	
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported	i
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.						
с		Type III fui	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with, a	and functiona	ally integrate	ed with	l <b>,</b>
		its support	ed organizatio	n(s) (see instruction	s). <b>You must complete l</b>	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	orted organi	ization(	s)
		that is not	functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	S
		requiremen	nt (see instruct	ions). <b>You must co</b>	mplete Part IV, Sections	s A and D,	, and Part	V.			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III		
		functionally	/ integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.				
f	Ente	er the number	of supported of	organizations							
g			<u> </u>	n about the support	<b>–</b> ()	(iv) Is the oras	anization listed				
	(	i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i		1 · ·	Amount of other rt (see instructions)
		organization	•		above (see instructions))	Yes	No				
Tota	I									1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.03050 Wish of a Lifetime

## Schedule A (Form 990 or 990-EZ) 2020 Wish of a Lifetime

26-2123649 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.)

Se	ction A. Public Support	, pioo		,			
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	() == 70	() //	(-) == 10	(2) = 0 10	(-)=0	
	membership fees received. (Do not						
	include any "unusual grants.")	559,609.	637,582.	1,246,177.	203,186.	2,403,124.	5,049,678.
2	Tax revenues levied for the organ-	,	,	, , -		, , , -	, , -
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	559,609.	637,582.	1,246,177.	203,186.	2,403,124.	5,049,678.
	The portion of total contributions	,	,				, ,,,,,,,,
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	h						2,419,711.
6	Public support. Subtract line 5 from line 4.						2,629,967.
	ction B. Total Support						2,025,507.
-	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
	Amounts from line 4	559,609.	(b) 2017 637,582.	1,246,177.	203,186.	2,403,124.	5,049,678.
8	Gross income from interest,		00770020	_,,,_,_,	20072000	_,,.	
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	223.	467.	8,725.	398.	374.	10,187.
٩	Net income from unrelated business			0,,200		0,11	2072070
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					26,673.	26,673.
11	Total support. Add lines 7 through 10						5,086,538.
	Gross receipts from related activities,	etc (see instructi	ons)			12	-,,
	First 5 years. If the Form 990 is for th	·	,				
10	organization, check this box and <b>stop</b>	. In ava					
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2020 (I			column (f))		14	51.70 %
	Public support percentage from 2019					15	72.00 %
	<b>33 1/3% support test - 2020.</b> If the c						
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2019.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					•	
ŀ	10% -facts-and-circumstances test						
	more, and if the organization meets th					-	
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio						
			20, 01, 10, 10, 10	.,,,			

# Schedule A (Form 990 or 990 EZ) 2020 Wish of a Lifetime

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Suppo	ort					
Calendar year (or fiscal year begin	ning in) 🕨 (a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions	, and					
membership fees received.	. (Do not					
include any "unusual grant	s.")					
2 Gross receipts from admiss merchandise sold or servic formed, or facilities furnishe any activity that is related t organization's tax-exempt	es per- ed in to the					
3 Gross receipts from activiti	es that					
are not an unrelated trade iness under section 513	or bus-					
4 Tax revenues levied for the	organ-					
ization's benefit and either	J. J					
or expended on its behalf	·					
5 The value of services or fac						
furnished by a government	al unit to					
the organization without ch	narge					
6 Total. Add lines 1 through						
7a Amounts included on lines	1, 2, and					
3 received from disqualified	d persons					
<b>b</b> Amounts included on lines 2 and 3 r from other than disqualified persons exceed the greater of \$5,000 or 1% amount on line 13 for the year	s that of the					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c						
Section B. Total Suppor		·		•		
Calendar year (or fiscal year begin	ning in) 🕨 (a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest dividends, payments receiv securities loans, rents, roya and income from similar so	t, ved on alties,					
b Unrelated business taxable inc (less section 511 taxes) from t acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b $\dots$						
11 Net income from unrelated activities not included in lin whether or not the busines regularly carried on	ie 10b,					
12 Other income. Do not inclu or loss from the sale of cap assets (Explain in Part VI.)	pital					
13 Total support. (Add lines 9, 10c,						
14 First 5 years. If the Form 9	90 is for the organization'	s first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop he						
Section C. Computation						
<b>15</b> Public support percentage	for 2020 (line 8, column (f	), divided by line 13,	, column (f))		15	%
16 Public support percentage					16	%
Section D. Computation	of Investment Inco	me Percentage	)			
17 Investment income percent					17	%
<b>18</b> Investment income percent					18	%
19a 33 1/3% support tests - 2	020. If the organization di	d not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check	this box and <b>stop here.</b> T	he organization qua	lifies as a publicly	supported organiz	ation	▶∟
b 33 1/3% support tests - 2	019. If the organization di	d not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33	1/3%, check this box and	d <b>stop here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the	organization did not checl	k a box on line 14, 19	9a, or 19b, check t			
032023 01-25-21			16	Sch	nedule A (Form 990	0 or 990-EZ) 2020
	-					

