#### Extended to November 15, 2022

# Form **990**

Paid Preparer

Use Only

Firm's name

Firm's address

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2021
Open to Public

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

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change Wish of a Lifetime 26-2123649 Doing business as ]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 303 East 17th Ave., Ste. 850 (303)954 - 91442,358,696. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amended return Denver, CO 80203 H(a) Is this a group return Applica-tion F Name and address of principal officer: Thomas Wagenlander 」Yes □X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( 527 ) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ www.wishofalifetime.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust L Year of formation: 2008 M State of legal domicile; CO Part I Summary Briefly describe the organization's mission or most significant activities: Shift how society values seniors Governance by granting and sharing their lifelong wishes. 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & 22 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 43280 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 2,403,241. 2,358,696. Contributions and grants (Part VIII, line 1h) Revenue 26,673. 9 Program service revenue (Part VIII, line 2g) 374 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 2,430,288. 2,358,696. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,000. 2,500. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,170,520. 810,136 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 496,112. 970,400. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,309,248. 2,143,420. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 215,276. 1,121,040. 19 Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year** End of Year Assets ( Ralance 2,009,030. 1,539,814. 20 Total assets (Part X, line 16) 382,130. 128,190. 21 Total liabilities (Part X, line 26) 626,900. 411,624. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Thomas Wagenlander, Executive Director Here Type or print name and title Print/Type preparer's name Preparer's signature

Firm's EIN

Phone no.

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

| Pa        | rt III Statement of Program Service Accomplishments                                                                                                           |                        |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
|           | Check if Schedule O contains a response or note to any line in this Part III                                                                                  | <u></u>                |
| 1         | Briefly describe the organization's mission:  Wish of a Lifetime's (WOL) mission is to shift the way society                                                  | views                  |
|           | and values our oldest generations by fulfilling seniors' dreams                                                                                               |                        |
|           | 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 on the                                                  |                        |
|           | prior Form 990 or 990-EZ?                                                                                                                                     | Yes X No               |
|           | If "Yes," describe these new services on Schedule O.                                                                                                          |                        |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O. | Yes X No               |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, as measured by e                                  | ynenses                |
| •         | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp                            |                        |
|           | revenue, if any, for each program service reported.                                                                                                           |                        |
| 4a        | (Code:) (Expenses \$1,520,652. including grants of \$2,500. ) (Revenue \$                                                                                     | )                      |
|           | We envision a world in which society embraces aging and the inh                                                                                               | <u>erent</u>           |
|           | accomplishments and sacrifices made by seniors, and where                                                                                                     |                        |
|           | intergenerational connections are part of our daily lives. Wish                                                                                               |                        |
|           | connect seniors to people, purpose, and passions to eliminate f                                                                                               |                        |
|           | of isolation and help them live vibrant, purposeful lives. Wish                                                                                               |                        |
|           | catalyst to share our recipients incredible and inspiring stori                                                                                               | <u>es tnat</u>         |
|           | we believe break down generational boundaries and empower our                                                                                                 | 1:6.                   |
|           | recipients to once again discover their purpose and passion in                                                                                                | Ille.                  |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
| 415       |                                                                                                                                                               |                        |
| 4b        | (Code:) (Expenses \$                                                                                                                                          | )                      |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
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|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
| 4c        | (Code:) (Expenses \$ including grants of \$) (Revenue \$                                                                                                      | )                      |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
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|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
|           |                                                                                                                                                               |                        |
| A =1      | Other program continue (Deceribe on Schedule C.)                                                                                                              |                        |
| 4d        | Other program services (Describe on Schedule O.)                                                                                                              | <b>.</b>               |
| 4.        | (Expenses \$\text{ including grants of \$}\tag{Revenue \$}\tag{Revenue \$}\tag{Total program service expenses }\tag{1,520,652.}                               | <u> </u>               |
| <u>4e</u> | Total program service expenses ► 1,520,652.                                                                                                                   | Form <b>990</b> (2021) |

### Part IV Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                        |             | Yes | No       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A                                                                                                                     | 1           | х   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                                                                                                                                        | 2           | X   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                                                                        |             |     |          |
|     | public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                                   | 3           |     | Х        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                                                                                                       | 4           |     | х        |
| _   | during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                                                              | <del></del> |     |          |
| 5   | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                                                | 5           |     | х        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6           |     | х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.                                        | 7           |     | х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                                                                           | <b>-</b>    |     |          |
| Ū   | Schedule D, Part III                                                                                                                                                                                                                                   | 8           |     | Х        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for                                                                                                                          |             |     |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV                                                                                      | 9           |     | х        |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                                                                                                                           |             |     |          |
|     | or in quasi endowments? 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, IX, or X, as applicable.                                                                                                             |             |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                                                            |             |     |          |
|     | Part VI                                                                                                                                                                                                                                                | 11a         | Х   |          |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                               | 11b         |     | x        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                                                                                                                            |             |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                                           | 11c         |     | X        |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                  | 11d         |     | х        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                  | 11e         |     | X        |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                                                                |             |     |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                                                                 | 11f         | Х   |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                       | 12a         |     | х        |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                              |             |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                                  | 12b         | Х   |          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                      | 13          |     | Х        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                            | 14a         |     | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                                                                |             |     |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                                                             |             |     | 7.7      |
|     | 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. See instructions                                                                                                                                                                   | 17          |     | Х        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                                                           |             |     |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                                                      | 18          |     | Х        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                                                                 |             |     | _ v      |
| 00  | complete Schedule G, Part III                                                                                                                                                                                                                          | 19          |     | X        |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                            | 20a         |     |          |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                           | 20b         |     | <u> </u> |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                          | 21          |     | x        |
|     | domestic government on Fart IX, column (A), line 1: ii 103, complete ochedule i, i atts i and ii                                                                                                                                                       | 41          |     |          |

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Form **990** (2021)

WISH\_\_\_1

# Form 990 (2021) Wish of a Lifetime Part IV Checklist of Required Schedules (continued)

|         |                                                                                                                                      |           | Yes | No          |
|---------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|-------------|
| 22      | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                        |           |     |             |
|         | 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          |           |     |             |
|         | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                       |           |     |             |
|         | Schedule J                                                                                                                           | 23        | X   |             |
| 24a     | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the              |           |     |             |
|         | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                   |           |     |             |
|         | Schedule K. If "No," go to line 25a                                                                                                  | 24a       |     | Х           |
| b       | 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                 |           |     |             |
|         | any tax-exempt bonds?                                                                                                                | 24c       |     |             |
| d       | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                              | 24d       |     |             |
|         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                         |           |     |             |
|         | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                        | 25a       |     | Х           |
| b       | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and           |           |     |             |
| _       | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                |           |     |             |
|         | Schedule L, Part I                                                                                                                   | 25b       |     | Х           |
| 26      | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                      |           |     |             |
|         | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                              |           |     |             |
|         | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                   | 26        |     | х           |
| 27      | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,          |           |     |             |
|         | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          |           |     |             |
|         | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.            | 27        |     | x           |
| 28      | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,               |           |     |             |
| 20      | instructions for applicable filing thresholds, conditions, and exceptions):                                                          |           |     |             |
| _       | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>              |           |     |             |
| а       |                                                                                                                                      | 28a       |     | x           |
| h       | "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 line 28a or 28b?                                | 200       |     | <del></del> |
| C       |                                                                                                                                      | 200       |     | x           |
| 00      | "Yes," complete Schedule L, Part IV                                                                                                  | 28c<br>29 |     | X           |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                             | 29        |     | 1           |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation          |           |     | х           |
| 0.4     | contributions? If "Yes," complete Schedule M                                                                                         | 30        |     | X           |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                   | 31        |     | Α.          |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                     |           |     | X           |
|         | Schedule N, Part II                                                                                                                  | 32        |     | Α.          |
| 33      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                           |           |     | v           |
| 0.4     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                            | 33        |     | X           |
| 34      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and            |           | Х   |             |
| 0.5     | Part V, line 1                                                                                                                       | 34        | X   |             |
|         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                              | 35a       | Λ   |             |
| р       | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity            | 051       | Х   |             |
| 00      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                              | 35b       | Λ   |             |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?           |           |     | x           |
| <b></b> | If "Yes," complete Schedule R, Part V, line 2                                                                                        | 36        |     |             |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                     |           |     | _ v         |
|         | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                         | 37        |     | X           |
| 38      | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                       | 00        | Х   |             |
| Pai     | Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance     | 38        | Λ   | L           |
| ı aı    |                                                                                                                                      |           |     |             |
|         | Check if Schedule O contains a response or note to any line in this Part V                                                           |           |     | <u> </u>    |
| . م     | Estantha mumban yanastadia hay 0 af Farma 1000 Entan 0 if matara Bankla                                                              |           | Yes | No          |
|         | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4                                                    |           |     |             |
|         | Effect the number of Forms with a fine far. Effect of thot applicable                                                                |           |     |             |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                   | 4.        | Х   |             |
|         | (gambling) winnings to prize winners?                                                                                                | 1c        | 000 | <u></u>     |

132004 12-09-21

Form **990** (2021)

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |            | Yes | No                                               |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|--------------------------------------------------|--|--|--|
| 2a                                                                                                                                                                                                                            | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                          |            |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | filed for the calendar year ending with or within the year covered by this return 2a 22                                                                                                                                                                              |            |     |                                                  |  |  |  |
| b                                                                                                                                                                                                                             | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                                       | 2b         | Х   |                                                  |  |  |  |
|                                                                                                                                                                                                                               | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.                                                                                                                                                            |            |     |                                                  |  |  |  |
| За                                                                                                                                                                                                                            | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        | 3a         |     | X                                                |  |  |  |
| b                                                                                                                                                                                                                             | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                                          | 3b         |     |                                                  |  |  |  |
| 4a                                                                                                                                                                                                                            | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                                                                                                                            |            |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                                                                     | 4a         |     | X                                                |  |  |  |
| b                                                                                                                                                                                                                             | If "Yes," enter the name of the foreign country ▶                                                                                                                                                                                                                    |            |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                  |            |     |                                                  |  |  |  |
| 5a                                                                                                                                                                                                                            | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                | 5a         |     | X                                                |  |  |  |
| b                                                                                                                                                                                                                             | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                     | 5b         |     | 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                                                                                                                                          |            |     | l                                                |  |  |  |
|                                                                                                                                                                                                                               | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                          | 6a         |     | X                                                |  |  |  |
| <b>b</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).                                                                                                                                                                                        |            |     | 37                                               |  |  |  |
| а                                                                                                                                                                                                                             | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                      | 7a         |     | X                                                |  |  |  |
| 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                                                                                                                                                    |            |     | 77                                               |  |  |  |
|                                                                                                                                                                                                                               | to file Form 8282?                                                                                                                                                                                                                                                   | 7c         |     | X                                                |  |  |  |
| d                                                                                                                                                                                                                             | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                    | 7e         |     |                                                  |  |  |  |
| Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?      Did the organization during the year pay promiume directly or indirectly on a personal benefit contract? |                                                                                                                                                                                                                                                                      |            |     |                                                  |  |  |  |
| f                                                                                                                                                                                                                             | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                         | 7f         |     |                                                  |  |  |  |
| g<br>h                                                                                                                                                                                                                        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g<br>7h   |     | <del>                                     </del> |  |  |  |
| 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.                                                                                                                                                                                                          |            |     |                                                  |  |  |  |
| a Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                          |                                                                                                                                                                                                                                                                      |            |     |                                                  |  |  |  |
| b                                                                                                                                                                                                                             | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                    | 9a<br>9b   |     |                                                  |  |  |  |
| 10                                                                                                                                                                                                                            | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                              |            |     |                                                  |  |  |  |
| а                                                                                                                                                                                                                             | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                             |            |     |                                                  |  |  |  |
| b                                                                                                                                                                                                                             | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                                                                                      |            |     |                                                  |  |  |  |
| 11                                                                                                                                                                                                                            | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                             |            |     |                                                  |  |  |  |
| а                                                                                                                                                                                                                             | Gross income from members or shareholders                                                                                                                                                                                                                            |            |     |                                                  |  |  |  |
| b                                                                                                                                                                                                                             | Gross income from other sources. (Do not net amounts due or paid to other sources against                                                                                                                                                                            |            |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | amounts due or received from them.)                                                                                                                                                                                                                                  |            |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | 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                                                                                                                                                                                |            |     |                                                  |  |  |  |
| 13                                                                                                                                                                                                                            | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                     |            |     |                                                  |  |  |  |
| а                                                                                                                                                                                                                             | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                 | 13a        |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                             |            |     |                                                  |  |  |  |
| р                                                                                                                                                                                                                             | 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  That the arround of received as head.                                                                                                                                                                      |            |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | Enter the amount of reserves on hand                                                                                                                                                                                                                                 | 14a        |     | X                                                |  |  |  |
|                                                                                                                                                                                                                               | Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                | 14a<br>14b |     | <del>  ^</del>                                   |  |  |  |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                                                                                              |                                                                                                                                                                                                                                                                      |            |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | excess parachute payment(s) during the year?                                                                                                                                                                                                                         | 15         |     | x                                                |  |  |  |
|                                                                                                                                                                                                                               | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                                                       | .5         |     |                                                  |  |  |  |
| 16                                                                                                                                                                                                                            | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                                                                                                                                      | 16         |     | х                                                |  |  |  |
| -                                                                                                                                                                                                                             | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                            |            |     |                                                  |  |  |  |
| 17                                                                                                                                                                                                                            | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any                                                                                                                                                             |            |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                                                                                                                                                                    | 17         |     |                                                  |  |  |  |
|                                                                                                                                                                                                                               | If "Yes," complete Form 6069.                                                                                                                                                                                                                                        |            |     |                                                  |  |  |  |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI                                                         |         |          | X    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|---------|----------|------|
| Sec | tion A. Governing Body and Management                                                                                               |         |          |      |
|     |                                                                                                                                     |         | Yes      | No   |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 1a                                              |         |          |      |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |         |          |      |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                               |         |          |      |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b                                               |         |          |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            | 1       |          |      |
|     | officer, director, trustee, or key employee?                                                                                        | 2       |          | Х    |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |         |          |      |
|     | of officers, directors, trustees, or key employees to a management company or other person?                                         | 3       |          | Х    |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |          | Х    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |          | Х    |
| 6   | Did the organization have members or stockholders?                                                                                  | 6       |          | Х    |
| 7a  |                                                                                                                                     |         |          |      |
|     | more members of the governing body?                                                                                                 | 7a      | Х        |      |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |         |          |      |
|     | persons other than the governing body?                                                                                              | 7b      | Х        |      |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |          |      |
| а   | The governing body?                                                                                                                 | 8a      | Х        |      |
| b   | Each committee with authority to act on behalf of the governing body?                                                               | 8b      | Х        |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |         |          |      |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                             | 9       |          | Х    |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |          |      |
|     |                                                                                                                                     |         | Yes      | No   |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                  | 10a     |          | Х    |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |          |      |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |          |      |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | Х        |      |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |         |          |      |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                             | 12a     | Х        |      |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | X        |      |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |          |      |
|     | on Schedule O how this was done                                                                                                     | 12c     | Х        |      |
| 13  | Did the organization have a written whistleblower policy?                                                                           | 13      | Х        |      |
| 14  | Did the organization have a written document retention and destruction policy?                                                      | 14      | Х        |      |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |          |      |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |          |      |
|     | The organization's CEO, Executive Director, or top management official                                                              | 15a     | Х        |      |
| b   | Other officers or key employees of the organization                                                                                 | 15b     |          | Х    |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                  |         |          |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |          |      |
|     | taxable entity during the year?                                                                                                     | 16a     |          | X    |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |          |      |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |          |      |
|     | exempt status with respect to such arrangements?                                                                                    | 16b     |          |      |
| Sec | tion C. Disclosure                                                                                                                  |         |          |      |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶ None                                                   |         |          |      |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))    | s only  | ) availa | able |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                                 |         |          |      |
|     | Own website Another's website X Upon request Other (explain on Schedule O)                                                          |         |          |      |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are     | d finaı | ncial    |      |
|     | statements available to the public during the tax year.                                                                             |         |          |      |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |         |          |      |
|     | AARP - 202-434-6755                                                                                                                 |         |          |      |
|     | 601 E Street, NW, Washington, DC 20049                                                                                              |         |          |      |

