

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

Do not enter social security numbers on this form as it may be made public.

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending																												
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CAR DONATION FOUNDATION</td> <td>D Employer identification number 26-3408048</td> </tr> <tr> <td colspan="2">Doing business as WHEELS FOR WISHES</td> <td>E Telephone number 952-525-2238</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 122,819,695.</td> </tr> <tr> <td>5775 WAYZATA BOULEVARD</td> <td>700</td> <td>H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS PARK, MN 55416</td> <td>H(b) Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: LOREN DORSHOW SAME AS C ABOVE</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.WHEELSFORWISHES.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other</td> <td>L Year of formation: 2007 M State of legal domicile: MN</td> </tr> </table>	C Name of organization CAR DONATION FOUNDATION		D Employer identification number 26-3408048	Doing business as WHEELS FOR WISHES		E Telephone number 952-525-2238	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 122,819,695.	5775 WAYZATA BOULEVARD	700	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS PARK, MN 55416		H(b) Are all subordinates included? Yes No	F Name and address of principal officer: LOREN DORSHOW SAME AS C ABOVE		If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number	J Website: WWW.WHEELSFORWISHES.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 2007 M State of legal domicile: MN
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FINANCIALLY SUPPORT CHARITABLE ORGANIZATIONS THROUGH MOTOR VEHICLE & OTHER PROPERTY DONATIONS.
	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) 3 5
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1
	6 Total number of volunteers (estimate if necessary) 6 6
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 60,089,629. 61,319,137.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,609. 181,421.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -7,657,125. -8,621,536.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,494,113. 52,879,022.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 287,038. 318,035.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 16,278,932. 12,477,878.	
b Total fundraising expenses (Part IX, column (D), line 25) 39,093,180.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 20,677,964. 26,891,752.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 53,522,866. 52,897,093.	
19 Revenue less expenses. Subtract line 18 from line 12 -1,028,753. -18,071.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 11,184,528. 11,683,472.
	21 Total liabilities (Part X, line 26) 3,639,358. 4,156,373.
	22 Net assets or fund balances. Subtract line 21 from line 20 7,545,170. 7,527,099.

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.

Sign Here	Signature of officer ROGER GERSHIN, TREASURER		Date	
Paid Preparer Use Only	Print/Type preparer's name LAURA SCHWEITZER, CPA	Preparer's signature LAURA SCHWEITZER, CP	Date 07/31/24	Check if self-employed <input type="checkbox"/> PTIN P01760010
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. 608-662-8600	
	Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FINANCIALLY SUPPORT CHARITABLE ORGANIZATIONS THROUGH MOTOR VEHICLE & OTHER PROPERTY DONATIONS.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 13,331,859. including grants of \$ 13,209,428.) (Revenue \$ -8,621,536.) FINANCIALLY SUPPORT OTHER CHARITABLE ORGANIZATIONS THROUGH MOTOR VEHICLE AND OTHER PROPERTY DONATIONS. DONORS CONTRIBUTE MOTOR VEHICLES WHICH ARE SOLD BY WHOLESALE AUCTION HOUSES TO THE GENERAL PUBLIC. SUBSTANTIALLY ALL PROCEEDS, AFTER EXPENSE, ARE DONATED TO RECIPIENT CHARITIES. RECIPIENT CHARITIES CONSIST OF 54 MAKE-A-WISH CHAPTERS ALL OVER THE COUNTRY, 26 VETERAN ORGANIZATIONS WITH PROGRAMS IMPACTING THE ENTIRE UNITED STATES, CERTAIN CHILDREN'S CHARITIES AND PEDIATRIC HOSPITALS IN DIFFERENT PARTS OF THE UNITED STATES AND ANIMAL HUMANE, ASSISTANCE AND ADOPTION CHARITIES. SINCE THE PROGRAM BEGAN, A MILESTONE GOAL OF DONATING IN EXCESS OF \$133 MILLION TO CHARITY RECIPIENTS WAS REACHED IN 2023.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,331,859.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section 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 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
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		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
TENNEY COONS & ASSOC. LLP - 952-921-9504
4510 W 77TH ST., SUITE #100, EDINA, MN 55435

SEE SCHEDULE O FOR FULL LIST OF STATES

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							280,000.	0.	24,000.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							280,000.	0.	24,000.	