<sup>2020.03050</sup> Wish of a Lifetime

WISH\_\_\_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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10b Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
e	tion B. Type I Supporting Organizations			
			Yes	N
1	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, at the top support of ultimore during the top year? If "No " describe in <b>Part W</b> how the supported organization(c)			

	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Section D. All Type III Supporting Organizations						

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	2		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sati	sfy the Integral Part Test during the yealsee instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

18 2020.03050 Wish of a Lifetime Yes No

### Schedule A (Form 990 or 990-EZ) 2020 Wish of a Lifetime Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	llv integrate	ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Fai	t V Type III Non-Functionally Integrated 509	(a)(s) supporting Orga	anizations (continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Wish of a Lifetime 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.)

Part II, Columns (c) & (d)

On 10/1/2018 Wish of a Lifetime changed their accounting period from a

calendar year to a fiscal year.

Schedule A, Part II, Column (c) reflects both the short year period of

1/1/2018 - 9/30/2018 and the fiscal year period of 10/1/2018 -

9/30/2019.

On 10/1/2019 Wish of a Lifetime requested permission to change their

accounting period back to a calendar year.

Schedule A, Part II, Column (d) is the short year period of 10/1/2019 -

12/31/2019.

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

Wish	of	а	Lifetime	1
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

Employer identification number

## Wish of a Lifetime

26-2123649

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,900,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)
023452 11-25	<sup>5-20</sup> <b>2</b> 3	Schedule B (Form	990, 990-EZ, or 990-PF) (2020

2020.03050 Wish of a Lifetime

Name of organization

Employer identification number

26-2123649

## Wish of a Lifetime

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
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-25-20	24	Schedule B (Form	990, 990-EZ, or 990-PF

art III E	a Lifetime xclusively religious, charitable, etc., contribution	ns to organizations described in	section 501(c)(7), (8), or (10) that to	6 - 2123649 tal more than \$1,000 fo		
fr	om any one contributor. Complete columns (a) th mpleting Part III, enter the total of exclusively religious, cha se duplicate copies of Part III if additional sp	nrough <b>(e) and</b> the following line e ritable, etc., contributions of <b>\$1,000 o</b>	ntry For organizations			
i) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held		
		(e) Transfer of g	ft			
-	Transferee's name, address, and	ZIP + 4	Relationship of transfere	or to transferee		
) No.						
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held		
—   <u> </u>						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
_						
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held		
-		 ft				
	Transferee's name, address, and	ZIP + 4	Relationship of transfero	or to transferee		
i) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held		
—   <u> </u>						
	Transferee's name, address, and	(e) Transfer of g	ft Relationship of transfero	or to transferee		