132006 12-09-21

Form **990** (2021)

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)                                       | (B)                 | (C)                            |                       |         |              |                              | iisai  | (D)              | (E)                              | (F)                   |  |
|-------------------------------------------|---------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------|----------------------------------|-----------------------|--|
| Name and title                            | Average             | (do                            |                       | Pos     | ition        | )<br>than                    | one    | Reportable       | Reportable                       | Estimated             |  |
|                                           | hours per           | box                            | , unle                | ss pe   | rson i       | is bot                       | h an   | compensation     | compensation                     | amount of             |  |
|                                           | week                | -                              | cer an                | iu a u  | lirecto      | or/trus                      | lee)   | from             | from related                     | other                 |  |
|                                           | (list any hours for | Individual trustee or director |                       |         |              | _                            |        | the organization | organizations<br>(W-2/1099-MISC/ | compensation from the |  |
|                                           | related             | ee or (                        | stee                  |         |              | Highest compensated employee |        | (W-2/1099-MISC/  | 1099-NEC)                        | organization          |  |
|                                           | organizations       | trust                          | nal tru               |         | oyee         | ompe                         |        | 1099-NEC)        | ,                                | and related           |  |
|                                           | below               | vidua                          | Institutional trustee | Je.     | Key employee | nest c                       | Former |                  |                                  | organizations         |  |
|                                           | line)               | Indi                           | Inst                  | Officer | Key          | High                         | Por    |                  |                                  |                       |  |
| (1) Scott M. Frisch                       | 1.00                | ,,                             |                       |         |              |                              |        |                  | 766 417                          | 01 530                |  |
| Director & AARP EVP - COO                 | 40.00               | Х                              |                       |         |              |                              |        | 0.               | 766,417.                         | 81,530.               |  |
| (2) Karen Mercer                          | 1.00                | -                              |                       | \<br>\  |              |                              |        |                  | 116 027                          | 76 000                |  |
| Treasurer & AARP SVP                      | 40.00               |                                |                       | Х       |              |                              |        | 0.               | 416,837.                         | 76,000.               |  |
| (3) Sarah Shaw                            | 1.00                | -                              |                       | x       |              |                              |        | 0.               | 348,178.                         | 72 727                |  |
| Secretary & AARP SVP                      | 40.00               |                                |                       | _       |              |                              |        | 0.               | 340,170.                         | 72,727.               |  |
| (4) Thomas Wagenlander Executive Director | 40.00               | -                              |                       | x       |              |                              |        | 235,545.         | 0.                               | 60,880.               |  |
| (5) Jeremy Bloom                          | 2.00                |                                |                       | ^       |              |                              |        | 255,545.         | 0.                               | 00,000.               |  |
| Board Chair                               | 2.00                | x                              |                       | x       |              |                              |        | 0.               | 150,000.                         | 0.                    |  |
| (6) Michael R. Wasserman                  | 1.00                |                                |                       |         |              |                              |        |                  | 130,000.                         |                       |  |
| Vice Chair                                |                     | x                              |                       | x       |              |                              |        | 0.               | 0.                               | 0.                    |  |
| (7) Eric Chess                            | 1.00                |                                |                       |         |              |                              |        |                  |                                  |                       |  |
| Director                                  |                     | х                              |                       |         |              |                              |        | 0.               | 0.                               | 0.                    |  |
| (8) Joe Davis                             | 1.00                |                                |                       |         |              |                              |        |                  |                                  |                       |  |
| Director                                  |                     | Х                              |                       |         |              |                              |        | 0.               | 0.                               | 0.                    |  |
| (9) Eric Hirschberg                       | 1.00                |                                |                       |         |              |                              |        |                  |                                  |                       |  |
| Director                                  |                     | Х                              |                       |         |              |                              |        | 0.               | 0.                               | 0.                    |  |
| (10) Barbara Kreisman                     | 1.00                |                                |                       |         |              |                              |        |                  |                                  |                       |  |
| Director                                  |                     | Х                              |                       | Х       |              |                              |        | 0.               | 0.                               | 0.                    |  |
| (11) Kent McGlincy                        | 1.00                |                                |                       |         |              |                              |        |                  | _                                | _                     |  |
| Director                                  |                     | Х                              |                       |         |              |                              |        | 0.               | 0.                               | 0.                    |  |
| (12) Laurie Schadegg Thomas               | 1.00                | l                              |                       |         |              |                              |        |                  |                                  |                       |  |
| Director as of 5/2021                     |                     | Х                              |                       |         |              |                              |        | 0.               | 0.                               | 0.                    |  |
|                                           |                     |                                |                       |         |              |                              |        |                  |                                  |                       |  |
|                                           |                     |                                |                       |         |              |                              |        |                  |                                  |                       |  |
|                                           |                     | -                              |                       |         |              |                              |        |                  |                                  |                       |  |
|                                           |                     | _                              |                       |         | -            | _                            | _      |                  |                                  |                       |  |
|                                           |                     | 1                              |                       |         |              |                              |        |                  |                                  |                       |  |
|                                           | +                   | $\vdash$                       |                       |         |              |                              |        |                  |                                  |                       |  |
|                                           |                     | ł                              |                       |         |              |                              |        |                  |                                  |                       |  |
|                                           | +                   |                                |                       |         |              | $\vdash$                     |        |                  |                                  |                       |  |
|                                           |                     | 1                              |                       |         |              |                              |        |                  |                                  |                       |  |
|                                           |                     |                                |                       |         | L            |                              |        | I                | l                                |                       |  |

Form **990** (2021)

WISH 1

| Name and title    Average hours per week (list any hours for related organizations)   Position from leated organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | Section A. Officers, Directors, Trus  (A)  | (B)             | <del>رە.ح</del> |                  | , and  |        | 9.10             | <u> </u>   | (D)                                   | (E)                | $\neg$    |         | (F)        |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------|-----------------|-----------------|------------------|--------|--------|------------------|------------|---------------------------------------|--------------------|-----------|---------|------------|-----|
| The Subtotal to Total from continuation sheets to Part VII, Section A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | • •                                        | ` '             | (40             |                  | Pos    | ition  |                  |            | ` '                                   | ` ,                |           | Es      |            | ed  |
| Description   Section B. Indicated organization   Description   Descri |     |                                            |                 | box             | box, unless pers |        |        | is bot           | h an       | •                                     |                    | 1         | am      | ount       | of  |
| hours for related organization (w.2/1099-MISC/ 1099-NEC)  related organization below below line)    1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                            |                 | $\vdash$        | cer ar           | iu a u | irecio | Jr/trus          | iee)       |                                       |                    |           |         |            |     |
| 1b Subtotal   Complete Schedule J for such individual for services rendered to the granization in Fives, "completes Schedule J for such individual for services rendered to the granization in Pives," to compensation from the organization and related organization speaked on line 1a receive or accrue compensation from any unrelated organization in Pives, "complete Schedule J for such individual for services rendered to the granization if I'ves," to such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the granization I'ves," to such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the organization I'ves," to such person  1 Complete this table for your lives highest schedule J for such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the organization. Preport compensation from the organization from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (C)  Name and business address  Conspensation  174 , 287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                            |                 | Jirecto         |                  |        |        |                  |            |                                       | •                  |           |         |            |     |
| 1b Subtotal   Complete Schedule J for such individual for services rendered to the granization in Fives, "completes Schedule J for such individual for services rendered to the granization in Pives," to compensation from the organization and related organization speaked on line 1a receive or accrue compensation from any unrelated organization in Pives, "complete Schedule J for such individual for services rendered to the granization if I'ves," to such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the granization I'ves," to such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the organization I'ves," to such person  1 Complete this table for your lives highest schedule J for such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the organization. Preport compensation from the organization from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (C)  Name and business address  Conspensation  174 , 287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                            | 1               | ee or c         | stee             |        |        | nsateo           |            |                                       |                    | "         |         |            |     |
| 1b Subtotal   Complete Schedule J for such individual for services rendered to the granization in Fives, "completes Schedule J for such individual for services rendered to the granization in Pives," to compensation from the organization and related organization speaked on line 1a receive or accrue compensation from any unrelated organization in Pives, "complete Schedule J for such individual for services rendered to the granization if I'ves," to such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the granization I'ves," to such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the organization I'ves," to such person  1 Complete this table for your lives highest schedule J for such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the organization. Preport compensation from the organization from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (C)  Name and business address  Conspensation  174 , 287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                            | 1 ~             | trust           | nal tru          |        | yee    | ompe             |            | ,                                     | ,                  |           | •       |            |     |
| 1b Subtotal   Complete Schedule J for such individual for services rendered to the granization in Fives, "completes Schedule J for such individual for services rendered to the granization in Pives," to compensation from the organization and related organization speaked on line 1a receive or accrue compensation from any unrelated organization in Pives, "complete Schedule J for such individual for services rendered to the granization if I'ves," to such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the granization I'ves," to such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the organization I'ves," to such person  1 Complete this table for your lives highest schedule J for such person  1 Complete this table for your lives highest compensation from any unrelated organization or individual for services rendered to the organization. Preport compensation from the organization from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (C)  Name and business address  Conspensation  174 , 287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                            | 1               | ividua          | titutio          | icer   | empl   | hest c<br>ployee | mer        |                                       |                    |           | orga    | nizati     | ons |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual stated on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Description of services  Consultant  174 , 287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                                            | iii ie)         | 르               | lus              | ₩      | Ke     | E E              | 윤          |                                       |                    | $\dashv$  |         |            |     |
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| d Total (add lines 1b and 1c) 235,545. 1,681,432. 291,137  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |                                            |                 |                 |                  |        |        |                  |            |                                       |                    |           | ۷).     | <u> </u>   | 0.  |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                            |                 |                 |                  |        |        |                  |            | 235,545.                              |                    |           | 29:     | 1,1        | 37. |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual or services rendered to the organization? If "Yes," complete Schedule J for such person state or ganization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person state or ganization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person state received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  (C)  (D)  (D)  (D)  (D)  (D)  (D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                            |                 |                 |                  |        |        |                  |            | eceived more than \$100               | ,000 of reportable | )         |         |            |     |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Davidoff Communications LLC  Business Strategy Consultant  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | compensation from the organization         |                 |                 |                  |        |        |                  |            |                                       |                    |           | -       |            |     |
| line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Davidoff Communications LLC  Business Strategy  Consultant  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                            |                 |                 |                  |        |        |                  |            |                                       |                    | г         |         | Yes        | No  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Description of services  Compensation  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3   | ,                                          | ,               | ,               | ,                |        | ,      | ,                | _          | , , ,                                 | ,                  |           |         |            | v   |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Davidoff Communications LLC  Business Strategy  Consultant  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1   |                                            |                 |                 |                  |        |        |                  |            |                                       |                    |           | 3       |            |     |
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| rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Davidoff Communications LLC  816 Monticello Place, Evanston, IL 60201  Consultant  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5   | · ·                                        |                 |                 | •                |        |        |                  |            |                                       | idual for services | ····      |         |            |     |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Davidoff Communications LLC  816 Monticello Place, Evanston, IL 60201  Consultant  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                            |                 |                 |                  |        |        |                  |            |                                       |                    |           | 5       |            | Х   |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Davidoff Communications LLC  816 Monticello Place, Evanston, IL 60201  Consultant  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sec | tion B. Independent Contractors            |                 |                 |                  |        |        |                  |            |                                       |                    |           |         |            |     |
| (A) Name and business address  Davidoff Communications LLC B16 Monticello Place, Evanston, IL 60201  (B) Description of services  Business Strategy Consultant  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1   |                                            |                 |                 |                  |        |        |                  |            |                                       |                    | oensa     | ation f | rom        |     |
| Name and business address  Davidoff Communications LLC  Business Strategy Consultant  174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                            | the calendar y  | ear             | endi             | ng v   | vith   | or w             | ithir<br>T |                                       | year.              |           |         |            |     |
| 816 Monticello Place, Evanston, IL 60201 Consultant 174,287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                            | address         |                 |                  |        |        |                  |            | ` ,                                   | ervices            | Co        |         |            | n   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                            |                 |                 |                  |        |        |                  |            |                                       | ategy              |           |         |            |     |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 816 | Monticello Place, Eva                      | anston,         | I               | <u>. (</u>       | 502    | 20:    | 1                |            | Consultant                            |                    |           | 17      | <u>4,2</u> | 87. |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                            |                 |                 |                  |        |        |                  |            |                                       |                    |           |         |            |     |
| Total number of independent contractors (including but not limited to those listed above) who received more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                            |                 |                 |                  |        |        |                  | $\dashv$   |                                       |                    |           |         |            |     |
| Total number of independent contractors (including but not limited to those listed above) who received more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                            |                 |                 |                  |        |        |                  |            |                                       |                    |           |         |            |     |
| Total number of independent contractors (including but not limited to those listed above) who received more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                            |                 |                 |                  |        |        |                  |            |                                       |                    |           |         |            |     |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                            |                 |                 |                  |        |        |                  |            |                                       |                    |           |         |            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2   | Total number of independent contractors (i | including but n | ot li           | mite             | d to   | tho    | se li            | stec       | d above) who received n               | nore than          |           |         |            |     |

