Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2023

OMB No. 1545-0047

Open to Public Inspection

For the 2023 calendar year, or tax year beginning 07-01 2023, and ending 06-30 ,2024 Check if applicable: C Name of organization TWILIGHT WISH FOUNDATION D Employer identification number Address change Doing business as 73-1670060 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 1042 (215)230-8777 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Doylestown, PA 18901 663,204 X No Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status:) (insert no.) WWW.TWILIGHTWISH.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2003 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: Our mission is to honor and enrich the lives of seniors through intergenerational Activities & Governance Twilight Wish celebrations. Our vision is to impact the cultural behavior by inspiring the way our society views aging to make our world a nicer place to age; One Twilight Wish at a time. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 9 4 8 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 554,839 415,129 Revenue 0 10 4,953 9,224 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,787 157,455 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 580,579 581,808 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 256,848 225,067 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 168,640 190,263 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 120,260 130,420 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 545,748 545,750 34,831 36,058 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 588,907 562,234 21 Total liabilities (Part X, line 26) 20,234 10,849 Net assets or fund balances. Subtract line 21 from line 20 542,000 578,058 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 catherine Forkin Sign Signature of officer Date Here catherine Forkin, Founder & Chairwoman Type or print name and title Print/Type preparer's name Preparer's signature Date X Check **Paid** Charles W Browning CPA 10-15-2024 self-employed P01262498 Preparer Firm's name Charles W. Browning, Firm's EIN **Use Only** 1003 Valley Road Firm's address Phone no. Warminster PA 18974 215-380-2864 May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

4e Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		Λ
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	, , , , , , , , , , , , , , , , , , ,	445		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		Х
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	.,	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa	Х	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) TWILIGHT WISH FOUNDATION Page 4 73-1670060 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 22 Х 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 23 x Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х 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? 25b Х 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% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a 35a Х 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)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 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? If "Yes," complete Schedule R, Part.VI 37 Х 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 Х

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	š i	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI

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

Se	ction A. Governing Body and Management				
		г		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	.	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	. [3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. [4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. [5		х
6	Did the organization have members or stockholders?	. [6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	. [7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	. [7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?	. [8a	x	
b	Each committee with authority to act on behalf of the governing body?	. [8b	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 Q		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	∍.)			
		-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. [10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. [10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. [11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. [12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .	. [12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done	. [12c	x	
13	Did the organization have a written whistleblower policy?	. [13	X	
14	Did the organization have a written document retention and destruction policy?	. [14	х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	.	15a	Х	
b	Other officers or key employees of the organization		15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	. [16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Statement #17				
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				
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.				
	MANAGEMENT (215)230-8777 DO BOY 1042 Dowlestown DA 18901				

EEA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average	,				nan one		Reportable	Reportable	Estimated amount
Name and the	hours					s both ar /trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	악교	ŋ	Q	Σ	g 표	FC	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divid	stitut	Officer	y er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ual t ctor	iona		Key employee	/ee	_			
	below	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				
	dotted line)	ŏ	tee			nsate				
						be				
(1)DANIEL STEPHENS										
DIRECTOR		x						0	0	0
(2) JONATHAN MILLER, PRINCIPAL										
DIRECTOR		х						0	0	0_
(3) ANDREA HOISL										
DIRECTOR		x						0	0	0
(4)KIM ARNOLD										
DIRECTOR		х						0	0	0
(5) JANE_LEVENTHAL										
DIRECTOR		х						0	0	0
(6) JASON PARKS										
DIRECTOR		x						0	0	0
(7) RUTH ANNE WOOD										
SECRETARY		х						0	0	0
(8)LISA GRAHAM	0.50									
DIRECTOR		х						0	0	0
(9)KEN LEITH	0.50									
DIRECTOR		х						0	0	0
(10)PETER STINSON										
EXEC DIRECTOR		х						0	0	0
(11)CATHERINE FORKIN	2.00									
Founder & Chairwoman of the Board		х		х				0	0	0
(12)JAMES_CIERVO	2.00									
VICE CHAIR		х		х				0	0	0
(13)MATTHEW HOISL	2.00									
TREASURER		х		х				0	0	0
(14)										

Form 990 (2023)