SCHEDULE D (Form 990)		Supplementa ► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered	"Yes" on Form 990,	OMB No. 1545-0047
	nent of the Treasury Revenue Service		Attach to Form 990		Open to Public Inspection
Name of the organization					Employer identification number
Der		Wish of a Lifetime	d Funda av Oth	or Similar Funda or A	26-2123649
Par				er Similar Funds or A	CCOUNTS. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie o. (a) Donor ad	vised funds	<b>b)</b> Funds and other accounts
1	Total number at er	nd of year	(		
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value a	t end of year			
5	-	on inform all donors and donor advisors in	-		
		on's property, subject to the organization's			
6	•	on inform all grantees, donors, and donor a	•	•	
		boses and not for the benefit of the donor o			
Par	impermissible priv	ate benefit? ation Easements. Complete if the org			
1		servation easements held by the organizati	-		, me 7.
•		of land for public use (for example, recrea	· ·		prically important land area
		f natural habitat		Preservation of a cert	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation co	ntribution in the form of a co	onservation easement on the last
	day of the tax yea	r.			Held at the End of the Tax Year
а	Total number of co	onservation easements			2a
b					2b
		vation easements on a certified historic str			2c
d		vation easements included in (c) acquired			
2		nal Register			2d
3	year ►	vation easements modified, transferred, re	leased, extinguished	, or terminated by the organ	lization during the tax
4		 where property subject to conservation ea	sement is located		
5		tion have a written policy regarding the pe			
	-	orcement of the conservation easements i			Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,			
	▶				
7		ses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conservation ea	asements during the year
-	►\$				
8		vation easement reported on line 2(d) abov			
0		)(4)(B)(ii)? be how the organization reports conservati			
9		d include, if applicable, the text of the foot			
		ounting for conservation easements.	lote to the organizat		
Par		ations Maintaining Collections o	f Art, Historical	Treasures, or Other	Similar Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its	revenue statement and ba	lance sheet works
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, educa	tion, or research in furthera	nce of public
	· •	Part XIII the text of the footnote to its final			
b		elected, as permitted under FASB ASC 95			
		sures, or other similar assets held for public	c exhibition, educatio	n, or research in furtheranc	e of public service,
	-	ing amounts relating to these items:			► ¢
		ded on Form 990, Part VIII, line 1 ed in Form 990, Part X			
2					
_	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:				
а		on Form 990, Part VIII, line 1			. • \$
		Form 990, Part X			
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2020
032051	12-01-20		26		