132008 12-09-21

Form **990** (2021)

| Ра                                                     | rt V | Ш |                                               |                   |                   |                          |                  |                                  |
|--------------------------------------------------------|------|---|-----------------------------------------------|-------------------|-------------------|--------------------------|------------------|----------------------------------|
|                                                        |      |   | Check if Schedule O contains a respor         | nse or note to ar |                   |                          |                  |                                  |
|                                                        |      |   |                                               |                   | (A) Total revenue | (B)<br>Related or exempt | (C)<br>Unrelated | ( <b>D</b> )<br>Revenue excluded |
|                                                        |      |   |                                               |                   | Total revenue     |                          | business revenue | from tax under                   |
|                                                        |      |   |                                               |                   |                   |                          |                  | sections 512 - 514               |
| nts<br>nts                                             | 1    | а | Federated campaigns 1a                        | 21,02             | 8.                |                          |                  |                                  |
| 3ra<br>Iou                                             |      | b | Membership dues <b>1b</b>                     |                   |                   |                          |                  |                                  |
| s, (<br>Am                                             |      | С | Fundraising events1c                          |                   |                   |                          |                  |                                  |
| Contributions, Gifts, Grants and Other Similar Amounts |      | d | Related organizations 1d                      | 2,013,06          | 2.                |                          |                  |                                  |
| imi                                                    |      | е | Government grants (contributions) 1e          |                   |                   |                          |                  |                                  |
| tior<br>S S                                            |      | f | All other contributions, gifts, grants, and   |                   |                   |                          |                  |                                  |
| ibu                                                    |      |   | similar amounts not included above 1f         | 324,60            | 6.                |                          |                  |                                  |
| nt<br>d O                                              |      | g | Noncash contributions included in lines 1a-1f |                   |                   |                          |                  |                                  |
| a Co                                                   |      | h | Total. Add lines 1a-1f                        |                   | ▶ 2,358,696.      |                          |                  |                                  |
|                                                        |      |   |                                               | Business Co       | ode               |                          |                  |                                  |
| ė                                                      | 2    | а |                                               |                   |                   |                          |                  |                                  |
| e Ķ                                                    |      | b |                                               |                   |                   |                          |                  |                                  |
| Se                                                     |      | С |                                               | _                 |                   |                          |                  |                                  |
| am                                                     |      | d |                                               |                   |                   |                          |                  |                                  |
| Program Service<br>Revenue                             |      | е |                                               |                   |                   |                          |                  |                                  |
| P                                                      |      | f | All other program service revenue             |                   |                   |                          |                  |                                  |
|                                                        |      |   | Total. Add lines 2a-2f                        |                   | <b>&gt;</b>       |                          |                  |                                  |
|                                                        | 3    |   | Investment income (including dividends, in    |                   |                   |                          |                  |                                  |
|                                                        |      |   | other similar amounts)                        |                   | <b>▶</b>          |                          |                  |                                  |
|                                                        | 4    |   | Income from investment of tax-exempt bor      |                   | <b>▶</b>          |                          |                  |                                  |
|                                                        | 5    |   | Royalties                                     |                   | <b>▶</b>          |                          |                  |                                  |
|                                                        |      |   | (i) Real                                      | (ii) Person       | al                |                          |                  |                                  |
|                                                        | 6    | а | Gross rents 6a                                |                   |                   |                          |                  |                                  |
|                                                        |      | b | Less: rental expenses 6b                      |                   |                   |                          |                  |                                  |
|                                                        |      | С | Rental income or (loss) 6c                    |                   |                   |                          |                  |                                  |
|                                                        |      | d | Net rental income or (loss)                   |                   | <b>&gt;</b>       |                          |                  |                                  |
|                                                        | 7    | а | Gross amount from sales of (i) Securities     | es (ii) Other     | •                 |                          |                  |                                  |
|                                                        |      |   | assets other than inventory 7a                |                   |                   |                          |                  |                                  |
|                                                        |      | b | Less: cost or other basis                     |                   |                   |                          |                  |                                  |
| nue                                                    |      |   | and sales expenses <b>7b</b>                  |                   |                   |                          |                  |                                  |
| Revenue                                                |      | С | Gain or (loss)7c                              |                   |                   |                          |                  |                                  |
| Be                                                     |      | d | Net gain or (loss)                            |                   | <b>&gt;</b>       |                          |                  |                                  |
| her                                                    | 8    | а | Gross income from fundraising events (not     |                   |                   |                          |                  |                                  |
| Oth                                                    |      |   | including \$ of                               |                   |                   |                          |                  |                                  |
|                                                        |      |   | contributions reported on line 1c). See       |                   |                   |                          |                  |                                  |
|                                                        |      |   | Part IV, line 18                              | 8a                |                   |                          |                  |                                  |
|                                                        |      | b | Less: direct expenses                         | 8b                |                   |                          |                  |                                  |
|                                                        |      | С | Net income or (loss) from fundraising even    | ts                | <b>&gt;</b>       |                          |                  |                                  |
|                                                        | 9    | а | Gross income from gaming activities. See      |                   |                   |                          |                  |                                  |
|                                                        |      |   | Part IV, line 19                              | 9a                |                   |                          |                  |                                  |
|                                                        |      | b | Less: direct expenses                         | 9b                |                   |                          |                  |                                  |
|                                                        |      | С | Net income or (loss) from gaming activities   |                   | <b>&gt;</b>       |                          |                  |                                  |
|                                                        | 10   | а | Gross sales of inventory, less returns        |                   |                   |                          |                  |                                  |
|                                                        |      |   | and allowances                                | 10a               |                   |                          |                  |                                  |
|                                                        |      | b | Less: cost of goods sold                      | 10b               |                   |                          |                  |                                  |
|                                                        |      | С | Net income or (loss) from sales of inventory  | /                 | <b>&gt;</b>       |                          |                  |                                  |
| <u>s</u>                                               |      |   |                                               | Business Co       | ode               |                          |                  |                                  |
| eor<br>Te                                              | 11   | а |                                               | _                 |                   |                          |                  |                                  |
| Miscellaneous<br>Revenue                               |      | b |                                               |                   |                   |                          |                  |                                  |
| e Se                                                   |      | С |                                               |                   |                   |                          |                  |                                  |
| Mis                                                    |      |   | All other revenue                             |                   |                   |                          |                  |                                  |
|                                                        |      | е | Total. Add lines 11a-11d                      |                   | <b>&gt;</b>       |                          |                  |                                  |
|                                                        | 12   |   | Total revenue. See instructions               |                   | ▶ 2,358,696.      | 0.                       | 0.               | 0.                               |

#### 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 respon                                                                                                                                                               | se or note to any line in (A) | this Part IX(B)             | (C)                             | (D)                    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|---------------------------------|------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                                                                          | Total expenses                | Program service<br>expenses | Management and general expenses | Fundraising expenses   |
| 1  | Grants and other assistance to domestic organizations                                                                                                                                               | 0 500                         | 0 500                       |                                 |                        |
|    | and domestic governments. See Part IV, line 21                                                                                                                                                      | 2,500.                        | 2,500.                      |                                 |                        |
| 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,                                                                                                                                                        | 250 417                       | F1 C02                      | 102 267                         | 102 267                |
|    | trustees, and key employees                                                                                                                                                                         | 258,417.                      | 51,683.                     | 103,367.                        | 103,367                |
| 6  | Compensation not included above to disqualified                                                                                                                                                     |                               |                             |                                 |                        |
|    | persons (as defined under section 4958(f)(1)) and                                                                                                                                                   |                               |                             |                                 |                        |
|    | persons described in section 4958(c)(3)(B)                                                                                                                                                          | 724 102                       | C20 754                     | FO 100                          | E2 220                 |
| 7  | Other salaries and wages                                                                                                                                                                            | 724,102.                      | 620,754.                    | 50,109.                         | 53,239.                |
| 8  | Pension plan accruals and contributions (include                                                                                                                                                    | 24 100                        | 21 504                      | 1 202                           | 1 400                  |
| _  | section 401(k) and 403(b) employer contributions)                                                                                                                                                   | 24,199.                       | 21,504.                     | 1,293.                          | 1,402.<br>11,481.      |
| 9  | Other employee benefits                                                                                                                                                                             | 102,153.                      | 73,711.                     | 16,961.                         | 11,401                 |
| 10 | Payroll taxes                                                                                                                                                                                       | 61,649.                       | 42,904.                     | 9,272.                          | 9,473.                 |
| 11 | Fees for services (nonemployees):                                                                                                                                                                   |                               |                             |                                 |                        |
| а  | Management                                                                                                                                                                                          |                               |                             |                                 |                        |
| b  | Legal                                                                                                                                                                                               |                               |                             |                                 |                        |
| С  | Accounting                                                                                                                                                                                          |                               |                             |                                 |                        |
| d  | Lobbying                                                                                                                                                                                            |                               |                             |                                 |                        |
| е  | Professional fundraising services. See Part IV, line 17                                                                                                                                             |                               |                             |                                 |                        |
| f  | Investment management fees                                                                                                                                                                          |                               |                             |                                 |                        |
| g  | Other. (If line 11g amount exceeds 10% of line 25,                                                                                                                                                  | 222 252                       | 156 200                     | 75 044                          |                        |
|    | column (A), amount, list line 11g expenses on Sch 0.)                                                                                                                                               | 232,052.                      | 156,208.                    | 75,844.                         |                        |
| 12 | Advertising and promotion                                                                                                                                                                           | 93,646.                       | 91,138.                     | 2,508.                          |                        |
| 13 | Office expenses                                                                                                                                                                                     | 77,585.                       | 4,446.                      | 73,139.                         | 4 (22                  |
| 14 | Information technology                                                                                                                                                                              | 55,846.                       | 9,422.                      | 41,792.                         | 4,632.                 |
| 15 | Royalties                                                                                                                                                                                           | 2 040                         | 2 000                       | 1 0 4 0                         |                        |
| 16 | Occupancy                                                                                                                                                                                           | 3,848.                        | 2,000.                      | 1,848.                          | 60                     |
| 17 | Travel                                                                                                                                                                                              | 15,169.                       | 15,057.                     | 52.                             | 60.                    |
| 18 | Payments of travel or entertainment expenses                                                                                                                                                        |                               |                             |                                 |                        |
|    | for any federal, state, or local public officials                                                                                                                                                   |                               |                             |                                 |                        |
| 19 | Conferences, conventions, and meetings                                                                                                                                                              |                               |                             |                                 |                        |
| 20 | Interest                                                                                                                                                                                            |                               |                             |                                 |                        |
| 21 | Payments to affiliates                                                                                                                                                                              | 6,030.                        |                             | 6,030.                          |                        |
| 22 | Depreciation, depletion, and amortization                                                                                                                                                           | 0,030.                        |                             | 0,030.                          |                        |
| 23 | Insurance Other pyranea Itamira synance not sourced                                                                                                                                                 |                               |                             |                                 |                        |
| 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.) |                               |                             |                                 |                        |
| _  | Wishes & other program                                                                                                                                                                              | 437,362.                      | 396,533.                    |                                 | 40,829.                |
| d  | Miscellaneous fees                                                                                                                                                                                  | 16,765.                       | 15,703.                     | 1,002.                          | 60.                    |
| n  | Printing & postage                                                                                                                                                                                  | 12,823.                       | 11,792.                     | 539.                            | 492.                   |
| ن  | Telecommunication expen                                                                                                                                                                             | 10,188.                       | 3,745.                      | 6,443.                          | ±24 e                  |
| d  |                                                                                                                                                                                                     | 9,086.                        | 1,552.                      | 340.                            | 7,194.                 |
|    | All other expenses   Total functional expenses. Add lines 1 through 24e                                                                                                                             | 2,143,420.                    | 1,520,652.                  | 390,539.                        | 232,229                |
| 25 |                                                                                                                                                                                                     | 2,143,420.                    | 1,520,052.                  | 330,333.                        | 222,223                |
| 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 X if following SOP 98-2 (ASC 958-720)                                                                                                |                               |                             |                                 |                        |
|    | □ 10110WING SUP 98-2 (ASC 958-720)                                                                                                                                                                  |                               |                             |                                 | Earm <b>990</b> (2021) |