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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	(B) Description of services	(C) Compensation
NATIONAL FUNDRAISING MANAGEMENT, 10159 WAYZATA BLVD, SUITE 125, MINNETONKA, MN	MANAGEMENT SERVICES	16,492,094.
CRAIG D. GREENBERG, 5101 HIGHWAY 55, SUITE 1000, MINNEAPOLIS, MN 55422	LEGAL	150,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	61,319,137.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 61,319,137.				
	h	Total. Add lines 1a-1f		61,319,137.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		181,421.			181,421.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
b	Less: cost or other basis and sales expenses	7b						
c	Gain or (loss)	7c						
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		61,319,137.				
b	Less: cost of goods sold	10b	69,940,673.					
c	Net income or (loss) from sales of inventory			-8,621,536.	-8621536.			
Miscellaneous Revenue	11 a	_____	Business Code					
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			52,879,022.	-8621536.	0.	181,421.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,209,428.	13,209,428.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	280,000.	70,000.	140,000.	70,000.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,000.	6,000.	12,000.	6,000.
9 Other employee benefits				
10 Payroll taxes	14,035.	3,509.	7,017.	3,509.
11 Fees for services (nonemployees):				
a Management				
b Legal	150,000.		150,000.	
c Accounting	70,596.		70,596.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,477,878.			12,477,878.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	35,504.			35,504.
12 Advertising and promotion	26,492,292.			26,492,292.
13 Office expenses	3,714.		3,714.	
14 Information technology				
15 Royalties				
16 Occupancy	19,340.	4,835.	9,670.	4,835.
17 Travel	14,897.	14,897.		
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				
22 Depreciation, depletion, and amortization				
23 Insurance	105,409.	23,190.	79,057.	3,162.
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 O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	52,897,093.	13,331,859.	472,054.	39,093,180.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	253,135.	1	0.
	2 Savings and temporary cash investments	3,123,160.	2	4,159,563.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	994,216.	4	1,382,284.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,624,222.	8	6,024,486.
	9 Prepaid expenses and deferred charges	189,795.	9	117,139.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,184,528.	16	11,683,472.	
Liabilities	17 Accounts payable and accrued expenses	3,260,135.	17	3,769,967.
	18 Grants payable	379,223.	18	386,406.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,639,358.	26	4,156,373.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,545,170.	27	7,527,099.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,545,170.	32	7,527,099.
33 Total liabilities and net assets/fund balances	11,184,528.	33	11,683,472.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,879,022.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,897,093.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,545,170.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	7,527,099.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 _____		

Form 990 (2023)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53943804.	58059936.	74739473.	60089629.	61319137.	308151979
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53943804.	58059936.	74739473.	60089629.	61319137.	308151979
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	107887608	116119872	149478946	120179258	122638274	616303958
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						616303958

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	107887608	116119872	149478946	120179258	122638274	616303958
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		15,384.	28,172.	61,609.	181,421.	286,586.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		15,384.	28,172.	61,609.	181,421.	286,586.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	107887608	116135256	149507118	120240867	122819695	616590544

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.95 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.05 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.02 %

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section 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? <i>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.</i>		
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? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

2023

Open to Public Inspection

Name of the organization: CAR DONATION FOUNDATION; Employer identification number: 26-3408048

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, Total acreage, etc.), and various questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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, line 25, col. (B))	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	52,879,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	52,879,022.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	52,879,022.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	52,897,093.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	52,897,093.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	52,897,093.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS INCORPORATED AS A NONPROFIT CORPORATION UNDER THE APPLICABLE LAWS OF THE STATE OF MINNESOTA. THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC).