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Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continued)         a       Using the organization's accussion, and other records, check any of the following that make significant use of its collection items (check all that apply):	Sche	dule D (Form 990) 2020 Wish of	a Lifetim	e					26-21	2364	9 Pa	age <b>2</b>
collection items (check all that apply): <ul> <li></li></ul>	Par	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	reasures, o	r Oth	er Simil	ar Asse	<b>ts</b> (contir	nued)	
a       Public exhibition       c       Chain or exchange program         b       Scholary research       c       Other         c       Preservation for future generations       Other       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       Solumination and the part of the organization's collection?       Image: Collection?         c       During the year, did the organization's collection?       Image: Collection?       Image: Collection?         d       Toroids a description of the organization answered "Yes" on Form 900, Part X, line 20.       No         Part VI       Encode and the arrangement in Part XIII and complete the following table:       Image: Collection?       Image: Collection?         d       Is the organization anagent, this part and the arrangement in Part XIII and complete the following table:       Image: Collection?       Image: Collect	3		ion, and other record	ds, check	any of the	e following that	makes	significant	use of its			
b       Scholarly research       e       Other         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       5         d       Provide a description of the organization solector receive donations of art, historical treasures, or other similar assets       to be sole to rease funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21.         Ta       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1       1         c       Beginning balance       Itel       Itel       1												
c Prevention for future generations   4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets   to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Ino 9, or reported an amount on Form 990, Part X, Line 21.   16 Is the organization an agent, toustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, Line 21.   17 Is the organization an agent, toustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, Line 21.   18 Is the organization an agent, toustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, Line 21.   19 Is the organization adming the year   10 Is the organization include an amount on Form 990, Part X, Line 21, for escrow or custodial account lability?   20 Did the organization include an amount on Form 990, Part X, Line 21, for escrow or custodial account lability?   21 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   1a Beginning of year balance   1a (a) Diriver's weigh in the arrangement in Part XIII.   22 Not investment earnings, gains, and losses   23 Contributions   34 Administrative expenses   35 Contributions   36 Contributions   37 Organis or scho			C									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collection?   Yes No   Part W Escrow and Custodial Arrangements. Complete fite organization answered "Yes" on Form 990, Part X, line 21.   1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.   1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.   1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.   1c Indiana agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.   1c Indiana agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.   1c Indiana agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.   1c Indiana agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.   1d Indiana agent, trustee, custodian or other intermediary for contributions or other assets not included an amount on Form 900, Part X, line 21.   1f Yee, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.   Part V Indowrment Fundes. Complete if the explanation has been provided on Part XII.   1a Beginning of year balance   1a Contron tyear balance   1b Other explantize e			e		Other							
S During the year, ddt the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be mantained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.  I is the organization angement, in Naste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  I is the organization angement in Part XIII and complete the following table:  C Beginning balance  C Beginning of year balance  C D Other woment tearnings, gans, and losse C D S S S S S S S S S S S S S S S S S S		-										
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Intervestion Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Intervestion account liability?       Yes       No         Contributions			-		-	-			ose in Par	I XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Interventions or other assets not included on Form 990, Part X // Interventions or other assets not included on Form 990, Part X // Interventions of the arrangement in Part XIII and complete the following table:          Yes No          b If 'Yes, ' explain the arrangement in Part XIII and complete the following table:          Amount          c Beginning balance          It d          d Additions during the year           It organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?           Yes         No          b If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII            Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.            fa Beginning of year balance           (a) Current year           (b) Prior year           (c) Two years back           (d) Four years back          a Grants or scholarships               (b) Contributions            g End of year balance	5			-						Vee		
reported an amount on Form 990, Part X, line 21.       Image: the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Image: the organization answered Yes' on Form 990, Part N, line 10.         Part V       Endforment Funds. Complete if the organization answered Yes' on Form 990, Part N, line 10.       Image: the organization answered Yes' on Form 990, Part N, line 10.         Ia Beginning of year balance	Par											
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Co	1 41				organizatio	on answered	165 01	11 0111 990	J, Faitiv,	1116 9, 01		
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       Id         d Additions during the year       Id         e Distributions during the year       Id         e Distributions during the year       Id         d Additions during the year       Id         e Distributions during the year       Id         e Distributions during the year       Id         d Additions during the year       Id         d Complete If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         e Contributions       (a) Current year       (b) Prior year       (c) Two years back (o) Four years back to prevent year shack to prevent year shack to prevent year and programs         d Charts or scholarships       (a) Current year end balance (line 1g, column (a) held as:       Bead designated or quasi-indowment ▶       %         b Permanent endowment ▶       %       %       Form endowment ▶       %         b Permanent endowment ▶       %       Sakui account that are held and administered for the organization by:         (i) Unrelated organizations       %       Sakui				diary for c	contributio	ns or other ass	sets not	t included				
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>te</li> <li>Amount</li> <li>te</li> </ul> c         Beginning balance         10         11         10           d         Additions during the year         10         11         10         11         10         11         10         11         10         11         10         11         10         11         10         11         10         11         10         10         10         11         10         10         10         10         11         10				•						Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Ie         f       Ending balance       If         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation nawsered "Yes" on Form 990, Part XIV, line 10.       Image: State S	b	If "Yes." explain the arrangement in Part XIII	and complete the fo	ollowina ta	able:							
c       Beginning balance       Id         d       Additions during the year       Id         d       Distributions during the year       Id         f       Ending balance       If         2a       Distributions during the year       If         f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Nes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: State in the intervention of the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       derivera		······································								Amoun	t	
d Additions during the year       id         e Distributions during the year       id         if       id         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b if 'Yes,' explain the arrangement in Part XIII. Check here if the expanzion has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         ia Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         g End of year balance       (a) Current year end balance (line 1g, column (a)) held as:       (c) The expenditures for facilities       (c) The part VI is a part of facilities       (c) The part of facilities         and programs       (c) The part of facilities       (c) The part of facilities       (c) The part of facilities         and programs       (c) The expenditure of facilities       (c) The part of facilities       (c) The part of facilities         and programs       (c) Accumutaties       (c) So and 2c should equal 100%.       (c) The part of facilities       (c) The part of f	с	Beginning balance						1c				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization incluide an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (c) Two years back       (e) Four years       (e) Four years         g       End of year balance												
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         D       If "Ves", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Contribution of the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Chet investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Chet investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       (a) Current year end balance       (in) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         7       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       as bacin designated or quasisendowment       (f) Contertee the en												
b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 900, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         a dor year balance       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (f) Additionary years back       (f) Four years       (f) Four years         g       End of year balance       (f) Fouryear       (f) Fourye										_		
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Chrient year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Current year       (c) Two years back       (c) Two years back <th>2a</th> <th>Did the organization include an amount on F</th> <th>orm 990, Part X, line</th> <th>21, for e</th> <th>scrow or c</th> <th>ustodial accou</th> <th>unt liabi</th> <th>ility?</th> <th>L</th> <th>Yes</th> <th></th> <th>No</th>	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial accou	unt liabi	ility?	L	Yes		No
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         Ia       Contributions       (c)       Contributions       (c)       (c) Two years back       (e) Four years back         Ia       Contributions       (c)       Contributions       (c)       (c) Two years back       (e) Four years back         Ia       Contributions       (c)       Contributions       (c)       <	b											
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs	Par	rt V Endowment Funds. Complete i	if the organization ar	nswered '	"Yes" on F	1						
b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   d Grants or scholarships   e Other expenditures for facilities   and programs			(a) Current year	<b>(b)</b> Pr	rior year	(c) Two years	s back	(d) Three	ears back	(e) Four	years	back
c       Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Term endowment ▶%   mapping and the percentage on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   b If "Yes" on line 3a(ii), are the related organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   d Equipment   c Leasehold improvements   d Equipment   c Leasehold improvements   d Equipment   c Leasehold inprovements   d Equipment												
and programs   f   Administrative expenses   g   End of year balance   2   Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a   Board designated or quasi-endowment ▶  %   b   Permanent endowment ▶  %   c   Term endowment ▶  %   The percentages on lines 2a, 2b, and 2c should equal 100%.   3a   Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i)   Unrelated organizations   (ii)   Related organizations   3a(ii)   a   b   If "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R?   4   Describe in Part XII the intended uses of the organization's endowment funds.     Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b   b   b   b   b   Buildings   c   Leasehold improvements   d   d   d   d   d   d   d   d   d   d   d   d   d<												
f       Administrative expenses	е											
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment funds not in the possession of the organization that are held and administered for the organization         (i)       Unrelated organizations       Satistical S												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent voor ond belene	0.000								
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:      %         (i)       Unrelated organizations      %         (ii)       Related organizations      %         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.      %         Part VI       Land, Buildings, and Equipment.      %         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.			rent year end baland		y, column (	a)) neiù as.						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			%									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       basis (investment)       basis (other)       (c) Accumulated depreciation         b Buildings	Ŭ	·										
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Version (C) Accumulated (d) Book value (d) Book v	3a		•	ation that	t are held a	and administer	ed for t	the organi	zation			
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b Buildings       (d) Book value         c Leasehold improvements			5					5		[	Yes	No
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b Buildings       (d) Book value         c Leasehold improvements		(i) Unrelated organizations								3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b       (b) Cost or other         b       b Buildings         c       Leasehold improvements         d       Equipment         e       Other         Image: Description 1a. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       0.										3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4	Describe in Part XIII the intended uses of the	e organization's endo	owment f	unds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	Par	rt VI Land, Buildings, and Equipm	nent.									
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. :	See Form 990	, Part X	, line 10.				
b Buildings		Description of property	. ,		• •		• •			( <b>d)</b> Boo	k value	Э
b Buildings	1a	Land										
c Leasehold improvements	b	Buildings										
e Other       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       ●         0.	с	Leasehold improvements										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment										
	Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line	10c.)				D (5		-