Part VII Section A. Officers, Directors, 1	rustees,	Key I	Ξmj	olo	yee	s, an	d ŀ	lighest Comp	ensated Em	oloyees	(continued)	
					(C)							
(A) Name and title	(B) Average hours per week	box,	unle	eck m ss pe	rson is	han one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2)	ion of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-MISC/ 1099-NEC)	orga	inization and dorganizations	
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal												
d Total (add lines 1b and 1c)	ot limited to							0 received more th	nan \$100,000 d		0	
reportable compensation from the organiza	ition										Yes No	
3 Did the organization list any former officer, direct	ctor, trustee,	key en	nplo	yee,	or h	ighest	cor	mpensated			163 140	
employee on line 1a? <i>If "Yes," complete Schedu</i> 4 For any individual listed on line 1a, is the sum of r	<i>ile J for such</i> eportable coi	<i>individ</i> mpensa	<i>dual</i> ation	 n and	 I oth	· · · er com	 npen	sation from the		. 3	x	
organization and related organizations greater the individual										. 4	х	
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Ye			-			-				. 5	x	
Section B. Independent Contractors										•		
Complete this table for your five highest co compensation from the organization. Repo	-	-									tax year.	
(A) Name and business addre	SS							(B) Description of service	es	(C) Compens	sation	
2 Total number of independent contractors (i	•					ose li	ste	d above) who				
received more than \$100,000 of compensa	mon nom tr	ie org	arılZ	.auC	/11							

73-1670060

Form 990 (2023) Part VIII

Statement of Revenue

		Check if Schedule O contains a respo	onse	or note to any li	ine in this Part V	'III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Service Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g h	Membership dues	_		415,129			
Program Service Revenue		All other program service revenue	_					
	3 4 5	Investment income (including dividends, interest other similar amounts)	· · ·	eds	9,224			9,224
	b b	Gross rents 6a Less: rental expenses 6b Rental income or (loss)		(ii) Personal				
		Net rental income or (loss)		(ii) Other				
Revenue	С	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c Net gain or (loss)						
Other Re		′ ′ ′ · · · · · · · · · · · · · · · · ·	8a	238,851				
			8b	81,396	4 4			455 455
	9a b	Less: direct expenses	9a 9b		157,455			157,455
	10a b	Gross sales of inventory, less returns and allowances	10a 10b					
	C	iver income or (ioss) norm sales or inventory .	· · ·	Business Code				
Miscellanous Revenue	11a b c	All other revenue		240,11000 0040				
2	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			581,808	0	0	166,679

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

	Check if Schedule O contains a response of h	· ·		(0)	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	225,067	225,067		
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	85,124	72,703	9,937	2,484
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	85,721	70,387	12,267	3,067
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,418	16,505	2,330	583
11	Fees for services (nonemployees):				
а	Management	6,375	5,419	765	191
b	Legal				
С	Accounting	9,851	8,450	1,121	280
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	57,611	48,970	6,913	1,728
13	Office expenses	6,091	5,395	557	139
14	Information technology				
15	Royalties				
16	Occupancy	22,271	18,931	2,672	668
17	Travel	2,131	1,811	256	64
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	223	189	27	7
23	Insurance	5,808	4,937	697	174
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.)				
а	Payroll processing fees	1,486	1,263	178	45
b	Government filing fees	12,441	10,575	1,493	373
С					·
d					
е	All other expenses	6,132	5,212	736	184
25	Total functional expenses. Add lines 1 through 24e	545,750	495,814	39,949	9,987
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 if				
	following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)

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
	1	Cash - non-interest-bearing	356,197	1	296,160
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	76,018
	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	
Assets	8	Inventories for sale or use	2,182	8	2,182
Ass	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 56,551			
	b	Less: accumulated depreciation 10b 38,537	1	10c	18,014
	11	Investments - publicly traded securities		11	•
	12	Investments - other securities. See Part IV, line 11	183,197	12	192,580
	13	Investments - program-related. See Part IV, line 11	-	13	•
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,987	15	3,953
	16	Total assets. Add lines 1 through 15 (must equal line 33)	562,234	16	588,907
	17	Accounts payable and accrued expenses	2,886	17	6,690
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
<u>it</u> ie		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
Liabilities	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	17,348	25	4,159
	26	Total liabilities. Add lines 17 through 25	20,234	26	10,849
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	482,227	27	497,530
sala	28	Net assets with donor restrictions	59,773	28	80,528
βE		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	542,000	32	578,058
_	33	Total liabilities and net assets/fund balances	562,234	33	588,907

Form **990** (2023) EEA

Form	990 (2023) TWILIGHT WISH FOUNDATION	73-16700	60	Pa	age 1
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		581,	,808
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		545,	,750
3	Revenue less expenses. Subtract line 2 from line 1	. 3		36,	,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		542,	,000
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		578,	,058
	rt XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			162	140
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	

EEA Form **990** (2023)

3a

3b

х

If the organization changed either its oversight process or selection process during the tax year, explain on

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

Schedule O.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

TWILIGHT WISH FOUNDATION 73-1670060 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

73-1670060 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II (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 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 The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 Amounts from line 4 7 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 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) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 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 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 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 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 EEA Schedule A (Form 990) 2023

73-1670060

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.)