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

| Га                          | ILΛ | Dalance Sneet                                        |          |                       |                                 |     | ļ                         |
|-----------------------------|-----|------------------------------------------------------|----------|-----------------------|---------------------------------|-----|---------------------------|
|                             |     | Check if Schedule O contains a response or no        | te to ar | y line in this Part X |                                 |     |                           |
|                             |     |                                                      |          |                       | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                          |          |                       | 21,308.                         | 1   | 24,992.                   |
|                             | 2   | Savings and temporary cash investments               |          |                       | 1,191,345.                      | 2   | 1,633,871.                |
|                             | 3   | Pledges and grants receivable, net                   |          |                       | 65,806.                         | 3   | 133,861.                  |
|                             | 4   | Accounts receivable, net                             |          |                       | 186,946.                        | 4   | 131,877.                  |
|                             | 5   | Loans and other receivables from any current o       |          |                       |                                 |     |                           |
|                             |     | trustee, key employee, creator or founder, subs      |          |                       |                                 |     |                           |
|                             |     | controlled entity or family member of any of the     |          | 5                     |                                 |     |                           |
|                             | 6   | Loans and other receivables from other disqual       | -        |                       |                                 |     |                           |
|                             |     | under section 4958(f)(1)), and persons describe      |          | 6                     |                                 |     |                           |
| ß                           | 7   | Notes and loans receivable, net                      |          | 7                     |                                 |     |                           |
| Assets                      | 8   | Inventories for sale or use                          |          |                       |                                 | 8   |                           |
| ¥                           | 9   | Prepaid expenses and deferred charges                |          |                       | 74,409.                         | 9   |                           |
|                             | 10a | Land, buildings, and equipment: cost or other        |          |                       |                                 |     |                           |
|                             |     | basis. Complete Part VI of Schedule D                | 10a      | 90,459.               |                                 |     |                           |
|                             | b   | Less: accumulated depreciation                       |          | 6,030.                | 0.                              | 10c | 84,429.                   |
|                             | 11  | Investments - publicly traded securities             |          | 11                    |                                 |     |                           |
|                             | 12  | Investments - other securities. See Part IV, line    |          |                       | 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 equ       |          |                       | 1,539,814.                      | 16  | 2,009,030.                |
|                             | 17  | Accounts payable and accrued expenses                |          |                       | 128,190.                        | 17  | 382,130.                  |
|                             | 18  | Grants payable                                       |          | 18                    |                                 |     |                           |
|                             | 19  | Deferred revenue                                     |          | 19                    |                                 |     |                           |
|                             | 20  | Tax-exempt bond liabilities                          |          |                       |                                 | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete      |          |                       |                                 | 21  |                           |
| S                           | 22  | Loans and other payables to any current or form      | ner offi | cer, director,        |                                 |     |                           |
| Liabilities                 |     | trustee, key employee, creator or founder, subs      | tantial  | contributor, or 35%   |                                 |     |                           |
| iabi                        |     | controlled entity or family member of any of the     | se pers  | ons                   |                                 | 22  |                           |
| _                           | 23  | Secured mortgages and notes payable to unrel         | ated th  | rd parties            |                                 | 23  |                           |
|                             | 24  | Unsecured notes and loans payable to unrelate        | d third  | parties               |                                 | 24  |                           |
|                             | 25  | Other liabilities (including federal income tax, pa  | yables   | to related third      |                                 |     |                           |
|                             |     | parties, and other liabilities not included on line  | s 17-24  | . Complete Part X     |                                 |     |                           |
|                             |     | of Schedule D                                        |          |                       |                                 | 25  |                           |
|                             | 26  | Total liabilities. Add lines 17 through 25           |          |                       | 128,190.                        | 26  | 382,130.                  |
| s                           |     | Organizations that follow FASB ASC 958, che          | eck he   | e ▶ X                 |                                 |     |                           |
| ဥ                           |     | and complete lines 27, 28, 32, and 33.               |          |                       | 1 224 424                       |     |                           |
| alaı                        | 27  | Net assets without donor restrictions                |          |                       | 1,226,624.                      | 27  | 1,441,900.                |
| Ä                           | 28  | Net assets with donor restrictions                   |          |                       | 185,000.                        | 28  | 185,000.                  |
| Š                           |     | Organizations that do not follow FASB ASC 9          | 958, ch  | eck here 🕨 📖          |                                 |     |                           |
| Net Assets or Fund Balances |     | and complete lines 29 through 33.                    |          |                       |                                 |     |                           |
| ts (                        | 29  | Capital stock or trust principal, or current funds   |          |                       |                                 | 29  |                           |
| sse                         | 30  | Paid-in or capital surplus, or land, building, or ed |          | _                     |                                 | 30  |                           |
| χ¥                          | 31  | Retained earnings, endowment, accumulated in         |          |                       | 1 411 604                       | 31  | 1 606 000                 |
| ž                           | 32  | Total net assets or fund balances                    |          |                       | 1,411,624.                      | 32  | 1,626,900.                |
|                             | 33  | Total liabilities and net assets/fund balances .     |          |                       | 1,539,814.                      | 33  | 2,009,030.                |

| 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)                                                          |          | 2,35<br>2,14 |     |        |  |  |  |  |
| 2                                                                                                                             | Total expenses (must equal Part IX, column (A), line 25)                                                           |          |              |     |        |  |  |  |  |
| 3                                                                                                                             | Revenue less expenses. Subtract line 2 from line 1                                                                 | 3        |              |     | 76.    |  |  |  |  |
| 4                                                                                                                             | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        | 1,41         | 1,6 | 24.    |  |  |  |  |
| 5                                                                                                                             | Net unrealized gains (losses) on investments                                                                       |          |              |     |        |  |  |  |  |
| 6                                                                                                                             | Donated services and use of facilities                                                                             | 6        |              |     |        |  |  |  |  |
| 7                                                                                                                             | Investment expenses                                                                                                | 7        |              |     |        |  |  |  |  |
| 8                                                                                                                             | Prior period adjustments                                                                                           | 8        |              |     |        |  |  |  |  |
| 9                                                                                                                             | Other changes in net assets or fund balances (explain on Schedule O)                                               | 9        |              |     | 0.     |  |  |  |  |
| 10                                                                                                                            | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |          |              |     |        |  |  |  |  |
|                                                                                                                               | column (B)) 10                                                                                                     |          |              |     |        |  |  |  |  |
| Part XII Financial Statements and Reporting                                                                                   |                                                                                                                    |          |              |     |        |  |  |  |  |
|                                                                                                                               | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |              |     |        |  |  |  |  |
|                                                                                                                               |                                                                                                                    |          |              | Yes | No     |  |  |  |  |
| 1                                                                                                                             | Accounting method used to prepare the Form 990: Cash X Accrual Other                                               |          |              |     |        |  |  |  |  |
|                                                                                                                               | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |          |              |     |        |  |  |  |  |
| 2a                                                                                                                            | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |          | 2a           |     | X      |  |  |  |  |
|                                                                                                                               | 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    | e basis, |              |     |        |  |  |  |  |
|                                                                                                                               | 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   |        |  |  |  |  |
|                                                                                                                               | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  |          |              |     |        |  |  |  |  |
| За                                                                                                                            | 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?                                                                                        |          |              |     |        |  |  |  |  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit |                                                                                                                    |          |              |     |        |  |  |  |  |
|                                                                                                                               | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          | 3b           |     |        |  |  |  |  |
|                                                                                                                               | , , , , , , , , , , , , , , , , , , , ,                                                                            |          | Form         | 990 | (2021) |  |  |  |  |

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Wish of a Lifetime 26-2123649 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

| Sec  | ction A. Public Support                      | ,                           |                      | ,                         |                            |                      |            |
|------|----------------------------------------------|-----------------------------|----------------------|---------------------------|----------------------------|----------------------|------------|
|      | ndar year (or fiscal year beginning in)      | (a) 2017                    | <b>(b)</b> 2018      | (c) 2019                  | (d) 2020                   | (e) 2021             | (f) Total  |
|      | Gifts, grants, contributions, and            | (0) = 2 * 1                 | (-)                  | (-, : :                   | (-,                        | (-/                  | (-)        |
|      | membership fees received. (Do not            |                             |                      |                           |                            |                      |            |
|      | include any "unusual grants.")               | 637,582.                    | 1,246,177.           | 203,186.                  | 2,403,124.                 | 2,358,696.           | 6,848,765. |
| 2    | Tax revenues levied for the organ-           | -                           |                      |                           | . ,                        | , ,                  | <u> </u>   |
|      | ization's benefit and either paid to         |                             |                      |                           |                            |                      |            |
|      | or expended on its behalf                    |                             |                      |                           |                            |                      |            |
| 3    | The value of services or facilities          |                             |                      |                           |                            |                      |            |
|      | furnished by a governmental unit to          |                             |                      |                           |                            |                      |            |
|      | the organization without charge              |                             |                      |                           |                            |                      |            |
| 4    | Total. Add lines 1 through 3                 | 637,582.                    | 1,246,177.           | 203,186.                  | 2,403,124.                 | 2,358,696.           | 6,848,765. |
|      | The portion of total contributions           |                             |                      |                           |                            |                      | · · ·      |
|      | by each person (other than a                 |                             |                      |                           |                            |                      |            |
|      | governmental unit or publicly                |                             |                      |                           |                            |                      |            |
|      | supported organization) included             |                             |                      |                           |                            |                      |            |
|      | on line 1 that exceeds 2% of the             |                             |                      |                           |                            |                      |            |
|      | amount shown on line 11,                     |                             |                      |                           |                            |                      |            |
|      | column (f)                                   |                             |                      |                           |                            |                      | 4,138,086. |
| 6    | Public support. Subtract line 5 from line 4. |                             |                      |                           |                            |                      | 2,710,679. |
|      | ction B. Total Support                       |                             |                      |                           |                            |                      |            |
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2017                    | <b>(b)</b> 2018      | (c) 2019                  | (d) 2020                   | (e) 2021             | (f) Total  |
| 7    | Amounts from line 4                          | 637,582.                    | 1,246,177.           | (c) 2019<br>203, 186.     | 2,403,124.                 | 2,358,696.           | 6,848,765. |
|      | Gross income from interest,                  |                             |                      |                           |                            |                      | _          |
|      | dividends, payments received on              |                             |                      |                           |                            |                      |            |
|      | securities loans, rents, royalties,          |                             |                      |                           |                            |                      |            |
|      | and income from similar sources              | 467.                        | 8,815.               | 398.                      | 374.                       | 0.                   | 10,054.    |
| 9    | Net income from unrelated business           |                             |                      |                           |                            |                      |            |
|      | activities, whether or not the               |                             |                      |                           |                            |                      |            |
|      | business is regularly carried on             |                             |                      |                           |                            |                      |            |
| 10   | Other income. Do not include gain            |                             |                      |                           |                            |                      |            |
|      | or loss from the sale of capital             |                             |                      |                           |                            |                      |            |
|      | assets (Explain in Part VI.)                 |                             |                      |                           | 26,673.                    |                      | 26,673.    |
| 11   | Total support. Add lines 7 through 10        |                             |                      |                           |                            |                      | 6,885,492. |
| 12   | Gross receipts from related activities,      | etc. (see instruction       | ons)                 |                           |                            | 12                   |            |
| 13   | First 5 years. If the Form 990 is for the    | ne organization's fi        | rst, second, third,  | fourth, or fifth tax y    | year as a section 5        | 501(c)(3)            |            |
|      | organization, check this box and stop        | here                        |                      |                           |                            |                      | <u></u>    |
| Sec  | ction C. Computation of Publ                 | ic Support Pe               | rcentage             |                           |                            |                      |            |
| 14   | Public support percentage for 2021 (         | line 6, column (f), d       | livided by line 11,  | column (f))               |                            | 14                   | 39.37 %    |
| 15   | Public support percentage from 2020          | ) Schedule A, Part          | II, line 14          |                           |                            | 15                   | 51.70 %    |
| 16a  | 33 1/3% support test - 2021. If the          | organization did no         | t check the box or   | n line 13, and line 1     | 14 is 33 1/3% or n         | nore, check this bo  |            |
|      | stop here. The organization qualifies        | as a publicly supp          | orted organization   |                           |                            |                      | ►X         |
| b    | 33 1/3% support test - 2020. If the          |                             |                      |                           |                            |                      |            |
|      | and stop here. The organization qual         | lifies as a publicly s      | supported organiza   | ation                     |                            |                      | ▶□         |
| 17a  | 10% -facts-and-circumstances tes             | t - 2021. If the org        | anization did not c  | heck a box on line        | : 13, 16a, or 16b, a       | and line 14 is 10%   | or more,   |
|      | and if the organization meets the fact       | ts-and-circumstanc          | es test, check this  | box and <b>stop her</b>   | <b>e.</b> Explain in Part  | VI how the organiza  | ation      |
|      | meets the facts-and-circumstances to         | est. The organization       | on qualifies as a pu | ublicly supported o       | organization               |                      | ▶□         |
| b    | 10% -facts-and-circumstances tes             | <b>t - 2020.</b> If the org | anization did not c  | heck a box on line        | 13, 16a, 16b, or           | 17a, and line 15 is  | 10% or     |
|      | more, and if the organization meets the      | he facts-and-circun         | nstances test, che   | ck this box and <b>st</b> | <b>op here.</b> Explain ir | n Part VI how the    |            |
|      | organization meets the facts-and-circ        | umstances test. Th          | ne organization qu   | alifies as a publicly     | supported organ            | ization              | ▶∐         |
| 18   | Private foundation. If the organization      | on did not check a          | box on line 13, 16   | a, 16b, 17a, or 17b       | o, check this box a        | and see instructions | <u>s</u>   |

Schedule A (Form 990) 2021

#### 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.)

| Sec     | qualify under the tests listed beat ction A. Public Support                     | elow, please com   | plete Part II.)      |                      |                    |                     |           |
|---------|---------------------------------------------------------------------------------|--------------------|----------------------|----------------------|--------------------|---------------------|-----------|
|         | ndar year (or fiscal year beginning in)                                         | (a) 2017           | <b>(b)</b> 2018      | (a) 2010             | (4) 2020           | (a) 2021            | (f) Total |
|         | Gifts, grants, contributions, and                                               | (a) 2017           | (b) 2016             | (c) 2019             | (d) 2020           | (e) 2021            | (f) Total |
| •       | membership fees received. (Do not                                               |                    |                      |                      |                    |                     |           |
|         | include any "unusual grants.")                                                  |                    |                      |                      |                    |                     |           |
| 2       | Gross receipts from admissions,                                                 |                    |                      |                      |                    |                     |           |
| 2       | merchandise sold or services per-                                               |                    |                      |                      |                    |                     |           |
|         | formed, or facilities furnished in                                              |                    |                      |                      |                    |                     |           |
|         | any activity that is related to the                                             |                    |                      |                      |                    |                     |           |
| 2       | organization's tax-exempt purpose                                               |                    |                      |                      |                    |                     |           |
| 3       | Gross receipts from activities that are not an unrelated trade or bus-          |                    |                      |                      |                    |                     |           |
|         | inone under coetion 512                                                         |                    |                      |                      |                    |                     |           |
| 4       |                                                                                 |                    |                      |                      |                    |                     |           |
| 4       | Tax revenues levied for the organ-                                              |                    |                      |                      |                    |                     |           |
|         | ization's benefit and either paid to                                            |                    |                      |                      |                    |                     |           |
| _       | or expended on its behalf                                                       |                    | +                    |                      |                    |                     |           |
| 5       | The value of services or facilities                                             |                    |                      |                      |                    |                     |           |
|         | furnished by a governmental unit to                                             |                    |                      |                      |                    |                     |           |
|         | the organization without charge                                                 |                    |                      |                      |                    |                     |           |
|         | Total. Add lines 1 through 5                                                    |                    |                      |                      |                    |                     |           |
| 78      | Amounts included on lines 1, 2, and                                             |                    |                      |                      |                    |                     |           |
| ,       | 3 received from disqualified persons Amounts included on lines 2 and 3 received |                    | +                    |                      |                    |                     |           |
|         | from other than disqualified persons that                                       |                    |                      |                      |                    |                     |           |
|         | exceed the greater of \$5,000 or 1% of the                                      |                    |                      |                      |                    |                     |           |
|         | amount on line 13 for the year                                                  |                    |                      |                      |                    |                     |           |
|         | Add lines 7a and 7b                                                             |                    |                      |                      |                    |                     |           |
|         | Public support. (Subtract line 7c from line 6.)                                 |                    |                      |                      |                    |                     |           |
|         |                                                                                 | /-\ 0047           | (I-) 0040            | (-) 0040             | (-I) 0000          | (-) 0004            | (6) T-+-1 |
|         | ndar year (or fiscal year beginning in)                                         | <b>(a)</b> 2017    | <b>(b)</b> 2018      | (c) 2019             | (d) 2020           | (e) 2021            | (f) Total |
|         | Amounts from line 6 Gross income from interest,                                 |                    |                      |                      |                    |                     |           |
| IUa     | dividends, payments received on                                                 |                    |                      |                      |                    |                     |           |
|         | securities loans, rents, royalties,                                             |                    |                      |                      |                    |                     |           |
|         | and income from similar sources                                                 |                    |                      |                      |                    |                     |           |
| t       | Unrelated business taxable income                                               |                    |                      |                      |                    |                     |           |
|         | (less section 511 taxes) from businesses                                        |                    |                      |                      |                    |                     |           |
|         | acquired after June 30, 1975                                                    |                    |                      |                      |                    |                     |           |
|         | Add lines 10a and 10b  Net income from unrelated business                       |                    |                      |                      |                    |                     |           |
| •••     | activities not included on line 10b,                                            |                    |                      |                      |                    |                     |           |
|         | whether or not the business is                                                  |                    |                      |                      |                    |                     |           |
| 40      | regularly carried on                                                            |                    |                      |                      |                    |                     |           |
| 12      | Other income. Do not include gain or loss from the sale of capital              |                    |                      |                      |                    |                     |           |
|         | assets (Explain in Part VI.)                                                    |                    |                      |                      |                    |                     |           |
|         | Total support. (Add lines 9, 10c, 11, and 12.)                                  |                    |                      |                      |                    | <u> </u>            | <u> </u>  |
| 14      | First 5 years. If the Form 990 is for the                                       | e organization's f | irst, second, third, | fourth, or fifth tax | year as a section  | 501(c)(3) organizat | ion,      |
| <u></u> |                                                                                 |                    |                      |                      |                    |                     | <u> </u>  |
|         | ction C. Computation of Publ                                                    |                    |                      |                      |                    | T I                 |           |
|         | Public support percentage for 2021 (I                                           |                    |                      |                      |                    | 15                  | <u>%</u>  |
|         | Public support percentage from 2020                                             |                    |                      |                      |                    | 16                  | %         |
|         | ction D. Computation of Inves                                                   |                    |                      |                      |                    | 127                 |           |
| 17      |                                                                                 |                    |                      |                      |                    | 17                  | <u>%</u>  |
|         | Investment income percentage from 2                                             |                    |                      |                      |                    | 18                  | <u>%</u>  |
| 19a     | 33 1/3% support tests - 2021. If the                                            |                    |                      |                      |                    |                     |           |
|         | more than 33 1/3%, check this box as                                            |                    |                      |                      |                    |                     |           |
| k       | 33 1/3% support tests - 2020. If the                                            |                    |                      |                      |                    |                     |           |
|         | line 18 is not more than 33 1/3%, che                                           |                    |                      |                      |                    |                     |           |
| 20      | Private foundation. If the organizatio                                          | n did not check a  | box on line 14, 19   | a, or 19b, check t   | his box and see in | structions          | ▶└┴       |

132023 01-04-22

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|     | Yes | No |
|-----|-----|----|
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| 10a |     |    |
| 10h |     |    |
| 10b |     |    |

| Par  | t IV   Supporting Organizations (continued)                                                                                                                                                                                               |                       |     |     |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----|-----|
|      |                                                                                                                                                                                                                                           |                       | Yes | No  |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                   |                       |     |     |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and                                                                                                                            |                       |     |     |
|      | 11c below, the governing body of a supported organization?                                                                                                                                                                                | 11a                   |     |     |
| b    | A family member of a person described on line 11a above?                                                                                                                                                                                  | 11b                   |     |     |
|      | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                                                                                                                        |                       |     |     |
|      | detail in Part VI.                                                                                                                                                                                                                        | 11c                   |     |     |
| Sec  | tion B. Type I Supporting Organizations                                                                                                                                                                                                   |                       |     |     |
|      |                                                                                                                                                                                                                                           |                       | Yes | No  |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or                                                                                                                |                       |     |     |
| •    | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,                                                                                                             |                       |     |     |
|      | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)                                                                                                                   |                       |     |     |
|      | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported                                                                                                            |                       |     |     |
|      | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1                     |     |     |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported                                                                                                                                       | •                     |     |     |
| _    | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                                                                                                                                |                       |     |     |
|      | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                                                                                                                               |                       |     |     |
|      | supervised, or controlled the supporting organization.                                                                                                                                                                                    | 2                     |     |     |
| Sec  | tion C. Type II Supporting Organizations                                                                                                                                                                                                  |                       |     |     |
|      | non or type in eappertung organizations                                                                                                                                                                                                   |                       | Yes | No  |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                                                                                                                          |                       | 163 | 140 |
| •    | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                                                                                                                             |                       |     |     |
|      | or management of the supporting organization was vested in the same persons that controlled or managed                                                                                                                                    |                       |     |     |
|      | the supported organization(s).                                                                                                                                                                                                            | 1                     |     |     |
| Sec  | tion D. All Type III Supporting Organizations                                                                                                                                                                                             |                       |     |     |
|      | tion 5.7th Type in supporting organizations                                                                                                                                                                                               |                       | Yes | No  |
| 4    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                                                                                                                            |                       | 162 | NO  |
| 1    |                                                                                                                                                                                                                                           |                       |     |     |
|      | 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                                                                                                                    | 4                     |     |     |
| 0    | organization's governing documents in effect on the date of notification, to the extent not previously provided?                                                                                                                          | 1                     |     |     |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how       |                       |     |     |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                               | _                     |     |     |
| •    |                                                                                                                                                                                                                                           | 2                     |     |     |
| 3    | By reason of the relationship described on line 2, above, did the organization's supported organizations have a                                                                                                                           |                       |     |     |
|      | significant voice in the organization's investment policies and in directing the use of the organization's                                                                                                                                |                       |     |     |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                                                                                                                              | 3                     |     |     |
| Sact | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations                                                                                                                          | 3                     |     |     |
|      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).                                                                                                           |                       |     |     |
| 1    | The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                    |                       |     |     |
| a    | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.                                                                                                                                      |                       |     |     |
| b    | The organization is the parent of each or its supported organizations. Complete time 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst                    | truction              | 20) |     |
| C    | Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                            | ! <i>!uc</i> !!o!<br> |     | Na  |
| 2    |                                                                                                                                                                                                                                           |                       | Yes | No  |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify             |                       |     |     |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,                                                                                                                                  |                       |     |     |
|      | how the organization was responsive to those supported organizations, and how the organization determined                                                                                                                                 |                       |     |     |
|      | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                   | 22                    |     |     |
| h    | that these activities constituted substantially all of its activities.                                                                                                                                                                    | 2a                    |     |     |
| b    | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,                                                                                                                       |                       |     |     |
|      | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in                                                                                                                              |                       |     |     |
|      | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in                                                                                                                              | Ob.                   |     |     |
| 2    | these activities but for the organization's involvement.                                                                                                                                                                                  | 2b                    |     |     |
| 3    | Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                          |                       |     |     |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                                                                                                                               | 2-                    |     |     |
| J-   | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                                                                                                                                             | 3a                    |     |     |
| a    | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                       |                       |     |     |