THE ORGANIZATION FOLLOWS GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE IMPLEMENTATION OF THIS GUIDANCE HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATUS. THE ORGANIZATION'S TAX RETURN IS SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **CAR DONATION FOUNDATION** Employer identification number **26-3408048**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NATIONAL FUNDRAISING MANAGEMENT - 10159 WAYZATA	PROVIDING PRINT AND ELECTRONIC ADVERTISEMENT	X		61,319,137.	12,477,877.	48,841,260.
Total				61,319,137.	12,477,877.	48,841,260.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY, OR

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NATIONAL FUNDRAISING MANAGEMENT

(I) ADDRESS OF FUNDRAISER:

10159 WAYZATA BLVD SUITE 125, HOPKINS , MN 55305-3998

PART I, LINE 2B, COLUMN (V):

THE FOUNDATION REIMBURSED A TOTAL OF \$4,129,230 FOR THE ADVERTISING EXPENSES THE FUNDRAISER INCURRED. REMAINDER OF AMOUNT PAID IS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CAR DONATION FOUNDATION

Employer identification number
26-3408048

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF MASSACHUSETTS & RHODE ISLAND - 133 FEDERAL STREET, 2ND FLOOR - BOSTON, MA 02110	22-2867371	501(C)(3)	274,707.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION GREATER BAY AREA - 1333 BROADWAY, SUITE 200 - OAKLAND, CA 94612	94-2958481	501(C)(3)	370,917.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF NEW JERSEY - 1347 PERRINEVILLE RD - MONROE TOWNSHIP, NJ 08831	22-2488495	501(C)(3)	155,268.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION MID-ATLANTIC - 6555 ROCK SPRING DR - BETHESDA, MD 20817	52-1306075	501(C)(3)	325,378.	0.	N/A	N/A	GENERAL SUPPORT
BOB WOODRUFF FAMILY FOUNDATION 1350 BROADWAY, SUITE 905 NEW YORK, NY 10018	26-1441650	501(C)(3)	375,032.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF ILLINOIS 200 W MONROE ST, SUITE 1801 CHICAGO, IL 60606	36-3422138	501(C)(3)	111,486.	0.	N/A	N/A	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **87.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMES FOR OUR TROOPS INC. 6 MAIN ST TAUNTON, MA 02780	54-2143612	501(C)(3)	295,800.	0.	N/A	N/A	GENERAL SUPPORT
FISHER HOUSE FOUNDATION INC. 12300 TWINBROOK PKWY, SUITE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	295,800.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF GREATER LOS ANGELES - 11390 W OLYMPIC BLVD, SUITE 300 - LOS ANGELES, CA 90064	95-4107024	501(C)(3)	159,129.	0.	N/A	N/A	GENERAL SUPPORT
HOPE FOR THE WARRIORS 8003 FORBES PLACE NO.201 SPRINGFIELD, VA 22151	20-5182295	501(C)(3)	345,800.	0.	N/A	N/A	GENERAL SUPPORT
VETERAN'S AIRLIFT COMMAND FOUNDATION - 5775 WAYZATA BLVD, SUITE 700 - ST LOUIS PARK, MN 55416	20-5366612	501(C)(3)	457,772.	0.	N/A	N/A	GENERAL SUPPORT
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD, #102, PMB 609 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	304,196.	0.	N/A	N/A	GENERAL SUPPORT
GARY SINISE FOUNDATION PO BOX 680819 FRANKLIN, TN 37068	80-0587086	501(C)(3)	457,772.	0.	N/A	N/A	GENERAL SUPPORT
OPERATION HOMEFRONT 17319 SAN PEDRO AVE, SUITE 505 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	424,683.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF ALASKA & WASHINGTON - 811 1ST AVE, SUITE 620 - SEATTLE, WA 98104	91-1329433	501(C)(3)	280,379.	0.	N/A	N/A	GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF CONNECTICUT - 56 COMMERCE DRIVE - TRUMBULL, CT 06611	22-2710919	501(C)(3)	157,421.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF SAN DIEGO - 4995 MURPHY CANYON RD, STE 402 - SAN DIEGO, CA 92123	33-0039466	501(C)(3)	183,862.	0.	N/A	N/A	GENERAL SUPPORT
OPERATION GRATITUDE PO BOX 260257 ENCINO, CA 91426	20-0103575	501(C)(3)	304,196.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF NORTH TEXAS - 16803 N DALLAS PKWY - ADDISON, TX 75039	75-1889666	501(C)(3)	188,659.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF COLORADO 7951 E MAPLEWOOD AVE, SUITE 126 GREENWOOD VILLAGE, CO 80111	74-2273004	501(C)(3)	133,966.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF OHIO, KENTUCKY & INDIANA - 2545 FARMERS DR, SUITE 300 - COLUMBUS, OH 43235	34-1471131	501(C)(3)	176,784.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF ARIZONA 2901 N 78TH ST PHOENIX, AZ 85251	86-0409636	501(C)(3)	184,355.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF GEORGIA 1775 THE EXCHANGE SE, SUITE 200 ATLANTA, GA 30339	58-2146828	501(C)(3)	111,443.	0.	N/A	N/A	GENERAL SUPPORT
INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE-W 46TH & 12TH A NEW YORK, NY 10036	20-0366717	501(C)(3)	304,196.	0.	N/A	N/A	GENERAL SUPPORT