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	

(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 Wish of a Lifetime	26-2123649 <sub>Page</sub> 4	
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses		
d			
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b			
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1		
Pa	rt XIII Supplemental Information.		· ·
_			

Wish of a Lifetime

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## Part X, Line 2:

Wish	of	a	Lifetime	does	not	believe	that	there	are	any	unrecognized	tax
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benefits/liabilities that should be recorded.

032054 12-01-20

WISH\_\_\_1

SC	HEDULE J   Compensation Information	OME	3 No. 1	545-004	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	1
•	Compensated Employees	2	1U/	20	)
Deres	truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Op	en to	Publi	ic
	P Attach to Form 990. ■ Attach to Form 990. al Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.	Īr	nspe	ction	
Nan		mployer identifi	icatio	on nui	mber
	Wish of a Lifetime	26-2123	64	9	
Pa	Int 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 99	90,			
	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 persona	luse			
	Travel for companions Payments for business use of personal resid	lence			
	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	1 to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	nmittee			
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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	····· L	5a	X	<b> </b>
b	Any related organization?	L	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:				
	The organization?		6a		X
	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	L	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		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (	Form	1 990)	2020

032111 12-07-20

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) Scott M. Frisch (i)	0.	0.	0.	0.	0.	0.	0.
Director as of 8/1 & AARP EVP - COO (ii)	531,137.	192,632.	3,058.	52,985.	21,519.	801,331.	0.
(2) Karen Mercer (i)	0.	0.	0.	0.	0.	0.	0.
Treasurer as of 8/1 & AARP SVP (ii)	321,857.	78,179.	3,766.	52,985.	23,474.	480,261.	0.
(3) Sarah Shaw (i)	0.	0.	0.	0.	0.	0.	0.
Secretary as of 8/1 & AARP SVP (ii)	259,670.	60,606.	2,873.	52,985.	13,311.	389,445.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Page 2

26-2123649

#### Part III Supplemental Information

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

Part I, Line 5:

Wish of a Lifetime participates in AARP's enterprise-wide compensation

plan. Under that compensation plan, numerous organizational factors are

considered in employee compensation, of which gross revenues is one.