Secti	on A. Public Support						
Calen	dar 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.")	661,630	490,336	502,583	613,453	653,980	2,921,982
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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	661,630	490,336	502,583	613,453	653,980	2,921,982
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						2,921,982
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	661,630	490,336	502,583	613,453	653,980	2,921,982
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	173	19,301	(6,074)	5,628	9,224	28,252
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	173	19,301	(6,074)	5,628	9,224	28,252
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.)	661,803	509,637	496,509	619,081	663,204	2,950,234
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fift	th tax year as	a section 501(d	c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2023 (line 8		•			15	99.04 %
16	Public support percentage from 2022 Sch	edule A, Part I	II, line 15 .			16	99.29 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			•		17	1.00 %
18	Investment income percentage from 2022					18	1.00 %
19a	33 1/3% support tests - 2023. If the orga	nization did no	t check the bo	x on line 14, ar	nd line 15 is mo	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2022. If the organizati	on did not check	a box on line 14	4 or line 19a, and	l line 16 is more	than 33 1/3%, a	
	line 18 is not more than 33 1/3%, check this bo	x and stop here	. The organization	on qualifies as a	publicly support	ed organization	
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, ch	neck this box a	ind see instruc	tions

V-- N-

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 Organization	Section	A. All	Supporting	Organizations
--	---------	--------	------------	---------------

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
_		
9с		
10a		
10b		

Schedul	le A (Form 990) 2023 TWILIGHT WISH FOUNDATION 73-1670060		Р	age :
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecu	on 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		103	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
•	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Secti	supported organizations played in this regard. on 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	inst	ructio	ns)
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	, ,,,,	aoue	
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 TWILIGHT WISH FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 73-1670060

Part				lain in Dant VIV Can
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	ızatı	ons must complete Secti	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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	Ť		
·	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		
				(B) Current Year
Sect	on B - Minimum Asset Amount	1	(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functiona	lly ir	ntegrated Type III suppor	ting organization
	(see instructions).	•		- •

EEA Schedule A (Form 990) 2023

Schedu	ule A (Form 990) 2023 TWILIGHT WISH FOUNDATION		73-	167	0060	Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations (continu	ed)		
Sect	ion D - Distributions				Curren	t Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1		
2	Amounts paid to perform activity that directly furthers exempt purposes of su	pport	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes of supported	organ	izations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)			5		
6	6 Other distributions (describe in Part VI). See instructions.			6		
7	7 Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organization is	s resp	onsive			
	(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		
Sect	ion E - Distribution Allocations (see instructions) (i)		(ii) Underdistributio	ns	(ii Distrib	•

10	Line 8 amount divided by line 9 amount		10	
Secti	ion 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			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	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:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
ее	Excess from 2023			

EEA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

TWILIGHT WISH FOUNDATION 73-1670060 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number
TWILIGHT WISH FOUNDATION 73-1670060

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Washington Financial Charitable Fou 190 N Main St	\$5,000	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for
(a)	Washington PA 15301-4349 (b)	(c)	noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Wallerstein Foundation 11 Hancock Drive Florham Park NJ 07932	\$10,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zii + 4	Total Contributions	
3	The Jack Buncher Foundation 1300 Penn Ave, Ste 300 Pittsburgh PA 15222-4211	\$	Person Rayroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	The WW Smith Charitable Trust 1001 Conshohocken Rd, Ste 2-300 Conshohocken PA 19428	\$9,000	Person 🛣 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 5_	The Nordson Corp Foundation 28601 Clemens Rd Westlake OH 44145	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Rebecca Hart Swartzlande Trust c/o 100 N Main St 6th Floor	\$	Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for
	Winston Salem NC 27101		noncash contributions.)