CAR DONATION FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF HAWAII 900 FORT STREET MALL, SUITE 1200 HONOLULU, HI 96813	99-0220777	501(C)(3)	90,365.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF TEXAS GULF COAST & LOUISIANA - 12625 SOUTHWEST FREEWAY - STAFFORD, TX 70002	76-0116615	501(C)(3)	117,493.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF CENTRAL & SOUTH TEXAS - 2224 WALSH FARLTON LN, SUITE 200 - AUSTIN, TX 78746	74-2357788	501(C)(3)	252,139.	0.	N/A	N/A	GENERAL SUPPORT
FOLDS OF HONOR 5800 N PATRIOT DR OWASSO, OK 74055	75-3240683	501(C)(3)	295,800.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF OREGON 5901 SW MACADAM AVE, SUITE 200 PORTLAND, OR 97239	82-0385049	501(C)(3)	229,668.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF MISSOURI & KANSAS - 13523 BARRETT PARKWAY DRIVE - BALLWIN, MO 63021	43-1550697	501(C)(3)	83,675.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF GREATER VIRGINIA - 2810 N PARHAM RD, SUITE 302 - RICHMOND, VA 23294	54-1429614	501(C)(3)	112,733.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF NORTHEAST CALIFORNIA & NORTHERN NEVADA - 2800 CLUB CENTER DRIVE - SACRAMENTO, CA 95835	33-0039466	501(C)(3)	164,254.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF METRO NEW YORK - 500 5TH AVE, SUITE 2900 - NEW YORK, NY 10110	11-2645641	501(C)(3)	156,827.	0.	N/A	N/A	GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF HUDSON VALLEY - 832 S BROADWAY - TARRYTOWN, NY 10591	13-3344306	501(C)(3)	142,385.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF PHILADELPHIA & SUSQUEHANNA VALLEY - 512 TOWNSHIP LINE RD - BLUE BELL, PA 19422	22-2755963	501(C)(3)	111,191.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF SOUTHERN FLORIDA - 4491 S STATE ROAD 7, SUITE 201 - FORT LAUDERDALE, FL 33314	59-2620322	501(C)(3)	108,746.	0.	N/A	N/A	GENERAL SUPPORT
USO OF METROPOLITAN NEW YORK, INC. PORT AUTHORITY BUS TERMINAL, 625 EIGHTH AVE - 2ND FLOOR - NEW YORK, NY 10018	13-2500122	501(C)(3)	295,800.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH OF CENTRAL & WESTERN NORTH CAROLINA - 217 E TREMONT AVE - CHARLOTTE, NC 28203	56-1492432	501(C)(3)	56,727.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF GREATER PENNSYLVANIA & WEST VIRGINIA - 707 GRANT ST, 37TH FLOOR - PITTSBURGH, PA 15219	25-1464177	501(C)(3)	62,298.	0.	N/A	N/A	GENERAL SUPPORT
MINNESOTA MILITARY FAMILY FOUNDATION - 620 MENDELSSOHN AVE N - GOLDEN VALLEY, MN 55427	41-1815585	501(C)(3)	70,000.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE, SUITE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	125,000.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF EASTERN NORTH CAROLINA - 3809 COMPUTER DRIVE, SUITE 201 - NORTH HILLS, NC 27609	58-1792140	501(C)(3)	90,875.	0.	N/A	N/A	GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF EASTERN NEW YORK - 92 CONGRESS ST - SARATOGA SPRINGS, NY 12866	14-1703503	501(C)(3)	43,403.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF SOUTH CAROLINA - 225 S PLEASANTBURG DRIVE, SUITE C17 - BATESVILLE, SC 29607	57-0786119	501(C)(3)	63,494.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVE, SUITE 175 BRIGHTON, MI 48114	38-2505812	501(C)(3)	56,056.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION TRI-COUNTIES - 4001 MISSION OAKS BLVD, SUITE F - CAMARILLO, CA 93012	77-0098671	501(C)(3)	20,099.	0.	N/A	N/A	GENERAL SUPPORT