Schedule J (Form 990) 2020

SCHE	DULE	Μ
(Form	990)	

# **Noncash Contributions**

OMB No. 1545-0047 2020

Department of the Treasury	
Internal Revenue Service	

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

**Open to Public** . Inspection

Name	of the	organization	۱
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Go to www.irs.gov/Form990 for instructions and the latest informatio	n.

Employer identification number
26-2123649

Name of the	organization
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Wish	of	a	Lifetime
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Pa	rt I Types of Property									
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contrik amounts reporte Form 990, Part VIII	ed on		<b>(d)</b> Nethod of d ash contrib	etermin	•	 s
1	Art - Works of art				, into 19					
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 ► (Electronic ta)	Х	1				of 200			
26	Other ► (Technology sy)	Х	1				of VR			
27	Other ► (Fresh flowers)	Х	1				of 430			s
28	Other 🕨 (Face masks )	Х	1	3,	<u>,750.</u>	cost	of 750	) ma	sks	
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	contributions						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	jement	29					
									Yes	No
30a	During the year, did the organization receive by						t it			
	must hold for at least three years from the date			•						
	exempt purposes for the entire holding period?							30a		X
	If "Yes," describe the arrangement in Part II.								v	
31	Does the organization have a gift acceptance p							31	X	
32a	Does the organization hire or use third parties c contributions?		•	· • ·				32a		х
b	If "Yes," describe in Part II.									

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

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

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020 Wish of a Lifetime	26-2123649	Pa
<b>Part II</b> Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a of this part for any additional information.		
Schedule M, Line 32b:		
Effective January 1, 2013, the organization requires a	review, as	
written in the policies and procedures manual, when dec	ciding to accep	ot

non-standard gifts.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 26-2123649

Form 990, Part VI, Section A, line 2:

Wish of a Lifetime

Board members Jeremy Bloom and Char Bloom have a family relationship.

Form 990, Part VI, Section A, line 4:

The Second Amended and Restated Bylaws became effective and superseded the

November 14, 2016 Amended and Restated Bylaws of the corporation on August

1, 2020 when Wish of a Lifetime (WISH) became an affiliated entity of AARP.

The significant changes to the bylaws are:

Section 3.1 Except as otherwise provided in the Act, articles of

incorporation, or bylaws, all corporate powers shall be exercised by or

under the authority of, and the business and affairs of the corporation

shall be managed by, its board of directors. Any appointment,

determination, or action designated in these bylaws to be made by AARP

shall be deemed made when evidenced in writing signed by the Chief

Executive Officer of AARP (or his or her designee).

Section 3.2(b) Reduced the total number of allowable directors from 19 to 17. A minimum of 5 directors is required.

Section 3.2(c) Created 3 classes of Directors

(1) Class A shall consist of up to two persons appointed as Class A

Directors by AARP

(2) Class B shall consist of one director, referred to as the Founder

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

Name of the organization	lish of a Lifetime	Employer identification numb 26-2123649
	all be reappointed by AARP to successive	
	the number of terms	
(2) Close C ab	11 generates of these persons who were dine	storg of the
	all consist of those persons who were dire	
	mediately prior to the Effective Date and	
	AARP as of the Effective Date, and there	
may be reappoir	ited by AARP as Class C Directors to subse	quent terms
Section 3.2(d)	Established two-year terms with a 4 term	limit for Class A
C Directors		
Section 3.3	Established specific procedures for the r	esignation,
removal, and va	cancies for the various classes of direct	ors.
Section 3.6(a)	Notice of each meeting of the board of di	rectors stating t
	I place of the meeting shall be given to e	
	days, for regular meetings, and two (2) d	
meetings		
Section 3.7	Established that a Class A Director must	be present to
constitute a qu	orum and that failure to attend three or	more consecutive
board meetings	is cause for removal of any director	
a	Outlined special voting requirements for	alasttilistion fro
Section 3.8		
Section 3.8 AARP		
	Adoption of AARP's Conflicts of Interest	
AARP	The power to alter, amend, or repeal the	Policy

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization Wish of a Lifetime	Employer identification number 26-2123649

articles of incorporation or bylaws shall be vested in the board of

directors, but the exercise of this power shall be subject to the prior

written approval of AARP.

Immediately following the affiliation and appointment of the WISH Directors

the following AARP policies were adopted:

Whistleblower Policy

Document Retention Policy

Gift Acceptance Policy

Policy on Personal Political Activity, and

Code of Conduct

Wish of a Lifetime will also adopt any other governance and management policies as AARP shall identify and as AARP shall have, prior to such date of identification, adopted for itself and shall have determined are relevant to the conduct of WISH's activities.

Form 990, Part VI, Section A, line 7a:

The AARP Chief Executive Officer (or his or her designee) appoints up to 17 voting members of the WISH board of directors. All prospective members of the WISH board will be subject to the screening protocols for board members

of AARP Affiliates.

Form 990, Part	VI, Section A, line 7b:
The AARP Chief	Executive Officer (or his or her designee) appoints up to 17
voting members	of the WISH board of directors. All prospective members of
the WISH board	will be subject to the screening protocols for board members
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020 37
10590527 135671 w	•

Employer identification number 26-2123649

of AARP Affiliates.

Any director other than the Founder Director may be removed at any time, with or without cause, by written direction of AARP. The Founder Director may be removed only for reasonable cause by written direction of AARP.

The WISH bylaws provide that the power to alter, amend or repeal the corporation's articles of incorporation or bylaws shall be vested in the board of directors, but the exercise of this power shall be subject to the prior written approval of AARP.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared and reviewed in AARP's internal tax department. The return is then put through a secondary review which includes the Wish of a Lifetime Executive Director, Group Controller, and other accounting management. After this thorough review process, the Form 990 is distributed to the Board of Directors for their review. After all issues are addressed the return is electronically filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c: Annually, all board members and employees (including officers) are required to review the Code of Conduct, formally acknowledge their understanding of the Code, and disclose any real or potential conflicts of interest. Disclosures are reviewed by appropriate management (or in the case of a board member, the Board Chair, and if necessary, the Board of Directors) and the Ethics & Compliance Office. The appropriate resolution plan is implemented (for example, recusal from participating in any deliberations and decisions relevant to the 032212 11-20-20 38

Schedule O (Form 990 or	990-EZ)	2020					Page <b>2</b>
Name of the organization		sh of a	Lifetime				Employer identification number $26 - 2123649$
disclosure).	The	Ethics	& Compliand	ce Office	monitors	compl	liance with

these requirements and ensures proper follow-up as needed.

Form 990, Part VI, Section B, Line 15a:

Through its shared services agreement with AARP, WISH participates in AARP's enterprise wide compensation reviews. AARP has a competitive position in the marketplace that considers relevant for-profit and not-for-profit data since this is the landscape in which AARP and its affiliates compete for talent. Establishing the appropriate compensation for positions and jobs considers external market pricing (where possible) from an independent, third party compensation firm, internal criteria, and an individual's actual performance and contribution. Internal criteria are based on a standard approach that measures the internal value of positions, including: complexity and scope of responsibility, skill set and competencies, education and experience, and the reporting relationship of the position. An individual's actual performance and contribution is measured through AARP's performance management approach and then rewarded through AARP's annual base pay merit and incentive award programs. This process applies to all employees of WISH including the Executive Director. Based on the process described above, the Executive Director's compensation package is approved by the WISH Board of Directors.

Form 990, Part VI, Section C, Line 18: The organization provides copies of IRS Form 990 and IRS Form 1023 upon request by contacting the organization at (303) 954-9144 or email to info@wishofalifetime.org. The Form 990 is also made available on its website.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Wish of a	Lifetime	Employer identification nu 26-2123649
Form 990, Part VI, Sect		
	les its by-laws, conflict of	interest policy, and
	ements upon request by cont	
at (303) 954-9144 or em	ail to info@wishofalifetime	.org.
32212 11-20-20	40	Schedule O (Form 990 or 990-EZ

SCHEDULE	R
(Form 990)	

#### (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Open to Public Inspection

Employer identification number

26-2123649

Department of the Treasury Internal Revenue Service Name of the organization

Wish of a Lifetime

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AARP (consolidated) - 95-1985500	Social welfare						
601 E Street, NW	organization dedicated to						
Washington, DC 20049	persons over age 50	District of Columbia	501(c)(4)	n/a	n/a		x
AARP Foundation - 52-0794300	Foundation dedicated to						
601 E Street, NW	persons over 50 at social						
Washington, DC 20049	and economic risk	District of Columbia	501(c)(3)	509(a)(1)	AARP		X
Legal Counsel for the Elderly - 52-1194741	Provides free or low cost						
601 E Street, NW	legal assistance and						
Washington, DC 20049	education to DC elderly	District of Columbia	501(c)(3)	509(a)(1)	AARP		X
AARP Insurance Plan - 52-6069387	Grantor trust holding						
601 E Street, NW	certain AARP group health						
Washington, DC 20049	insurance policies	District of Columbia	501(c)(4)	n/a	AARP		x

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	entity (related, unrelated, income end-of-year amount in bo		ear allocations? amount in box		mana partr			
		country)		sections 512-514)			Yes	No		Yes	No
										$\square$	
	-										
	-										
	-										
	-										
	-										
										$ \square$	
	-										
	-										
	4										

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr	o)(13) olled ity?
		country)				400010		Yes	No
AARP Financial Services Corporation -									
52-1367607, 601 E Street, NW, Washington, DC	Real estate holding								
20049	company	DE	AARP	C CORP	Ο.	0.	.00%		X
AARP Services, Inc. (consolidated) -									
52-2141065, 601 E Street, NW, Washington, DC	Quality control and								
20049	research	DE	AARP	C CORP	0.	0.	.00%		Х
	]								
	]								

# Schedule R (Form 990) 2020 Wish of a Lifetime

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X X					
b Gift, grant, or capital contribution to related organization(s)									
с	c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)	1d		Х					
	Loans or loan guarantees by related organization(s)	1e		Х					
f	Dividends from related organization(s)	1f		Х					
g	Sale of assets to related organization(s)	1g		Х					
	Purchase of assets from related organization(s)	1h		X					
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х					
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х					
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х					
	Sharing of paid employees with related organization(s)	10		Х					
р	Reimbursement paid to related organization(s) for expenses	1p		Х					
<ul> <li><b>q</b> Reimbursement paid to related organization(s) for expenses</li> </ul>									
r	Other transfer of cash or property to related organization(s)	1r	Х						
s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) AARP - cash contributions	С	1,900,000.	cash paid
(2) AARP - in-kind shared services	м	332,790.	allocable cost
(3) Andrus Insurance Fund, Inc. – insurance	R	1,145.	premiums paid
(4)			
(5)			
(6)	4.2		

# Schedule R (Form 990) 2020 Wish of a Lifetime

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes	) ill (3) ? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr <b>Yes</b>	) ral or F ging ner? <b>NO</b>	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2020

Part VII	<b>Supplemental Informatio</b>	n

Provide additional information for responses to questions on Schedule R. See instructions.

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#### 2020 DEPRECIATION AND AMORTIZATION REPORT

#### Form 990 Page 10

Form 990 Page 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Management and General														
1	(D)Office equipment	01/01/15	200DB	5.00	нү	16	31,167.				31,167.	25,396.		5,771.	31,167.
	* 990 Page 10 Total Management and General						31,167.				31,167.	25,396.		5,771.	31,167.
	* Grand Total 990 Page 10 Depr						31,167.				31,167.	25,396.		5,771.	31,167.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	identificati	on number (TIN)
print	Wish of a Lifetime	26-2123649				
File by the due date for filing your			ions.			
return. See instructions.	City, town or post office, state, and ZIP code. For a f Denver, CO 80203	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	)-T (trust other than above) AARP	06	Form 8870			12
box ► 1 I re the ►	is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until organization named above. The extension is for the org Take the tax year entered in line 1 is for less than 12 months, of Change in accounting period	and atta Novei ganization's , an	ch a list with the names and TINs of nber 15, 2021 , to file a return for: d ending	f all memb	ers the extension organiza	ension is for.
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.	), or 6069, (	enter the tentative tax, less	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9 enter an	refundable credits and	Jod	Ψ	<u></u>
estimated tax payments made. Include any prior year overpayment allowed as a credit. <b>3b</b>						
	lance due. Subtract line 3b from line 3a. Include your part				Ψ	0.
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8		nd Form 88	79-EO for payment <b>8868</b> (Rev. 1-2020)