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Sche | dule A (Form 990) 2021 Wish of a Lifetime                                       |            |                                     | 26-2123649 Page 6              |
|------|---------------------------------------------------------------------------------|------------|-------------------------------------|--------------------------------|
| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | ng Orga    | anizations                          |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust d | n Nov. 20, 1970 (e <i>xplain ir</i> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mus     | t comple   | te Sections A through E.            |                                |
| Sect | ion A - Adjusted Net Income                                                     |            | (A) Prior Year                      | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain                                                     | 1          |                                     |                                |
| 2    | Recoveries of prior-year distributions                                          | 2          |                                     |                                |
| 3    | Other gross income (see instructions)                                           | 3          |                                     |                                |
| 4    | Add lines 1 through 3.                                                          | 4          |                                     |                                |
| _5   | Depreciation and depletion                                                      | 5          |                                     |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |            |                                     |                                |
|      | collection of gross income or for management, conservation, or                  |            |                                     |                                |
|      | maintenance of property held for production of income (see instructions)        | 6          |                                     |                                |
| _7   | Other expenses (see instructions)                                               | 7          |                                     |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8          |                                     |                                |
| Sect | ion B - Minimum Asset Amount                                                    |            | (A) Prior Year                      | (B) Current Year<br>(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         |                                     |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c         |                                     |                                |
| d    | Total (add lines 1a, 1b, and 1c)                                                | 1d         |                                     |                                |
| е    | Discount claimed for blockage or other factors                                  |            |                                     |                                |
|      | (explain in detail in Part VI):                                                 |            |                                     |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2          |                                     |                                |
| 3    | Subtract line 2 from line 1d.                                                   | 3          |                                     |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,     |            |                                     |                                |
|      | see instructions).                                                              | 4          |                                     |                                |
| _5   | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5          |                                     |                                |
| 6    | Multiply line 5 by 0.035.                                                       | 6          |                                     |                                |
| _7_  | Recoveries of prior-year distributions                                          | 7          |                                     |                                |
| _8_  | Minimum Asset Amount (add line 7 to line 6)                                     | 8          |                                     |                                |
| Sect | ion C - Distributable Amount                                                    |            |                                     | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)           | 1          |                                     |                                |
| 2    | Enter 0.85 of line 1.                                                           | 2          |                                     |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)          | 3          |                                     |                                |
| 4    | Enter greater of line 2 or line 3.                                              | 4          |                                     |                                |
| 5    | Income tax imposed in prior year                                                | 5          |                                     |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |            |                                     |                                |

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

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

instructions).

| Sche | dule A (Form 990) 2021 Wish of a Lif                            |                               |                                       | 2    | 6-2123649 <sub>Page 7</sub>               |
|------|-----------------------------------------------------------------|-------------------------------|---------------------------------------|------|-------------------------------------------|
| Pai  | rt V Type III Non-Functionally Integrated 509                   | (a)(3) Supporting Orga        | anizations <sub>(continu</sub>        | ued) |                                           |
| Sect | ion D - Distributions                                           |                               | •                                     |      | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |                                       | 1    |                                           |
| 2    | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |                                       |      |                                           |
|      | organizations, in excess of income from activity                |                               |                                       |      |                                           |
| 3    | Administrative expenses paid to accomplish exempt purpose       | es of supported organization  | ns                                    | 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 | Э                                     |      |                                           |
|      | (provide details in Part VI). See instructions.                 |                               |                                       | 8    |                                           |
| 9    | Distributable amount for 2021 from Section C, line 6            |                               |                                       | 9    |                                           |
| 10   | Line 8 amount divided by line 9 amount                          |                               |                                       | 10   |                                           |
| Sect | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2021 | ns   | (iii)<br>Distributable<br>Amount for 2021 |
| _1_  | Distributable amount for 2021 from Section C, line 6            |                               |                                       |      |                                           |
| 2    | Underdistributions, if any, for years prior to 2021 (reason-    |                               |                                       |      |                                           |
|      | able cause required - explain in Part VI). See instructions.    |                               |                                       |      |                                           |
| 3    | Excess distributions carryover, if any, to 2021                 |                               |                                       |      |                                           |
| а    | From 2016                                                       |                               |                                       |      |                                           |
| b    | From 2017                                                       |                               |                                       |      |                                           |
| С    | From 2018                                                       |                               |                                       |      |                                           |
| d    | From 2019                                                       |                               |                                       |      |                                           |
| e    | From 2020                                                       |                               |                                       |      |                                           |
| f    | Total of lines 3a through 3e                                    |                               |                                       |      |                                           |
| g    | Applied to underdistributions of prior years                    |                               |                                       |      |                                           |
| h    | Applied to 2021 distributable amount                            |                               |                                       |      |                                           |
| i    | Carryover from 2016 not applied (see instructions)              |                               |                                       |      |                                           |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |      |                                           |
| 4    | Distributions for 2021 from Section D,                          |                               |                                       |      |                                           |
|      | line 7: \$                                                      |                               |                                       |      |                                           |
| а    | Applied to underdistributions of prior years                    |                               |                                       |      |                                           |
| b    | Applied to 2021 distributable amount                            |                               |                                       |      |                                           |
| С    | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                       |      |                                           |
| 5    | Remaining underdistributions for years prior to 2021, if        |                               |                                       |      |                                           |
|      | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                       |      |                                           |

Schedule A (Form 990) 2021

than zero, explain in Part VI. See instructions.
Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021 21

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### Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

Employer identification number

OMB No. 1545-0047

Wish of a Lifetime 26-2123649 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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

contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

# Wish of a Lifetime

26-2123649

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed.        |                                                                       |
|------------|-------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                              |
| 1          |                                                                               | \$ 2,000,001.              | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                           |
| 2          |                                                                               | \$80,000.                  | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                           |
|            |                                                                               | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                              |
|            |                                                                               | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                              |
|            |                                                                               | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                           |
|            |                                                                               | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |

Name of organization Employer identification number

# Wish of a Lifetime

26-2123649

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |                                           |                      |  |  |  |
|------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                                                           | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |
|                              |                                                                                                     | \$                                        |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |
|                              |                                                                                                     | \$                                        |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |
|                              |                                                                                                     | \$                                        |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |
|                              |                                                                                                     | \$                                        |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |
|                              |                                                                                                     | \$                                        |                      |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |
|                              |                                                                                                     | \$                                        |                      |  |  |  |

Name of organization **Employer identification number** Wish of a Lifetime 26-2123649 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Wish of a Lifetime

**Employer identification number** 26-2123649

| Par      | t I Organizations Maintaining Donor Advise                                                                                   | d Funds or Other Sir                    | milar Funds or A        | ccounts.Complete if the         |
|----------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|---------------------------------|
|          | organization answered "Yes" on Form 990, Part IV, lin                                                                        | e 6.                                    |                         |                                 |
|          |                                                                                                                              | (a) Donor advised f                     | unds (                  | b) Funds and other accounts     |
| 1        | Total number at end of year                                                                                                  |                                         |                         |                                 |
| 2        | Aggregate value of contributions to (during year)                                                                            |                                         |                         |                                 |
| 3        | Aggregate value of grants from (during year)                                                                                 |                                         |                         |                                 |
| 4        | Aggregate value at end of year                                                                                               |                                         |                         |                                 |
| 5        | Did the organization inform all donors and donor advisors in                                                                 | writing that the assets held            | in donor advised fun    | ds                              |
|          | are the organization's property, subject to the organization's                                                               | exclusive legal control?                |                         | Yes No                          |
| 6        | Did the organization inform all grantees, donors, and donor a                                                                | dvisors in writing that gran            | t funds can be used     | only                            |
|          | for charitable purposes and not for the benefit of the donor of                                                              | or donor advisor, or for any            | other purpose confer    | ring                            |
| _        | impermissible private benefit?                                                                                               |                                         |                         |                                 |
| Par      | t II Conservation Easements. Complete if the org                                                                             | ganization answered "Yes"               | on Form 990, Part IV    | , line 7.                       |
| 1        | Purpose(s) of conservation easements held by the organization                                                                |                                         |                         |                                 |
|          | Preservation of land for public use (for example, recrea                                                                     |                                         |                         | orically important land area    |
|          | Protection of natural habitat                                                                                                | F                                       | Preservation of a certi | fied historic structure         |
|          | Preservation of open space                                                                                                   |                                         |                         |                                 |
| 2        | Complete lines 2a through 2d if the organization held a qualit                                                               | fied conservation contributi            | ion in the form of a co |                                 |
|          | day of the tax year.                                                                                                         |                                         |                         | Held at the End of the Tax Year |
| а        | Total number of conservation easements                                                                                       |                                         |                         | 2a                              |
| b        |                                                                                                                              |                                         |                         | 2b                              |
| C        | Number of conservation easements on a certified historic str                                                                 |                                         |                         | 2c                              |
| d        | Number of conservation easements included in (c) acquired                                                                    |                                         |                         |                                 |
| _        | listed in the National Register                                                                                              |                                         |                         | 2d                              |
| 3        | Number of conservation easements modified, transferred, re                                                                   | leased, extinguished, or ter            | minated by the orgar    | nization during the tax         |
|          | year -                                                                                                                       |                                         |                         |                                 |
| 4        | Number of states where property subject to conservation ea                                                                   |                                         |                         |                                 |
| 5        | Does the organization have a written policy regarding the per                                                                |                                         |                         | Yes No                          |
| 6        | violations, and enforcement of the conservation easements in<br>Staff and volunteer hours devoted to monitoring, inspecting, |                                         | onforcing concervati    |                                 |
| 6        | Stan and volunteer flours devoted to monitoring, inspecting,                                                                 | mandling of violations, and             | emorcing conservati     | on easements during the year    |
| 7        | Amount of expenses incurred in monitoring, inspecting, hand                                                                  | lling of violations, and enfo           | rcina conservation ea   | esements during the year        |
| •        | \$ \$                                                                                                                        | and crite                               | reing conservation ca   | definerits during the year      |
| 8        | Does each conservation easement reported on line 2(d) above                                                                  | e satisfy the requirements              | of section 170(h)(4)(F  | 3)(i)                           |
| •        | and section 170(h)(4)(B)(ii)?                                                                                                | - · · · · · · · · · · · · · · · · · · · |                         |                                 |
| 9        | In Part XIII, describe how the organization reports conservati                                                               |                                         |                         |                                 |
|          | balance sheet, and include, if applicable, the text of the footr                                                             |                                         | · ·                     |                                 |
|          | organization's accounting for conservation easements.                                                                        | Ü                                       |                         |                                 |
| Par      | t III Organizations Maintaining Collections o                                                                                | f Art, Historical Trea                  | sures, or Other         | Similar Assets.                 |
|          | Complete if the organization answered "Yes" on Form                                                                          | 990, Part IV, line 8.                   |                         |                                 |
| 1a       | If the organization elected, as permitted under FASB ASC 95                                                                  | 8, not to report in its reven           | ue statement and ba     | lance sheet works               |
|          | of art, historical treasures, or other similar assets held for put                                                           | olic exhibition, education, o           | r research in furthera  | nce of public                   |
|          | service, provide in Part XIII the text of the footnote to its final                                                          | ncial statements that descr             | ibes these items.       |                                 |
| b        | If the organization elected, as permitted under FASB ASC 95                                                                  | 8, to report in its revenue s           | statement and balanc    | e sheet works of                |
|          | art, historical treasures, or other similar assets held for public                                                           | exhibition, education, or re            | esearch in furtheranc   | e of public service,            |
|          | provide the following amounts relating to these items:                                                                       |                                         |                         |                                 |
|          | (i) Revenue included on Form 990, Part VIII, line 1                                                                          |                                         |                         | <b>&gt;</b> \$                  |
|          | (ii) Assets included in Form 990, Part X                                                                                     |                                         |                         |                                 |
| 2        | If the organization received or held works of art, historical tre                                                            |                                         |                         |                                 |
|          | the following amounts required to be reported under FASB A                                                                   | SC 958 relating to these ite            | ems:                    |                                 |
| а        | Revenue included on Form 990, Part VIII, line 1                                                                              |                                         |                         |                                 |
| <u>b</u> | Assets included in Form 990, Part X                                                                                          |                                         |                         | . ▶ \$                          |
| LHA      | For Paperwork Reduction Act Notice, see the Instructions                                                                     | s for Form 990.                         |                         | Schedule D (Form 990) 2021      |

| Pai    | t III   Organizations Maintaining C                                                       | collections of A       | rt, His    | torical Ir      | easures, c     | or Other     | r Similar      | Asset      | <b>S</b> (continue | d)       |
|--------|-------------------------------------------------------------------------------------------|------------------------|------------|-----------------|----------------|--------------|----------------|------------|--------------------|----------|
| 3      | Using the organization's acquisition, accessi                                             | on, and other record   | ls, chec   | k any of the    | following that | t make siç   | gnificant use  | e of its   |                    |          |
|        | collection items (check all that apply):                                                  |                        |            |                 |                |              |                |            |                    |          |
| а      | Public exhibition                                                                         | d                      |            | Loan or exc     | hange progra   | ım           |                |            |                    |          |
| b      | Scholarly research                                                                        | е                      |            | Other           |                |              |                |            |                    |          |
| С      | Preservation for future generations                                                       |                        |            |                 |                |              |                |            |                    |          |
| 4      | Provide a description of the organization's co                                            | ollections and explai  | n how tl   | hey further tl  | ne organizatio | on's exem    | pt purpose     | in Part    | XIII.              |          |
| 5      | During the year, did the organization solicit o                                           | r receive donations    | of art, h  | istorical trea  | sures, or othe | er similar a | assets         |            | _                  |          |
|        | to be sold to raise funds rather than to be ma                                            | aintained as part of t | the orga   | nization's co   | ollection?     |              |                | <u>. L</u> | Yes                | No_      |
| Pai    | t IV Escrow and Custodial Arran                                                           | - :                    | ete if the | e organizatio   | n answered "   | 'Yes" on F   | orm 990, P     | art IV, I  | ine 9, or          |          |
|        | reported an amount on Form 990, Par                                                       | rt X, line 21.         |            |                 |                |              |                |            |                    |          |
| 1a     | Is the organization an agent, trustee, custodi                                            | ian or other intermed  | diary for  | contribution    | s or other as  | sets not ir  | ncluded        |            | , ,                |          |
|        | on Form 990, Part X?                                                                      |                        |            |                 |                |              |                | L          | Yes                | No       |
| b      | <b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table: |                        |            |                 |                |              |                |            |                    |          |
|        |                                                                                           |                        |            |                 |                |              |                |            | Amount             |          |
| С      | Beginning balance                                                                         |                        |            |                 |                |              |                |            |                    |          |
| d      | Additions during the year                                                                 |                        |            |                 |                |              |                |            |                    |          |
| е      | Distributions during the year                                                             |                        |            |                 |                |              |                |            |                    |          |
| f      | Ending balance                                                                            |                        |            |                 |                |              |                |            | 1 -                |          |
|        | Did the organization include an amount on Fo                                              |                        | ,          |                 |                |              | y?             | L          | Yes L              | No       |
|        | If "Yes," explain the arrangement in Part XIII.                                           |                        |            |                 |                |              | ·····          |            | L                  |          |
| Pai    | Tt V Endowment Funds. Complete in                                                         | the organization ar    |            | rior year       | (c) Two year   | <del></del>  | d) Three year  | e hack     | (a) Four ver       | are hack |
| 4.     | Devianta a of consultations                                                               | (a) Current year       | (D) F      | rior year       | (C) TWO year   | S Dack (C    | a) Tillee year | 3 Dack     | (e) i oui yea      | ars back |
| _      | Beginning of year balance                                                                 |                        |            |                 |                |              |                |            |                    |          |
| b      | Contributions                                                                             |                        |            |                 |                |              |                |            |                    |          |
|        | Net investment earnings, gains, and losses                                                |                        |            |                 |                |              |                |            |                    |          |
|        | Grants or scholarships                                                                    |                        |            |                 |                |              |                |            |                    |          |
| е      | Other expenditures for facilities                                                         |                        |            |                 |                |              |                |            |                    |          |
| 4      | and programs                                                                              |                        |            |                 |                |              |                |            |                    |          |
|        | Administrative expenses  End of year balance                                              |                        |            |                 |                |              |                |            |                    |          |
| g<br>2 | Provide the estimated percentage of the curr                                              | ront year and balance  | o (lino 1  | la column (s    | )) hold as:    |              |                |            |                    |          |
| a      | Board designated or quasi-endowment                                                       | rent year end balanc   | %          | rg, coluitii (a | ij) rielu as.  |              |                |            |                    |          |
|        | Permanent endowment                                                                       | %                      |            |                 |                |              |                |            |                    |          |
|        |                                                                                           |                        |            |                 |                |              |                |            |                    |          |
| ·      | The percentages on lines 2a, 2b, and 2c sho                                               |                        |            |                 |                |              |                |            |                    |          |
| 3a     | Are there endowment funds not in the posse                                                | · ·                    | ation th   | at are held a   | nd administe   | red for the  | e organizati   | on         |                    |          |
|        | by:                                                                                       |                        |            |                 |                |              | ga <u>-</u> a  |            | Ye                 | s No     |
|        | (i) Unrelated organizations                                                               |                        |            |                 |                |              |                |            | 3a(i)              | +-       |
|        | (ii) Related organizations                                                                |                        |            |                 |                |              |                |            | 3a(ii)             |          |
| b      | If "Yes" on line 3a(ii), are the related organiza                                         |                        |            |                 |                |              |                |            | 3b                 |          |
| 4      | Describe in Part XIII the intended uses of the                                            |                        |            |                 |                |              |                |            |                    |          |
| Pai    | rt VI Land, Buildings, and Equipm                                                         |                        |            |                 |                |              |                |            |                    |          |
|        | Complete if the organization answere                                                      | d "Yes" on Form 990    | ), Part I  | V, line 11a. S  | See Form 990   | , Part X, li | ne 10.         |            |                    |          |
|        | Description of property                                                                   | (a) Cost or o          | ther       | (b) Cost        | or other       | (c) Acc      | cumulated      |            | (d) Book va        | alue     |
|        |                                                                                           | basis (investr         |            | basis           |                |              | reciation      |            |                    |          |
| 1a     | Land                                                                                      |                        |            |                 |                |              |                |            |                    |          |
|        | Buildings                                                                                 |                        |            |                 |                |              |                |            |                    |          |
|        | Leasehold improvements                                                                    |                        |            |                 |                |              |                |            |                    |          |
| d      | Equipment                                                                                 |                        |            |                 | 4,115.         |              | 274            |            |                    | 841.     |
|        | Other                                                                                     |                        |            |                 | 6,344.         |              | 5,756          | •          |                    | 588.     |
| Tota   | I. Add lines 1a through 1e. (Column (d) must e                                            | qual Form 990, Part    | X, colur   | mn (B), line 1  | 0c.)           |              | <b>&gt;</b>    | <u> </u>   |                    | 429.     |
|        |                                                                                           |                        |            |                 |                |              | C-1            |            | D /F 04            | 100      |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 Wish of a L                                                                                                        | ifetime                    | 26-2123649 Page <b>3</b>            |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|--|--|--|
| 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                                                                                                                                     |                            |                                     |  |  |  |
| (Δ)                                                                                                                                           |                            |                                     |  |  |  |

(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.

(B) (C) (D) (E) (F) (G)

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) 2021

| Par      | t XI Reconciliation of Revenue per Audited Financ                                                    |                                          | per Return.                           |      |
|----------|------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|------|
|          | Complete if the organization answered "Yes" on Form 990, F                                           | Part IV, line 12a.                       |                                       |      |
| 1        | Total revenue, gains, and other support per audited financial statem                                 | nents                                    | 1                                     |      |
|          | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  | 1 1                                      |                                       |      |
|          | Net unrealized gains (losses) on investments                                                         |                                          |                                       |      |
|          | Donated services and use of facilities                                                               |                                          |                                       |      |
|          | Recoveries of prior year grants                                                                      |                                          |                                       |      |
|          | Other (Describe in Part XIII.)                                                                       | 2d                                       |                                       |      |
|          | Add lines 2a through 2d                                                                              |                                          |                                       |      |
|          | Subtract line 2e from line 1                                                                         |                                          | 3                                     |      |
|          | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 | 1 1                                      |                                       |      |
|          | Investment expenses not included on Form 990, Part VIII, line 7b                                     |                                          |                                       |      |
|          | Other (Describe in Part XIII.)                                                                       | 4b                                       |                                       |      |
|          | Add lines 4a and 4b                                                                                  |                                          |                                       |      |
|          | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I                                 |                                          |                                       |      |
| Par      | t XII Reconciliation of Expenses per Audited Finan                                                   | _                                        | es per Return.                        |      |
|          | Complete if the organization answered "Yes" on Form 990, F                                           |                                          | 1 1                                   |      |
|          | Total expenses and losses per audited financial statements                                           |                                          | 1                                     |      |
|          | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                    | 1 . 1                                    |                                       |      |
|          | Donated services and use of facilities                                                               |                                          |                                       |      |
|          | Prior year adjustments                                                                               |                                          |                                       |      |
|          | Other losses                                                                                         |                                          |                                       |      |
|          | Other (Describe in Part XIII.)                                                                       | ·                                        |                                       |      |
|          | Add lines 2a through 2d                                                                              |                                          |                                       |      |
|          | Subtract line 2e from line 1                                                                         |                                          | 3                                     |      |
|          | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                   | 1.1                                      |                                       |      |
|          | Investment expenses not included on Form 990, Part VIII, line 7b                                     |                                          |                                       |      |
|          | Other (Describe in Part XIII.)                                                                       | <u>'</u>                                 |                                       |      |
|          | Add lines 4a and 4b                                                                                  |                                          |                                       |      |
|          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII   Supplemental Information. | t i, line 18.)                           | 5                                     |      |
|          | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines                         | a 1a and 4: Part IV lines 1b and 2b: Par | + V. line 4: Part V. line 2: Part     | . VI |
|          | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p                               |                                          | t v, iii le 4, Fart A, iii le 2, Fart | ΛΙ,  |
| 111165 2 | 20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to p                               | orovide any additional information.      |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
| Par      | rt X, Line 2:                                                                                        |                                          |                                       |      |
|          | , o 11, 11110 2.                                                                                     |                                          |                                       |      |
| Wis      | sh of a Lifetime does not believe t                                                                  | that there are any u                     | nrecognized ta                        | x    |
|          |                                                                                                      | sings single and any a                   |                                       |      |
| ben      | nefits/liabilities that should be r                                                                  | recorded.                                |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |
|          |                                                                                                      |                                          |                                       |      |

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

**Compensation Information** 

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Wish of a Lifetime

**Employer identification number** 26-2123649

| Pa         | art I Questions Regarding Compensation                                                                                                                   |                |     |          |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|----------|
|            |                                                                                                                                                          |                | Yes | No       |
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,                                   |                |     |          |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                                               |                |     |          |
|            | First-class or charter travel  Housing allowance or residence for personal use                                                                           |                |     |          |
|            | Travel for companions Payments for business use of personal residence                                                                                    |                |     |          |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                                                                 |                |     |          |
|            | Discretionary spending account  Personal services (such as maid, chauffeur, chef)                                                                        |                |     |          |
|            |                                                                                                                                                          |                |     |          |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or                                            |                |     |          |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                 | 1b             |     |          |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                         |                |     |          |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                                                    | 2              |     |          |
| •          |                                                                                                                                                          |                |     |          |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's                                       |                |     |          |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to                                       |                |     |          |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.                                                                           |                |     |          |
|            | Compensation committee  Independent compensation consultant  Written employment contract  Compensation survey or study                                   |                |     |          |
|            | ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee |                |     |          |
|            | Approval by the board of compensation committee                                                                                                          |                |     |          |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                             |                |     |          |
| •          | organization or a related organization:                                                                                                                  |                |     |          |
| а          | Receive a severance payment or change-of-control payment?                                                                                                | 4a             |     | х        |
| b          | Participate in or receive payment from a supplemental nonqualified retirement plan?                                                                      | 4b             |     | Х        |
| С          | Participate in or receive payment from an equity-based compensation arrangement?                                                                         | 4c             |     | Х        |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                            |                |     |          |
|            |                                                                                                                                                          |                |     |          |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                 |                |     |          |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                        |                |     |          |
|            | contingent on the revenues of:                                                                                                                           |                |     |          |
| а          | The organization?                                                                                                                                        | 5a             | Х   |          |
|            | Any related organization?                                                                                                                                | 5b             | Х   |          |
|            | If "Yes" on line 5a or 5b, describe in Part III.                                                                                                         |                |     |          |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                        |                |     |          |
|            | contingent on the net earnings of:                                                                                                                       |                |     |          |
| а          | The organization?                                                                                                                                        | 6a             |     | X        |
| b          | Any related organization?                                                                                                                                | 6b             |     | Х        |
| _          | If "Yes" on line 6a or 6b, describe in Part III.                                                                                                         |                |     |          |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments                                         | _              |     | v        |
| _          | 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                                          |                |     | Х        |
| 0          | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                              | 8              |     | <u> </u> |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                                                   | 9              |     |          |
|            | Regulations section 53.4958-6(c)?                                                                                                                        | _ <del>y</del> | L   |          |

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Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title        |      | <b>(B)</b> Breakdown of W | J-2 and/or 1099-MISe<br>compensation      | C and/or 1099-NEC                   | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |
|---------------------------|------|---------------------------|-------------------------------------------|-------------------------------------|----------------|-------------------------|------------------------------------|-------------------------------------------|
|                           |      | (i) Base<br>compensation  | (ii) Bonus &<br>incentive<br>compensation | (iii) Other reportable compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) Scott M. Frisch       | (i)  | 0.                        | 0.                                        | 0.                                  | 0.             | 0.                      | 0.                                 | 0.                                        |
| Director & AARP EVP - COO | (ii) | 552,539.                  | 212,636.                                  | 1,242.                              | 58,493.        | 23,037.                 | 847,947.                           | 0.                                        |
| (2) Karen Mercer          | (i)  | 0.                        | 0.                                        | 0.                                  | 0.             | 0.                      | 0.                                 | 0.                                        |
| Treasurer & AARP SVP      | (ii) | 295,855.                  | 119,599.                                  | 1,383.                              | 58,493.        | 17,507.                 |                                    | 0.                                        |
| (3) Sarah Shaw            | (i)  | 0.                        | 0.                                        | 0.                                  | 0.             | 0.                      |                                    | 0.                                        |
| Secretary & AARP SVP      | (ii) | 267,762.                  | 78,557.                                   | 1,859.                              | 58,493.        | 14,234.                 | 420,905.                           | 0.                                        |
| (4) Thomas Wagenlander    | (i)  | 141,079.                  | 93,975.                                   | 491.                                | 9,402.         | 13,470.                 | 258,417.                           | 0.                                        |
| Executive Director        | (ii) | 0.                        | 0.                                        | 0.                                  | 38,008.        | 0.                      | 38,008.                            | 0.                                        |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (i)  |                           |                                           |                                     |                |                         |                                    |                                           |
|                           | (ii) |                           |                                           |                                     |                |                         |                                    |                                           |

| 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, one of which is gross revenue.                                                                                                                                        |
|                                                                                                                                                                                                            |
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#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Wish of a Lifetime

Employer identification number 26-2123649

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 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

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

Schedule O (Form 990) 2021

132211 11-11-21

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

Name of the organization

Wish of a Lifetime

Employer identification number 26-2123649

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 disclosure). The Ethics & Compliance Office monitors compliance 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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization Wish of a Lifetime

Employer identification number 26-2123649

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.

Form 990, Part VI, Section C, Line 19:

The organization provides its by-laws, conflict of interest policy, and periodic financial statements upon request by contacting the organization at (303) 954-9144 or email to info@wishofalifetime.org.

Form 990, Page 1, Line B - Amended Return

Form 990 is being amended to report an independent contractor that was inadvertently omitted in Part VII, Section B, of the original filing.

Form 990, Part IX, Line 11g, Other Fees:

Professional & consulting services:

Program service expenses 156,208.

Management and general expenses 75,844.

Fundraising expenses 0.

Total expenses 232,052.

Total Other Fees on Form 990, Part IX, line 11g, Col A

Schedule O (Form 990) 2021

232,052.

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**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

Name of the organization

Wish of a Lifetime

Employer identification number 26-2123649

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

organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity      | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | contr | <b>g)</b><br>512(b)(13)<br>rolled<br>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) 2021

| Part II | Continuation of Identification of Related Tax-Exempt Organizations |
|---------|--------------------------------------------------------------------|
|         |                                                                    |

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | cont | (g)<br>1512(b)(13)<br>htrolled<br>hization? |  |
|----------------------------------------------------|--------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------|-------------------------------|------|---------------------------------------------|--|
|                                                    |                                |                                               |                               | 501(c)(3))                            |                               | Yes  | No                                          |  |
| Older Adults Technology Services -                 | Dedicated to harness the       |                                               |                               |                                       |                               |      |                                             |  |
| 55-0882599, 168 7th Street, Suite 3A,              | power of technology to         |                                               |                               |                                       |                               |      |                                             |  |
| Brooklyn, NY 11215                                 | change to way we age           | New York                                      | 501(c)(3)                     | 509(a)(1)                             | AARP                          |      | Х                                           |  |
|                                                    |                                |                                               |                               |                                       |                               |      |                                             |  |
|                                                    |                                |                                               |                               |                                       |                               |      |                                             |  |
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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)                                       |                           |                                                                | (f)                                             | (g)                                                            | (i                                           | h)                                              | (i)                                                                   | (j)                                                                   | (k)                                          |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|------------------------------------------------|------------------|-------------------------------------------|---------------------------|----------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------|------------------------------------------------------------------|---------------------------|----------------------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling entity | redominant income (related, unrelated, excluded from tax under | (related, unrelated,<br>excluded from tax under | (related, unrelated, excluded from tax under sections 512-514) | (related, unrelated, excluded from tax under | (related, unrelated,<br>excluded from tax under | Predominant income<br>(related, unrelated,<br>excluded from tax under | Predominant income<br>(related, unrelated,<br>excluded from tax under | (related, unrelated, excluded from tax under | Predominant income   Share of total   S<br>(related, unrelated, income   er<br>xcluded from tax under | Share of end-of-year assets    Share of end-of-year allocations? | ortionate<br>tions? | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | Genera<br>manag<br>partne | l or<br>Percentage<br>ing<br>ownership<br>r? |
|                                                |                  | country)                                  |                           | sections 512-514)                                              |                                                 | 400010                                                         | Yes No                                       |                                                 | K-1 (Form 1065)                                                       | Yes                                                                   | lo                                           |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       | Ш                                                                     |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       | Ш                                                                     |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       | Ш                                                                     |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |
|                                                |                  |                                           |                           |                                                                |                                                 |                                                                |                                              |                                                 |                                                                       |                                                                       |                                              |                                                                                                       |                                                                  |                     |                                                                  |                           |                                              |

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

| (a)                                            | (b)                 | (c)                                    | (d)                       | (e)                                             | (f)                   | (g)                               | (h)                     | ()    | i)<br>ction               |
|------------------------------------------------|---------------------|----------------------------------------|---------------------------|-------------------------------------------------|-----------------------|-----------------------------------|-------------------------|-------|---------------------------|
| Name, address, and EIN of related organization | Primary activity    | Legal domicile<br>(state or<br>foreign | Direct controlling entity | Type of entity<br>(C corp, S corp,<br>or trust) | Share of total income | Share of<br>end-of-year<br>assets | Percentage<br>ownership | 512(l | b)(13)<br>rolled<br>tity? |
|                                                |                     | country)                               |                           | ,                                               |                       |                                   |                         | Yes   | No                        |
| AARP Financial Services Corporation -          |                     |                                        |                           |                                                 |                       |                                   |                         |       |                           |
| 52-1367607, 601 E Street, NW, Washington, DC   | Real estate holding |                                        |                           |                                                 |                       |                                   |                         |       |                           |
| 20049                                          | company             | DE                                     | AARP                      | C CORP                                          |                       |                                   |                         |       | X                         |
| AARP Services, Inc. (consolidated) -           |                     |                                        |                           |                                                 |                       |                                   |                         |       |                           |
| 52-2141065, 601 E Street, NW, Washington, DC   | Quality control and |                                        |                           |                                                 |                       |                                   |                         |       |                           |
| 20049                                          | research            | DE                                     | AARP                      | C CORP                                          |                       |                                   |                         |       | X                         |
|                                                |                     |                                        |                           |                                                 |                       |                                   |                         |       |                           |
|                                                |                     |                                        |                           |                                                 |                       |                                   |                         |       |                           |
|                                                |                     |                                        |                           |                                                 |                       |                                   |                         |       |                           |
|                                                |                     |                                        |                           |                                                 |                       |                                   |                         |       |                           |
|                                                |                     |                                        |                           |                                                 |                       |                                   |                         |       |                           |
|                                                | ]                   |                                        |                           |                                                 |                       |                                   |                         |       |                           |
|                                                |                     |                                        |                           |                                                 |                       |                                   |                         |       |                           |
|                                                | 1                   |                                        |                           |                                                 |                       |                                   |                         |       |                           |
|                                                | 1                   |                                        |                           |                                                 |                       |                                   |                         |       |                           |

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

| Not | e: 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  |
| b   | Gift, grant, or capital contribution to related organization(s)                                                                                                              | 1b |     | X  |
| С   | Gift, grant, or capital contribution from related organization(s)                                                                                                            | 1c | Х   |    |
|     | Loans or loan guarantees to or for related organization(s)                                                                                                                   | 1d |     | X  |
|     | Loans or loan guarantees by related organization(s)                                                                                                                          | 1e |     | X  |
|     |                                                                                                                                                                              |    |     |    |
| f   | Dividends from related organization(s)                                                                                                                                       | 1f |     | X  |
| g   | Sale of assets to related organization(s)                                                                                                                                    | 1g |     | X  |
|     | Purchase of assets from related organization(s)                                                                                                                              | 1h |     | X  |
| i   | Exchange of assets with related organization(s)                                                                                                                              | 1i |     | X  |
| j   | Lease of facilities, equipment, or other assets to related organization(s)                                                                                                   | 1j |     | X  |
|     |                                                                                                                                                                              |    |     |    |
| k   | Lease of facilities, equipment, or other assets from related organization(s)                                                                                                 | 1k |     | X  |
| 1   | Performance of services or membership or fundraising solicitations for related organization(s)                                                                               | 11 |     | X  |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)                                                                                | 1m | X   |    |
|     | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                                | 1n | X   |    |
| 0   | Sharing of paid employees with related organization(s)                                                                                                                       | 10 |     | X  |
|     |                                                                                                                                                                              |    |     |    |
| р   | Reimbursement paid to related organization(s) for expenses                                                                                                                   | 1p |     | X  |
|     | Reimbursement paid by related organization(s) for expenses                                                                                                                   | 1q |     | X  |
|     |                                                                                                                                                                              |    |     |    |
| r   | Other transfer of cash or property to related organization(s)                                                                                                                | 1r | Х   |    |
|     | Other transfer of cash or property from related organization(s)                                                                                                              | 1s |     | X  |
|     | 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. |    |     |    |
|     |                                                                                                                                                                              |    |     |    |

| (a) Name of related organization           | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------------|-----------------------------------------|------------------------|----------------------------------------------|
| (1) AARP - cash contributions              | С                                       | 2,000,001.             | cash paid                                    |
| (2) AARP - in-kind shared services         | М                                       | 898,193.               | allocable cost                               |
| (3) AARP - in-kind rent                    | N                                       | 136,304.               | cost incurred                                |
| (4) Andrus Insurance Fund, LLC - insurance | R                                       | 5,888.                 | premiums paid                                |
| (5) AARP Foundation - cash contributions   | С                                       | 13,061.                | cash paid                                    |
| <u>(6)</u>                                 | 3.0                                     |                        |                                              |

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)<br>Name, address, and EIN<br>of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are<br>partner<br>501 (c<br>orgs | all<br>s sec.<br>c)(3)<br>s.? | <b>(f)</b><br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | Dispi<br>tio<br>alloca | n)<br>ropor-<br>nate<br>ations? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Gene<br>mana<br>partr | ral or Peging er? | (k)<br>ercentage<br>wnership |
|--------------------------------------------|----------------------|-----------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|-------------------------------|-------------------------------------------|------------------------------------------|------------------------|---------------------------------|-------------------------------------------------------------------------|-----------------------|-------------------|------------------------------|
|                                            | _                    | ,                                             | 3334313 612 611)                                                                      | Yes                              | No                            |                                           |                                          | Yes                    | No                              | (( 6)111 1000)                                                          | Yes                   | NO                |                              |
|                                            |                      |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 |                                                                         |                       |                   |                              |
|                                            | -                    |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 |                                                                         |                       |                   |                              |
|                                            | -                    |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 |                                                                         |                       |                   |                              |
|                                            | -                    |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 |                                                                         |                       |                   |                              |
|                                            | -<br>-<br>-          |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 |                                                                         |                       |                   |                              |
|                                            |                      |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 |                                                                         |                       |                   |                              |
|                                            | -                    |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 |                                                                         |                       |                   |                              |
|                                            | -                    |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 |                                                                         |                       |                   |                              |
|                                            | ]                    |                                               |                                                                                       |                                  |                               |                                           |                                          |                        |                                 | Cabadula                                                                |                       |                   |                              |

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| Asset<br>No. | Description                                  | Date<br>Acquired | Method | Life | Conv | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|----------------------------------------------|------------------|--------|------|------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|------------------------------------------|-------------------------------|---------------------------|---------------------------------------|
|              | Furniture & Fixtures                         |                  |        |      |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
| 2            | Furniture and Fixtures                       | 05/01/21         | SL     | 7.00 |      | 16          | 86,344.                     |                  |                        |                       | 86,344.                   |                                          |                               | 5,756.                    | 5,756.                                |
|              | * 990 Page 10 Total<br>Furniture & Fixtures  |                  |        |      |      |             | 86,344.                     |                  |                        |                       | 86,344.                   | 0.                                       |                               | 5,756.                    | 5,756.                                |
|              | Machinery & Equipment                        |                  |        |      |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
| 1            | Audio Visual Equipment                       | 05/01/21         | SL     | 7.00 |      | 16          | 4,115.                      |                  |                        |                       | 4,115.                    |                                          |                               | 274.                      | 274.                                  |
|              | * 990 Page 10 Total<br>Machinery & Equipment |                  |        |      |      |             | 4,115.                      |                  |                        |                       | 4,115.                    | 0.                                       |                               | 274.                      | 274.                                  |
|              | * Grand Total 990 Page 10<br>Depr            |                  |        |      |      |             | 90,459.                     |                  |                        |                       | 90,459.                   | 0.                                       |                               | 6,030.                    | 6,030.                                |
|              |                                              |                  |        |      |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
|              | Current Year Activity                        |                  |        |      |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
|              | Beginning balance                            |                  |        |      |      |             | 0.                          |                  |                        | 0.                    | 0.                        | 0.                                       |                               |                           | 0.                                    |
|              | Acquisitions                                 |                  |        |      |      |             | 90,459.                     |                  |                        | 0.                    | 90,459.                   | 0.                                       |                               |                           | 6,030.                                |
|              | Dispositions/Retired                         |                  |        |      |      |             | 0.                          |                  |                        | 0.                    | 0.                        | 0.                                       |                               |                           | 0.                                    |
|              | Ending balance                               |                  |        |      |      |             | 90,459.                     |                  |                        | 0.                    | 90,459.                   | 0.                                       |                               |                           | 6,030.                                |
|              | Ending accum depr                            |                  |        |      |      |             |                             |                  |                        |                       |                           | 6,030.                                   |                               |                           |                                       |
|              | Ending book value                            |                  |        |      |      |             |                             |                  |                        |                       |                           | 84,429.                                  |                               |                           |                                       |
|              |                                              |                  |        |      |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
|              |                                              |                  |        |      |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
|              |                                              |                  |        |      |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |

128111 04-01-21

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print Wish of a Lifetime 26-2123649 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 303 East 17th Ave., Ste. 850 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 80203 Denver, CO Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) AARP The books are in the care of ▶ 601 E Street, NW - Washington, DC 20049 Telephone No. ► 202-434-6755 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2022)

За

3b

0.