CHILDREN'S HOSPITAL OF ORANGE COUNTY - 1201 W LA VETA - ORANGE, CA 92868	95-2321786	501(C)(3)	62,072.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF SOUTHERN NEVADA - 9950 COVINGTON CROSS DRIVE - LAS VEGAS, NV 89144	88-0371088	501(C)(3)	51,647.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF WISCONSIN - 11020 W PLANK COURT, SUITE 200 - WAUWATOSA, WI 53226	39-1543541	501(C)(3)	43,086.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF CENTRAL & NORTHERN FLORIDA - 1020 N ORLANDO AVE, SUITE 100 - MAITLAND, FL 32751	59-3235806	501(C)(3)	116,654.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF WESTERN NEW YORK - 500 5TH AVE, SUITE 2900 - NEW YORK, NY 10110	22-3215726	501(C)(3)	49,953.	0.	N/A	N/A	GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF NEW MEXICO - 7400 TIBURON ST NE - ALBUQUERQUE, NM 87109	85-0347088	501(C)(3)	43,632.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION MID-SOUTH 1780 MORIAH WOODS BLVD, SUITE 10 MEMPHIS, TN 38117	62-1253153	501(C)(3)	52,190.	0.	N/A	N/A	GENERAL SUPPORT
PACER CENTER 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437	41-1306304	501(C)(3)	14,178.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF IOWA 3009 100TH ST URBANDALE, IA 50322	42-1310530	501(C)(3)	36,275.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF MIDDLE TENNESSEE - 600 HILL AVE, SUITE 201 - NASHVILLE, TN 37210	62-1833327	501(C)(3)	18,777.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF SOUTH DAKOTA & MONTANA - 1400 W 17TH ST - SIOUX FALLS, SD 57104	46-0375953	501(C)(3)	22,328.	0.	N/A	N/A	GENERAL SUPPORT
WISHES & MORE 961 HILLWIND ROAD FRIDLEY, MN 55432	20-1766318	501(C)(3)	14,177.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF UTAH 771 E WINCHESTER ST MILLCREEK, UT 84107	74-2392822	501(C)(3)	47,603.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION NEW HAMPSHIRE - 814 ELM ST, SUITE 300 - MANCHESTER, NH 03101	02-0405369	501(C)(3)	29,322.	0.	N/A	N/A	GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF ALABAMA ONE PERIMETER PARK S, SUITE 100S BIRMINGHAM, AL 35243	63-0943675	501(C)(3)	36,874.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF EAST TENNESSEE - 6700 BAUM DRIVE, SUITE 7 - KNOXVILLE, TN 37919	58-1799549	501(C)(3)	15,580.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF WYOMING 236 W 1ST ST CASPER, WY 82601	83-0276233	501(C)(3)	5,586.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF NEBRASKA 1005 S 107TH AVE, SUITE 102 OMAHA, NE 68114	47-0671096	501(C)(3)	7,048.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF VERMONT 6655 SHELburnE RD, STE 300 SHELburnE, VT 05482	03-0323013	501(C)(3)	35,072.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF CENTRAL NEW YORK - 5005 CAMPUSWOOD DR E - SYRACUSE, NY 13057	74-2357788	501(C)(3)	40,002.	0.	N/A	N/A	GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF IDAHO 310 W IDAHO ST BOISE, ID 83702	82-0408150	501(C)(3)	18,889.	0.	N/A	N/A	GENERAL SUPPORT