Name of organization
TWILIGHT WISH FOUNDATION

Employer identification number

73-1670060

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	L'Oreal Paris 1 Thomas Circle NW Ste 800 Washington DC 20005	\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The DAV Charitable Service Trust 860 Dolwick Drive Erlanger KY 41018	\$33,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Charles Nelson Robinson Fund 200 Glastonbury Blvd Ste 200 Glastonbury CT 06033-4458	\$5,000 	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

SCHEDULE D (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

TWIL	IGHT WISH FOUNDATION		73-1670060
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	counts
	Complete if the organization answered "Yes"		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		, ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
Ū	funds are the organization's property, subject to the organiz	=	
6	Did the organization inform all grantees, donors, and donor a		
•			
	only for charitable purposes and not for the benefit of the do		
Dor	conferring impermissible private benefit?		Yes No
Par		on Form 000 Port IV line 7	
	Complete if the organization answered "Yes"		
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (for example, recreating	· —	nistorically important land area
	Protection of natural habitat	☐ Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified historic st	ructure included on line 2a	. 2c
d	Number of conservation easements included on line 2c, acq	uired after July 25, 2006, and not	
	on a historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the
	tax year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	J. 1		Ç
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	3, 4, 3,	, , , , , , , , , , , , , , , , , , ,	3 · · , · · ·
8	Does each conservation easement reported on line 2d above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
9	In Part XIII, describe how the organization reports conserva		
Ū	sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements	o organization o intanolal diatements that dose	onbee the
Par	t III Organizations Maintaining Collections	of Art Historical Treasures or O	ther Similar Assets
i ai	Complete if the organization answered "Yes"		the Olimai Assets
1a			halanaa ahaat warka
Ia	If the organization elected, as permitted under FASB ASC 9		
	of art, historical treasures, or other similar assets held for pu		erance or public
	service, provide in Part XIII the text of the footnote to its fina		and a short we do a f
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		-
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tro	_	ain, provide the
	following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

3 Using the organization's acquainton, accession, and other records, check any of the following that make significant use of its collection tense (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other 1 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization social or receive densitors of art. historical treasures, or other similar assests to be sold to raise funds rather than to be maintened as part of the organization's collection? .	Par	t III Organizations Maintaining Co	ollections of Art, F	listorical	Treasures,	or Other Si	milar Ass	sets (co	ntinu	ıed)
a Public exhibition d Lasn or exchange program b Scholarly research c Preservation for future generations d Lasn or exchange program c Preservation for future generations d Provide a description of the organization scilot or receive donations of art, historical treasures, or other similar assets to be said to raise funds intheir thin to be maintened as pain of the organization's collection?. Yes No Part IV Escrow and Custodial Arrangements Complete if the organization any extreme of Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization any expert trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization any expert trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and expert trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, lor escrow or custodial account liability? Yes No If Yes' organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No No Yes' organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No No Yes' organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No Yes' organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No Yes' organization include an amount on Form 990, Part IV, line 10. Beginning of year balance Organization include an amount on Form 990, Part IV, line 10. The percention tearings, gains, and (organization include any programs Organization include any programs Organization Organization Organization Organization Organization Organization Organization Organization Organization Organizat	3	Using the organization's acquisition, accession,	, and other records, chec	k any of the f	ollowing that m	ake significant ı	use of its			
b Scholarly research e Other O		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part	а	☐ Public exhibition	(d 🗌 Loan d	or exchange pro	ogram				
A 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 societ or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?. \ Yes \ No Part IV \ Escrive 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 fursities, outsidian or other intermediary for contributions or other assets not included on Form 990, Part X / \ Yes \ No \ If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance \ Amount \ 16 \ Total	b	Scholarly research	•	e Other						
XIII. 5 During the year, did the organization solicit or receive donations of art, historical freasums, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection?.	С	Preservation for future generations								
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?	4	Provide a description of the organization's colle	ections and explain how t	they further th	e organization'	s exempt purpo	se in Part			
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 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?		XIII.								
Part IV Escrow and Custodial Arrangements	5	During the year, did the organization solicit or re	eceive donations of art, h	nistorical treas	sures, or other	similar				
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, ousbodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table. 2 Beginning balance				the organizat	ion's collection	?	<u></u>	Yes	;	No
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	Par									
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table. C		•	swered "Yes" on F	orm 990, F	Part IV, line s	9, or reporte	d an amo	unt on	Form	
included on Form 990, Part X? Described on Form 990, Part XIII and complete the following table.										
b If "Yes," explain the arrangement in Part XIII and complete the following table. Amount Amount	1a							_		
c Beginning balance d Additions during the year e Distributions during the year 1 td								Yes	;	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability?	b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following	table.						
d Additions during the year e Distributions during the year f Ending belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							Amo	unt		
e Distributions during the year f Ending balance f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	С									
## Ending balance	d									
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	9 ,								
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance		_								
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		3				•				No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Administrative expenses			check here if the explana	tion has been	provided on Pa	art XIII				
Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back	Par			OOO F) = mt	10				
Beginning of year balance		,								
b Contributions c Net investment earnings, gains, and losses discrete servings, gains	4.		(a) Current year (b)	Prior year	(c) Two years t	pack (d) Three	years back	(e) Four	years ba	ıck
c Net investment earnings, gains, and losses	_									
losses										
d Grants or scholarships	С									
e Other expenditures for facilities and programs										
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	е									
g End of year balance										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		•								
a Board designated or quasi-endowment	_	-	t year and halance (line	1a column (a	// held se:					
b Permanent endowment			,	rg, coluitii (a)) Held as.					
c Term endowment	h									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Each organization and interval of the organization of the organization is sendowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings 3,542 3,542 3,542 c Leasehold improvements d Equipment 53,009 38,537 14,472 e Other	C									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations?	·		Legual 100%							
organization by: (i) Unrelated organizations?	3a		•	nat are held a	nd administered	d for the				
(i) Unrelated organizations? (ii) Related organizations? (iii) Aciiii (iii) Sa(iii) (iii) Perror of 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) (other) (other) (d) Book value (d) Book value 2 3,542 2 4,472 2 6 Other Other Other Other	Ju	·	non or the organization to	at are riola a		3 101 1110			Yes	No
(ii) Related organizations?		•						3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		•								
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3,542 2 Leasehold improvements d Equipment 53,009 38,537 14,472 e Other	b	•						- '-		
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3,542 c Leasehold improvements d Equipment Other 53,009 38,537 14,472		():	•					0.0		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3,542 Leasehold improvements d Equipment Other Other										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3,542 Land Land Leasehold improvements d Equipment Other Other (a) Cost or other basis (other) (b) Cost or other basis (other) 3,542 3,542 3,542 3,542 4,472				orm 990. F	art IV. line	11a. See Fo	rm 990. F	Part X. li	ine 10	ე.
Content Cont		•								
b Buildings 3,542 3,542 c Leasehold improvements 53,009 38,537 14,472 e Other 53,009 38,537 14,472		property	''	1 ' '		• •	l	(=, 200		
b Buildings 3,542 3,542 c Leasehold improvements 53,009 38,537 14,472 e Other 53,009 38,537 14,472	1a	Land								
c Leasehold improvements 53,009 38,537 14,472 e Other 53,009 38,537 14,472					3,542				3.5	42
d Equipment		· ·			- ,				, -	
e Other		•			53,009	38	,537		14.4	72
		0:1					-			
	Total.		ıal Form 990, Part X, line	e 10c, columi	n (B)	<u> </u>			18,0	14

	Complete if the organization answ	ered "Yes" on For	m 990, Part IV,	line 11b. See Fo	rm 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		Method of valuation: end-of-year market value
(1) Financial d	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
	E TRADED FUNDS		192,58	0 FMV	
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, line 12, c	col.(B))	192,58	0	
Part VIII	Investments - Program Related	(),			
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c)	Method of valuation: end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 13, o	col. (B))			
Part IX	Other Assets	.o.ad Voo o.a For	000 Dowt IV	line 44d Coo Fe	was 000 Dowl V line 45
-	Complete if the organization answ		m 990, Part IV,	ille 11a. See Fo	
(1hofund	receivable	(a) Description			(b) Book value
-	y deposit				1,500
(3)Deposit					200
	insurance				1,299
(5)	ingurance				1,255
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 15 co	ol. (B))			3,953
Part X	Other Liabilities				
	Complete if the organization answ line 25.	vered "Yes" on For	m 990, Part IV,	line 11e or 11f. S	See Form 990, Part X,
1.	(a) Description of liability	(b) Book	/alue		
(1) Federal ir	ncome taxes				
(2 Lease p	ayable - current		3,542		
(3Accrued	l payroll		617		
(4)					
(5)					
(6)					
(6) (7)					
(6) (7) (8)					
(6) (7) (8) (9)	(b) must equal Form 990, Part X, line 25 col. (B)) .		4,159		

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.

EEA

	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	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	663,204
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	663,204
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.)	4-	
c	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 cr Boturr	663,204
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Keturi	ı
4	Total expenses and losses per audited financial statements	1	627 146
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	627,146
a	Donated services and use of facilities		
a b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	627,146
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		027,7110
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5			
J	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	627,146
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	627,146
Part			627,146
Part Provide	XIII Supplemental Information		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146
Part Provide	XIII Supplemental Information 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; F		627,146

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization TWILIGHT WISH FOUNDATION 73-1670060 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6

otai .	
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.

7

8

9

10

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 (add col. (a) through Various None col. (c)) (event type) (event type) (total number) Revenue Gross receipts 1 238,851 238,851 2 Less: Contributions 3 Gross income (line 1 minus line 2) 238,851 238,851 4 Cash prizes . 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 81,396 81,396 10 <u>81,39</u>6 11 Net income summary. Subtract line 10 from line 3, column (d) 157,455 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2023

SCHEDULE I (Form 990)

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.

2023 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

WILIGHT WISH FOUNDATION Part I General Information on Grants and Assistance							73-1670060		
the organization maintain records to election criteria used to award the gr	o substantiate the amour rants or assistance?	nt of the grants or assi					. Yes No		
				ts Complete if the o	ragnization answered	"Ves" on Form 990	<u> </u>		
						163 0111 01111 330	,		
	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
	General Information on the organization maintain records to election criteria used to award the graphe in Part IV the organization's programs and Other Assistan Part IV, line 21, for any recipolame and address of organization	General Information on Grants and Assists the organization maintain records to substantiate the amount election criteria used to award the grants or assistance? cribe in Part IV the organization's procedures for monitoring to Grants and Other Assistance to Domestic Organt IV, line 21, for any recipient that received movement and address of organization (b) EIN	General Information on Grants and Assistance the organization maintain records to substantiate the amount of the grants or assistence election criteria used to award the grants or assistance?	General Information on Grants and Assistance the organization maintain records to substantiate the amount of the grants or assistance, the grantees' elicelection criteria used to award the grants or assistance? cribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Government Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated amount and address of organization (b) EIN (c) IRC section (d) Amount of cash	General Information on Grants and Assistance the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and the grants or assistance? The organization records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance assistance. The organization is procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of	General Information on Grants and Assistance the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and election criteria used to award the grants or assistance? cribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of hook EMV appraisal	General Information on Grants and Assistance If the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and election criteria used to award the grants or assistance? In part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. Jame and address of organization (b) EIN (c) IRC section (f) Method of valuation (book, FMV, appraisal, page of the page of t		

Page **2**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
imple Needs				FMV/Cost	See Supplemental Information
					Trips, family
ving Life to Fullest				FMV/Cost	reunions,Sporting event
lebrating a Life				FMV/Cost	Trips, Dinners, Sportisevents
IV Supplemental Information. Pro	vide the information re	equired in Part I li	ne 2· Part III. colum	n (b): and any other add	litional information

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

ation. Inspection
Employer identification number

TWILIGHT WISH FOUNDATION 73-1670060 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (Program related 49,773 Х 26 Other (Program related Х 54,263 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 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? 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 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.

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

73-1670060 TWILIGHT WISH FOUNDATION 01. Form 990 governing body review (Part VI, line 11) A draft is submitted to the board prior to filing for review 02. Conflict of interest policy compliance (Part VI, line 12c) The board members review the policy for compliance annually. 03. CEO, executive director, top management comp (Part VI, line 15a) The board members review all compensation annually. 04. Other officer or key employee compensation (Part VI, line 15b The board members review all compensation annually. 05. Form 990 availability to public (Part VI, line 18) Upon request. 06. Governing documents, etc, available to public (Part VI, line 19) Upon request.

	Federal Supporting Statements	2023	PG01
Name(s) as shown on return		Tax ID Number	<u>.</u>
TWILIGHT WI	SH FOUNDATION	73	3-1670060

Form 990, Part VI, Section C, line 17 Statement #017

States where a copy of this Form 990 is required to be filed:

> Alabama Arizona California Illinois Indiana Michigan New Hampshire New Jersey New Mexico

New York