PINKY SWEAR FOUNDATION 5555 W 78TH ST, SUITE E EDINA, MN 55439	56-2384527	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
ANIMAL HAVEN 200 CENTRE STREET NEW YORK, NY 10013	11-6101487	501(C)(3)	28,572.	0.	N/A	N/A	GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BITTY KITTY BRIGADE PO BOX 1878 MAPLE GROVE, MN 55311-9902	83-22267427	501(C)(3)	28,572.	0.	N/A	N/A	GENERAL SUPPORT
K9S FOR WARRIORS 114 CAMP K9 RD PONTE VEDRA BEACH, FL 32081	27-5219467	501(C)(3)	304,196.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF MISSISSIPPI - 607 HIGHLAND COLONY PKWY, SUITE 100 - RIDGELAND, MS 39157	64-0730362	501(C)(3)	9,649.	0.	N/A	N/A	GENERAL SUPPORT
MUTTVILLE SENIOR DOG RESCUE 255 ALABAMA ST SAN FRANCISCO, CA 94103	25-0416747	501(C)(3)	28,572.	0.	N/A	N/A	GENERAL SUPPORT
OSCAR MIKE FOUNDATION 21003 RIVER ROAD MARENGO, IL 60152	45-3819657	501(C)(3)	457,772.	0.	N/A	N/A	GENERAL SUPPORT
SECONDHAND HOUNDS 5959 BAKER ROAD, SUITE 390 MINNETONKA, MN 55345	27-1296550	501(C)(3)	28,572.	0.	N/A	N/A	GENERAL SUPPORT
SPCA OF TEXAS 2400 LONE STAR DR DALLAS, TX 75212	75-1216660	501(C)(3)	28,572.	0.	N/A	N/A	GENERAL SUPPORT
TRAGEDY ASSISTANCE FOR SURVIVORS 3033 WILSON BLVD, THIRD FLOOR ARLINGTON, VA 22201	92-0152268	501(C)(3)	304,196.	0.	N/A	N/A	GENERAL SUPPORT
WARRIOR BONFIRE PROGRAM PO BOX 1398 VICKSBURG, MS 39181	85-1496464	501(C)(3)	295,800.	0.	N/A	N/A	GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	457,772.	0.	N/A	N/A	GENERAL SUPPORT
STUDENT VETERANS OF AMERICA 1012 14TH STREET NW, 12TH FLOOR WASHINGTON, DC 20005	38-3145488	501(C)(3)	295,800.	0.	N/A	N/A	GENERAL SUPPORT
MAKE A WISH FOUNDATION OF CENTRAL & SOUTHERN CENTRAL VALLEY - 4001 MISSION OAKS BLVD, SUITE F - CAMARILLO, CA 93012	77-0098671	501(C)(3)	17,298.	0.	N/A	N/A	GENERAL SUPPORT
MILITARY SPOUSE ADVOCACY NETWORK 1906 SPANISH WELLS SAN ANTONIO, TX 78245	47-2265233	501(C)(3)	189,342.	0.	N/A	N/A	GENERAL SUPPORT
PAT TILLMAN FOUNDATION 180 N LASALLE ST, SUITE 2910 CHICAGO, IL 60601	20-1072336	501(C)(3)	195,665.	0.	N/A	N/A	GENERAL SUPPORT
TEAM RED WHITE & BLUE INC. 461 NC HIGHWAY 73 WEST END, NC 27376	27-2196347	501(C)(3)	231,800.	0.	N/A	N/A	GENERAL SUPPORT
TEE IT UP FOR THE TROOPS 515 W TRAVELERS TRAIL BURNSVILLE, MN 55337	20-2974507	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
TRAVIS MILLS FOUNDATION 647 CASTLE ISLAND ROAD MT VERNON, ME 04352	46-4239670	501(C)(3)	206,800.	0.	N/A	N/A	GENERAL SUPPORT
WEAR BLUE PO BOX 65254 UNIVERSITY PLACE, WA 98464	27-2165561	501(C)(3)	165,665.	0.	N/A	N/A	GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FUND USAGE IS NOT MONITORED AS GRANTS ARE OPEN ENDED AND CAN BE USED FOR ANY OPERATIONAL NEED THE ORGANIZATION HAS. THE ORGANIZATION MAINTAINS RECORDS OF THE AMOUNTS PROVIDED TO EACH GRANT RECIPIENT. THE ORGANIZATION HAS AN AGREEMENT WITH MAKE-A-WISH IN REGARDS TO DONATIONS. DONORS SELECT WHICH PROGRAM WILL BENEFIT FROM DONATED VEHICLE PROCEEDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CAR DONATION FOUNDATION

Employer identification number

26-3408048

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **CAR DONATION FOUNDATION** Employer identification number **26-3408048**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	57,685	61,319,137.	BID PRICE OF VEHICLE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **106**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES THIRD PARTY AUCTION HOUSES TO SELL THE VEHICLES THAT ARE DONATED. THE ORGANIZATION USES A THIRD PARTY TO TRACK DONATED VEHICLE TRANSACTIONS.

**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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CAR DONATION FOUNDATION

Employer identification number

26-3408048

FORM 990, ITEM C, DOING BUSINESS AS:

WHEELS FOR WISHES; VEHICLES FOR VETERANS

ANIMAL CAR DONATION

FORM 990, PART VI, SECTION A, LINE 3:

DAY TO DAY OPERATIONAL MANAGEMENT FUNCTIONS HAVE BEEN PROVIDED BY A
MANAGEMENT COMPANY. THEY HANDLE THE DAY TO DAY ADMINISTRATION OF THE CAR
DONATION FOUNDATION PROGRAMS INCLUDING: CALL CENTER, DONATION
ADMINISTRATION, AND MARKETING SERVICES. CAR DONATION FOUNDATION AND THE
EXECUTIVE DIRECTOR PROVIDE OVERSIGHT OF THE SERVICES PERFORMED BY THE
MANAGEMENT COMPANY AND ALSO INTERNALLY MANAGES ALL REMAINING ADMINISTRATIVE
FUNCTIONS INCLUDING: ACCOUNTING, DONATIONS TO RECIPIENT CHARITIES, LEGAL,
COMPLIANCE, INSURANCE, AND OTHER GENERAL MATTERS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE FOUNDATION'S OUTSIDE PUBLIC ACCOUNTING FIRM
BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE RETURN IS
AVAILABLE, IT IS REVIEWED BY MANAGEMENT AND ANY CHANGES ARE INCORPORATED
INTO THE DOCUMENT. AN UPDATED RETURN IS THEN REVIEWED BY GOVERNANCE BEFORE
FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization CAR DONATION FOUNDATION	Employer identification number 26-3408048
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CAR DONATION FOUNDATION'S CONFLICT OF INTEREST POLICY STATES AN INTERESTED PERSON AS ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. ANNUALLY THE DIRECTORS AND OFFICERS REVIEW AND SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM.

FORM 990, PART VI, SECTION B, LINE 15A:

AN INDEPENDENT COMPENSATION CONSULTANT CONDUCTED A COMPENSATION STUDY IN ORDER TO PROVIDE THE BOARD OF DIRECTORS WITH A RECOMMENDATION FOR THE EXECUTIVE DIRECTOR'S SALARY. THE BOARD OF DIRECTORS MAKES A FINAL APPROVAL THAT IS DOCUMENTED IN THE MEETING MINUTES. 2021 WAS THE LAST TIME THE EXECUTIVE DIRECTOR'S SALARY WAS REVIEWED AND APPROVED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY, OR

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST.